NHS
Berkshire Healthcare
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Teams)

10:00am on Tuesday 09 July 2024

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 14 May 2024	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.0	Patient Story – Community Rehabilitation Enhanced Support Team (CREST)	Debbie Fulton, Director of Nursing and Therapies, Victor Ovenseri, Service Lead, CREST, Angela Miller, Clinical Specialist Occupational Health Therapist, Jennifer Wallis, Principal Clinical/Counselling Psychologist, Karim Musah, Specialty Doctor and Natraj Sauba, Senior Out of Area Placements Manager	Verbal
6.1	Annual Complaints Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.2	Freedom to Speak Up Guardian's Report	Mike Craissati, Freedom to Speak Up Guardian	Enc.
6.3	Freedom to Speak Up Self-Assessment and Improvement Plan Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.4	Medical Appraisal and Revalidation Annual Board Report	Dr Minoo Irani, Medical Director	Enc.
6.5	Research and Development Annual Report	Dr Minoo Irani, Medical Director	Enc.
6.6	Safe Staffing Six Monthly Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.7	Quality Assurance Committee a)　Minutes of the meeting held on 28 May 2024	Sally Glen, Chair, Quality Assurance Committee	Enc.

No	Item	Presenter	Enc.
	b) Learning from Deaths Quarterly Report c) Guardians of Safe Working Report	Dr Minoo Irani, Medical Director	
EXECUTIVE UPDATE			
7.0	Executive Report	Alex Gild, Deputy Chief Executive	Enc.
PERFORMANCE			
8.0	Month 02 2024/25 Finance Report	Paul Gray, Chief Financial Officer	Enc.
8.1	Month 02 2024/25 Performance Report	Paul Gray, Chief Financial Officer	Enc.
STRATEGY			
9.0	People Strategy and Equality, Diversity and Inclusion Strategy Update Report	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People	Enc.
9.1	Digital Strategy Update Report	Alex Gild, Deputy Chief Executive/Mark Davison, Chief Information Officer	Enc.
CORPORATE GOVERNANCE			
10.0	Fit and Proper Persons Test Assurance Report	Julie Hill, Company Secretary	Enc.
10.1	Trust Behaviour Framework and Trust Leadership Competency Framework Report	Alex Gild, Deputy Chief Executive/Ash Ellis, Deputy Director for Leadership, Inclusion and Organisational Experience	Enc.
10.2	External Well-Led Review Recommendations – Action Plan	Julie Hill, Company Secretary	Enc.
10.3	Audit Committee Meeting – 19 June 2024	Rajiv Gatha, Chair of the Audit Committee	Enc.
10.4	Council of Governors Update	Martin Earwicker, Trust Chair	Verbal
10.5	Schedule of Meetings of Meetings for 2025	Martin Earwicker, Trust Chair	Enc.
Closing Business			
11.	Any Other Business	Martin Earwicker, Chair	Verbal
12.	Date of the Next Public Trust Board Meeting –10 September 2024	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

Minutes of a Board Meeting held in Public on Tuesday, 14 May 2024

(Conducted via Microsoft Teams)

Present:	Martin Earwicker	Trust Chair
	Rebecca Burford	Non-Executive Director
	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
	Alex Gild	Chief Financial Officer
	Debbie Fulton	Director of Nursing and Therapies
	Paul Gray	Chief Financial Officer
	Dr Minoo Irani	Medical Director
	Tehmeena Ajmal	Chief Operating Officer
In attendance:	Julie Hill	Company Secretary
	Pauline O'Callaghan	Hampshire and Isle of Wight, Liaison and Diversion Service Manager
	Joseph Franks	Deputy Head of Service, Liaison and Diversion
	Jane Nicholson	Director of People
	Steph Moakes	Health, Wellbeing and Engagement Lead
	Ash Ellis	Deputy Director for Leadership, Inclusion and Organisational Experience
Observers:	Tom Lake	Public Governor
	Two members of the public also observed the meeting	

24/069	**Welcome and Public Questions** (agenda item 1)
	The Chair welcomed everyone to the meeting.
24/070	**Apologies** (agenda item 2)
	Apologies were received from: Julian Emms, Chief Executive.

24/071	**Declaration of Any Other Business** (agenda item 3)
	There was no other business.
24/072	**Declarations of Interest** (agenda item 4)
	i. **Amendments to Register** – none
	ii. **Agenda Items** – none
24/073	**Minutes of the previous meeting held on 12 March 2024 –** (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday, 12 March 2024 were approved as a correct record.
24/074	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. **The Trust Board:** noted the action log.
24/075	**Board Story – A Liaison and Division Story (**agenda item 6.0)
	The Chair welcomed Pauline O'Callaghan, Hampshire and Isle of Wight Liaison and Diversion Service Manager and Joseph Franks, Deputy Head of Service, Liaison and Diversion to the meeting. Pauline O'Callaghan gave a presentation and highlighted the following points: - The Liaison and Diversion service operated at Police Custody, Courts, Prison and in the Community and was an all-age service from age 10 years old and aimed to improve access to healthcare and support services for vulnerable individuals through effective liaison with appropriate services. - The Liaison and Diversion service ensured that Individuals with acute mental health illness received the appropriate treatment to address their health needs before any criminal proceedings. - Diversion could be out of the youth or criminal justice systems (where appropriate) or within these systems. The service aimed to deliver efficiencies within the youth and criminal justice systems, reduce re-offending, reduce health inequalities and reduce the number of first-time entrants into the youth and criminal justice systems. - There were a range of referral pathways, including from the police and probation service. Pauline O'Callaghan presented P's story who was a 22-year-old man who was referred to the Liaison and Diversion service from police custody because of mental health concerns, specifically suicidal thoughts. The alleged offence was burglary.

P was known to the Liaison and Diversion service dating back to 2019 and again in 2020 and as part of that, he had received assessment, Support Time Recovery team help and he also received further support in the community. Ms O'Callaghan said that it was not unusual for the service to get repeat referrals for the same individual as it may not be the right time for them to be able to change their lives.

Ms O'Callaghan said that as per the standard operating procedure, P's referral was triaged and screening was undertaken. The practitioner in custody undertook an assessment of P and identified vulnerabilities and the associated risks and the practitioner made an onward internal referral to the Support Time Recovery team for that support in the community post P's release from custody.

P had been part of a gang but had now left the gang behind. When he was released from prison, he was concerned about retaliation, especially as his younger brother was still part of the gang. The identified risks related to P's unmet mental health needs especially as he had made previous attempts to end his life, issues around not sleeping because of needing to be on guard all the time, substance misuse, homelessness because he could not return to his family's home because of concerns that his ex-gang members could cause him and his family harm.

Ms O'Callaghan said that the engagement pathway to support individuals with vulnerabilities was usually up to six weeks but because of the complexities of the case and the level of risk, the service worked with P for three months. It was noted that the service liaised with a range of different agencies and supported P to relocate to the North where he had family links.

Ms O'Callaghan said that P received positive support for his mental health needs and medication to support his sleeping. P also overcame his drug dependency and was able to claim universal credit to help him access accommodation, food and general wellbeing whilst he looked for employment.

Ms O'Callaghan read out a statement from P providing positive feedback about the Liaison and Diversion service.

The presentation slides are circulated with the minutes of the meeting.

The Chief Operating Officer said that she had visited the Hampshire and Isle of Wight Liaison and Diversion team and had been impressed by their passion and commitment. The Chief Operating Officer added that the service worked with individuals who were going through difficult times in their lives and the service had to interface with a whole range of different agencies.

Aileen Feeney, Non-Executive Director said that she had visited the Liaison and Diversion service and shared that she had also been impressed by the commitment of the team and by the level of support team members gave to one another.

Sally Glen, Non-Executive Director asked whether it was difficult to recruit and retain staff.

Pauline O'Callaghan said that the service worked hard to recruit and retain staff and added the Trust's wellbeing offer was helping to retain staff along with a focus on team building and support.

The Deputy Chief Executive said that he and the Director of Nursing and Therapies had visited the police custody facility in Portsmouth and said that the Liaison and Diversion team was fully integrated with the police and was working with a range of other agencies.

The Deputy Chief Executive asked about the future aspirations for the development of the service.

Joseph Franks, Deputy Head of Service, Liaison and Diversion said that the development of the service was dependent on NHS England who were the Commissioners but mentioned that the service may be extended to cover civil courts. Mr Franks said that there was a real focus on probation and health at the moment because past events had highlighted a need for closer working, for example, an enhanced Reconnect service working with those offenders who posed concerns from a public protection point of view.

The Chair asked whether there was a lack of representation of the Liaison and Diversion service amongst certain ethnic minority groups.

Joseph Franks commented that the majority of the work of the Liaison and Diversion service was through referrals from criminal justice agencies and pointed out that from time to time there were concerns raised around unconscious bias in the criminal justice system's approach to certain ethnic minority groups but pointed out that the Trust's Liaison and Diversion service could only serve the referrals that came in.

Mr Franks said that the service was trying to change the workforce profile from a largely white female staff group to one which was more representative of the local community. It was noted that the service had appointed four new peer support workers who had lived experience.

The Chair thanked Pauline O'Callaghan and Joesph Franks for their presentation and said that he looked forward to visiting the service.

24/076	**Patient Experience Quarterly Report** (agenda item 6.1)

The Director of Nursing and Therapies presented paper and reported that the quarter report had highlighted the following points:

- The Trust had an ambition as part of the Trust strategy to increase the volume of patient feedback received via the I Want Great Care tool over the next 3 years to 10% and also to increase the use of the information received to support improvement. All divisions had a performance metric that they were monitoring to improve levels of feedback.
- The percentage of feedback received via the I Want Great Care tool had increased, but the Trust had not achieved its aim of 7.5% by year end. There was a rapid improvement event taking place in May 2024 to discuss ways of increasing I Want Great Care response rates.
- Prior to April 2024, the I Want Great Care tool response rate was calculated using footfall, that is, every time a patient had contact with the Trust. For some patients who had contact with multiple Trust services over the course of a month, they were counted several times and understandably were often reluctant to share their feedback after each contact. From April 2024, a patient would only be counted once in a month.
- The Trust was about to commence NHS England's Culture of Care Programme that was being offered to all mental health trusts with inpatient services. This was a programme of work to support ongoing improvement in relation to safe impatient environments that included hearing the patient voice.
- Included with the report was the annual Community Mental Health Survey.

	Mark Day, Non-Executive Director asked whether the Trust had attempted to reach out to the 90%+ patients who had not completed the I Want Great Care feedback tool to find out why they were reluctant to provide feedback rather than simply focussing on the 3-6% of patients who gave feedback via the I Want Great Care tool.

The Director of Nursing and Therapies said that services were not always good at signposting to patients the importance of providing feedback. It was hoped that the rapid improvement event in May 2024 would be an opportunity to share best practice.

Sally Glen, Non-Executive Director commented that mental health inpatients were sometimes reluctant to give feedback and that there were alternative ways of gaining feedback, for example, as part of ward meetings.

The Director of Nursing and Therapies agreed but pointed out that the mental health inpatient units had done a good job at promoting the I Want Great Care tool and the response rate had increased.

The Trust Board: noted the report. |
| **24/077** | **Quality Accounts Report 2023-24** (agenda item 6.2) |
| | The Medical Director presented the Trust's Quality Accounts Report 2023-24 which set out the Trust's priorities for 2023-24 and the priorities that had been met and where further work was required. The Quality Accounts also listed the Trust priorities for 2024-25.

The Medical Director invited the Board to share any comments on the Quality Accounts Report at the meeting or via email.

The Chair reminded the meeting that the Quality Assurance Committee had reviewed each quarter of the Quality Accounts Report. The Chair added that the Quality Accounts Report was very readable and informative.

The Trust Board:

    a) Considered the Statement of Directors' Responsibilities in Respect of the Quality Account 2023-24 and ensured that they were satisfied with the Quality Account in relation to the requirements detailed in the statement.
    b) Confirmed to the best of their knowledge and belief that they had complied with the requirements detailed in the statement in preparing the Quality Accounts Report.
    c) Authorised the Chair and Chief Executive to sign the Statement of Responsibilities |
| **24/078** | **Executive Report** (agenda item 7.0) |
| | The Executive Report had been circulated.

The Trust Board:

a)   Noted the report.
b)   Approved the Trust's Modern Day Slavery Statement which would be included in the Trust's Annual Report 2023-24. |

24/079	**Gender, Ethnicity and Disability Pay Gap Report** (agenda item 7.1)

The Chair welcomed the Director of People and the Deputy Director for Leadership, Inclusion and Organisational Experience to the meeting.

Deputy Director for Leadership, Inclusion and Organisational Experience presented the report and highlighted the following points:

Gender Pay Gap
- Gender Pay Gap reporting was a requirement under the Equality Act 2010. The Trust had also elected to report on the Ethnicity Pay Gap and the Disability Gap
- The Trust's median gender pay gap in 2023-24 was 13.25%. This represented a decrease of 3.21% from 16.46% in 2022-23 moving in the right direction. The Trust's mean gender pay gap in 2023-24 was 15.54%. This represented a 1.42% decrease from 2022-23 moving in the right direction.
- This was the first year the Trust had also applied an intersectionality lens to provide an insight into hidden gaps and greater inequalities that can exist, such as those between gender and ethnicity. White males had a £3.43 gap in their favour compared to Black males. White males had a £4.25 gap in their favour compared to Black females.
- The reasons for the Gender Pay Gap can be varied and complex, some of which were within the Trust's control and some which were more systemic within society. One of the major reasons for the pay gap was that there was a higher proportion of males in more senior bands within the Trust. Females represented 83% of our workforce yet only represented 74.88% of the workforce in the upper quartile; males represented 17% of our workforce but were overrepresented in the upper quartile (25.12%). This meant that females were underrepresented by 8.12%% in the senior bands and males overrepresented by 8.12%
- The proportion of females in the lowest quartile of pay (86.25%) represented a slight decrease from 87.05% in the previous year: a higher figure than the proportion of females were employed in the Trust (83%).
- The Trust was committed to continuously reviewing our systems, practices and processes to ensure that we were reducing the gender pay gap where practically possible.

Ethnicity Pay Gap
- The aim of the ethnicity pay gap exercise was to assess the pay equality in the Trust, the balance of ethnically diverse and white colleagues at different paygrades, and how effective we were at nurturing and rewarding talent. All through our anti-racism lens.
- The Trust's Median Ethnicity Pay Gap in 2023-2024 was 3.92% compared to 3.59% last year**.** This meant that on average our white colleagues earned £0.71p more than our ethnically diverse colleagues, compared to £0.65p last year.
- 2.38% (124) of our workforce's ethnicity was 'Not Stated' which needed more exploration to understand how this influenced the pay gap, although it had reduced from 137 last year.
- There was a contrast between a higher number of ethnically diverse staff and a lower number of white staff particularly more evident in the lower middle quartile, it needed further exploration. Our ethnically diverse staff population decreased through higher pay quartiles 8a – Board.
- The Trust was committed to continuously reviewing our systems, practices and

processes to ensure we are reducing our Ethnicity Pay Gap where practically possible.

Disability Pay Gap
- The Trust's Median Disability Pay Gap in 2023-2024 was 0. This meant that on average our disabled colleagues earned the same as our non-disabled colleagues. In comparison the latest 2021 Office of National Statistics report stated that the disability pay gap was 13.8% for the UK. The meant that hourly pay for disabled colleagues was £0.38p more than nondisabled colleagues, which was a negative gap of 1.79% in favour of disabled colleagues.
- 7.5% (389) of our workforce were 'Not Stated' which needed more exploration to understand how this could influence the pay gap further Although 8.18% (413) last year, so has improved slightly. Colleagues in bands 8c, 9, Medical are our highest categories of staff who had not declared their disability status.
- A majority of the pay bands were broadly representative of the organisation's overall workforce disability ratio (7.2%), There was particularly high underrepresentation of disabled colleagues in bands 2,3,8c and medical. We had disability representation at every level, and overrepresentation at Band 6 and Band 9, compared to the overall workforce.
- The Trust was committed to continuously reviewing our systems, practices and processes to ensure we are reducing our Pay Gap where practically possible

Aileen Feeney, Non-Executive Director noted that the Office of National Statistics had stated that around 7.5% of the population had a declared disability and asked whether the number of disabled staff working for the Trust reflected the national figure.

The Director of People explained that the national proportion of disabled people could not be used to compare the proportion of disabled staff working for the Trust because the national figure would include disabled people whose disability meant that they were not capable for working. The Director of People said that she would find out how the proportion of disabled Trust staff compared with the Trust's peers.

Action: Director of People

Sally Glen, Non-Executive Director referred to the gender pay gap and commented that she was interested to read that the Trust had proposed to award equal Clinical Excellence Awards for all eligible male and female consultants in the Trust regardless of whether they were full or part-time. However, the proposal was rejected by the Local Negotiating Committee and BMA (British Medical Association) Guidance (for the pro-rata payment) was required to be implemented.

The Director of People explained that the Clinical Excellence Award system would be ending shortly under the new consultant pay award. The Medical Director pointed out there would be no new Clinical Excellence Awards, but Clinical Excellence Awards already awarded would continue.

The Chair asked the Deputy Director for Leadership, Inclusion and Organisational Experience whether from the analysis of the data whether he felt that the Trust had the right programmes in place to address the Trust's pay gaps.

The Deputy Director for Leadership, Inclusion and Organisational Experience confirmed that he thought the Trust had the right programmes in place but stressed that progress was slow, but the Trust was heading in the right direction.

The Trust Board: noted the report.

24/080	**Health and Wellbeing Update Report** (agenda item 7.2)

The Chair welcomed Steph Moakes, Health, Wellbeing and Engagement Lead to the meeting.

The Health, Wellbeing and Engagement Lead presented the paper and highlighted the following points:

- Following the removal of national NHS funding for staff mental health hubs which the Trust was providing to both health and social care staff across Berkshire, the Trust was providing the Wellbeing Matters service to Berkshire Healthcare Trust staff only.
- User data between June 2023 and March 2024 had shown a strong increase in the uptake of the Berkshire only service compared with the same six-month period in the previous year.
- The Trust had appointed a Staff Wellbeing Facilitator who was a dual trained Mental Health Nurse and Psychological Therapist in December 2023 who was based at Prospect Park Hospital. The aim of the role was to increase engagement with Prospect Park Hospital staff and to normalise accessing support. Take-up of post-incident support had significantly increased following the appointment of the Staff Wellbeing Facilitator.
- A BBC investigation had raised some concerns about Health Assured who provided the Trust's Employee Assistance Programme. Since the BBC programme, the Trust had invited staff to share their experiences of using Health Assured and the Trust was also closely monitoring its relationship with Health Assured. Going forward, the Trust would be undertaking a review of all its well-being service contracts.

Mark Day, Non-Executive Director Lead of Staff Wellbeing reported that he had regular meetings with the Health, Wellbeing and Engagement Lead and commented that the report only presented a summary of the work undertaken to support staff wellbeing.

Mr Day reported that at the start of the meeting, the Board had received a presentation about the Trust's Liaison and Diversion service and the service lead had mentioned the importance of providing staff wellbeing support in order to retain staff. Mr Day said that it was important that managers had an opportunity to feedback their views about what aspects of the Trust's wellbeing offer were particularly valued by staff and supported staff retention.

Action: Director of People

Naomi Coxwell, Non-Executive Director commented that the Trust's staff wellbeing offer was first class. Ms Coxwell reported that there was BBC Breakfast News story this morning about the high number of employees on long term sick and asked whether the Trust monitored long term sickness and if so, whether there were any trends.

The Director of People confirmed that the Trust did monitor long-term sickness, which was higher than the target. It was noted that the Trust was undertaking a review of staff sickness absence which would include both short and long-term sickness.

Sally Glen, Non-Executive Director commented that she had listened to the BBC File on 4 programme about Health Assured which had been very critical and said that staff listening to the programme must have thought twice about accessing the service.

	The Health, Wellbeing and Engagement Lead said that some staff who accessed the Employee Assistance Programme were disappointed because the service provided was different to what they had expected. The Health, Wellbeing and Engagement Lead said that her key concerns were around limiting the number of staff who could access counselling and bereavement counselling. It was noted that staff could also access the Trust's Wellbeing Matters support. The Chair thanked the Health, Wellbeing and Engagement Lead for her report and for the work she and her team did to support the wellbeing of staff. The Trust Board: noted the report.
24/081	**Reducing, Preventing and Managing Violence and Aggression Assurance Report** (agenda item 7.3)
	The Director of Nursing and Therapies introduced the item and said that reducing, preventing and managing violence and aggression was an important topic and commented that it was shocking that there were 867 physical assaults and almost 1,000 none-physical assaults against staff reported last year at the Trust. The Director of Nursing and Therapies added that many staff did not report incidents and said that this was in part due to a sense that violence and aggression had become normalised within healthcare, particularly in mental health settings. The Director of Nursing and Therapies said that the report summarised the Trust's initial analysis, actions and progress to date against the national Violence Prevention and Reduction Standards and progress with the organisational Sexual Safety Charter. It was noted that providers of NHS services operating under the NHS Standard Contract were required to review themselves against the National Violence, Prevention and Reduction Standards and provide Board level assurance including sharing the Trust's violence prevention and reduction performance with the Board. The Director of Nursing and Therapies said that the paper did not represent the totality of the Trust's work around reducing, presenting and managing violence and aggression which included working closely with Thames Valley Police. It was noted the reducing physical assaults on staff remained a breakthrough objective for the Trust. The Deputy Director for Leadership, Inclusion and Organisational Experience presented the report and highlighted the following points: • The Trust had signed a new NHS organisational Sexual Safety Charter in September 2023 that committed the Trust to taking a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace. • In March 2024, the Trust also became members of the Employers' Initiative on Domestic Abuse and had signed the Employers Domestic Violence Charter • The Trust had spoken to several staff about their experiences of violence and aggression whilst at work and their anonymised case studies were included in the report. • The Trust was currently surveying staff to find out more about their experience of violence and aggression and was encouraging staff to report all incidents. • The Trust wanted to challenge the perception that violence and aggression was normal within healthcare settings.

- As part of the wellbeing offer, the Trust was proactive in providing post-incident support to staff who experienced violence and aggression.

The Deputy Chief Executive commented that the purpose of the report was to assess the Trust's performance against the Violence Prevention and Reduction Standard but pointed out that getting the staff voice was really important in understanding what was going to change that perception that violence and aggression was normal within healthcare settings.

The Chair referred to appendix 2 of the report which set out the indicators relevant to the Board and asked whether there was more the Board could do to support the Trust's work around Violence Prevention and Reduction.

The Deputy Director for Leadership, Inclusion and Organisational Experience said that Board members had a role to play in understanding the impact of violence and aggression on staff and to challenge perceptions of normalisation.

Rebecca Burford, Non-Executive Director referred to the section on staff sickness and absence and asked for more information about the "Bradford Score".

The Director of People explained that the Bradford Score was a way of calculating the amount of and frequency of sick leave an individual took. The Director of People reported that following the Trust's review of staff sickness absence, it was agreed to move away from using the Bradford Score.

Sally Glen, Non-Executive Director commented that Prevention and Management of Violence and Aggression (PMVA) training was important and asked for more information about the comment in the report that not all staff received the correct level of training.

The Deputy Director for Leadership, Inclusion and Organisational Experience said that the Trust was undertaking workforce risk assessments across all services in order to gain a better understanding about the level of risk, so staff could receive the right level of training.

The Director of Nursing and Therapies added that in the past, the focus had been on staff working in mental health settings, but the Trust had also seen an increase in reported incidents relating to physical health settings.

Naomi Coxwell, Non-Executive Director asked whether there was a correlation between the increase in the incidence of violence and aggression towards staff from 2020 to the present day because of the increased stressed cause by the post-pandemic cost of living crisis and in response to global conflicts etc.

The Director of Nursing and Therapies said that post-pandemic there had been an increase in the number of patients requiring forensic services but said that the underlying causes were complex and cautioned against attributing an increase in the number of incidents to COVID-19.

The Chair added that Violence Prevention and Reduction was an important topic and asked whether the Trust Board would receive an annual report on the Trust's progress in this area.

The Director of Nursing and Therapies suggested that the Trust Board receive another update in November 2024.

Action: Director of Nursing and Therapies

	The Chair thanked the Director of People and the Deputy Director for Leadership, Inclusion and Organisational Experience for attending the meeting. The Trust Board: noted the report.
24/082	**Month 12 2122-23 Finance Report** (agenda item 8.0)
	The Chief Financial Officer presented the report and highlighted the following points: - The final outturn position for the Trust was a £3.8m surplus subject to audit. This had increased from the initial plan of £1.3m surplus following receipt of £0.6m industrial action funding and agreement of £1.3m of elective over performance funding. The Trust had also benefited from lower PDC and depreciation charges resulting from a Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board project which reviewed the PFI asset values. - Delivery against the cost improvement plan was in line with plan. However, there were significant adverse variances on Mental Health inpatient staffing for which remedial action was underway to improve the run rate into 2024/25. - The 2023/24 Agenda for Change and Doctors pay awards had been made. After accounting for the additional cost and funding, we had estimated a £1m full year pressure due to the way the NHS tariff uplift was calculated. However, this was currently being offset by delays to recruitment against core allocations. - On pay and income, the in-month variances related to the centrally funded pension cost of £10.8m. This was an adjustment that trusts were required to make at month 12 each year with values notified by NHS England. - Cash was above plan with Integrated Care Board cash payments in line with contracts. - Our performance against the Better Payment Practice Code continued to improve with the percentage of non-NHS invoices paid within the deadline now above the target. However, we did not achieve the target for the value of non-NHS invoices. - Capital spend was slightly under plan for CDEL (capital departmental expenditure limit) schemes mainly due to the phasing of estates projects but with planned expenditure to utilise the CDEL element of the plan by the end of the year. Our forecast remained in excess of our system CDEL capital allocation, but we were expecting that this would be covered by underspending elsewhere in the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System. The Chief Financial Officer reminded the meeting that the Trust's original financial plan 2023-24 was to achieve a £1.3m surplus but following Trust Board approval, the forecast was revised mid-year to a £3.8m surplus. The Chief Financial Officer paid tribute to the Operational and Finance teams for managing services within their financial allocations for the year. The Chief Financial Officer said that this discipline would put the Trust in a good position going into 2024-25. The Chief Financial Officer drew attention to the difference between the £3.8m surplus which would be reported from a system financial perspective versus what would be published in the Trust's Annual Accounts 2023-24 which would be the Trust's reported deficit position. The Chief Financial Officer explained that there were two adjustments which needed to be taken into account as follows: - There was a £3.3m pressure resulting from revisions as to how the Trust accounted for the two PFI buildings which was made to the Trust's accounts at month 9.

	- There was a £4.4m impact of asset impairments as a result of the annual revaluation exercise. - There were two elements which contributed to the £.4.4m, Firstly, the impact of changing asset values as a result of the work undertaken by the Trust at the request of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System as part of system efficiencies. Secondly, properties in Denmark Street and Resource House which were new properties that the Trust had invested heavily into in order to bring them to standard which had incurred an impairment against the values and works that had been undertaken. - Taking the two adjustments into account, there was a £3.9m deficit which would be reported in the Trust's Annual Accounts 2023-24. - The Chair congratulated the Trust on delivering its financial plan 2023-24. **The Trust Board**: noted the report.
24/083	**Month 12 2122-23 "True North" Performance Scorecard Report** (agenda item 8.1)
	The Chief Financial Officer corrected an error in the report. The number of self-harm incidents was 70 and not 62 as stated in the report (38 of the incidents involved the same patient). The Chief Financial Officer presented the paper and highlighted the following points: - Performance in relation to the bed days occupied by patients who were discharge ready (Community) target was continuing to improve with performance at 665 bed days against a target of 500 bed days. In March 2024, 88 patients contributed to the delays, of which, 70 were now discharged. 6 patients had stayed over 21 days accounting for 167 lost bed days. - Performance in relation to the clinically ready for discharge by wards including out of area placement target was at 353 bed days against a target of 250 bed days. This was an increase since February 2024 but was below the mean. Sally Glen, Non-Executive Director noted that the number of inappropriate out of area placements had increased (373 compared with 185 last month). The Chief Financial Officer said that the demand for mental health beds had been significantly higher over the quarter, which had necessitated more external placements. Ms Glen asked whether the Trust's decision to reduce ward sizes at Prospect Park Hospital in line with best practice had resulted in more out of area placements. The Chief Financial Officer said that reducing the ward sizes had resulted in six fewer beds, but this was offset by the 11 contracted beds which the Trust had purchased. The Chief Operating Officer said that the number of mental health beds needed at any given time was variable and reiterated that the Trust had not decreased its overall bed base. The Chief Operating Officer said that the Trust's was focussing on prioritising and managing the risk so that only people who really needed a bed were admitted in order to prevent admitting people who could be more appropriately cared for in community settings. **The Trust Board**: noted the report.

24/083	**Finance, Investment and Performance Committee Meetings held on 21 March 2024 and 17 April 2024 (**agenda item 8.2)
	The minutes of the Finance, Investment and Performance Committee meetings held on 24 March 2204 and 17 April 2024 had been circulated. Naomi Coxwell, Chair of the Finance, Investment and Performance Committee reported that in addition to the standing agenda items, the Director of People had presented a paper on the Trust's work to improve staff Recruitment and Retention. Ms Coxwell said that the Committee was pleased to note that the staff turnover rate had decreased and that this reflected the Trust's focus on staff retention and the fact that there were fewer jobs available due to financial constraints across the health sector. It was noted that the Committee had also received a paper on the sources of funding available to support the national NHS priority to achieve net zero. Ms Coxwell reported that the Committee was informed that there was no national funding available to support the net zero ambition and therefore the Trust had to fund sustainability initiatives from existing budgets and bid for grants to undertake specific projects. It was noted that the Trust had been successful in securing £2.6m of funding from the Department of Energy Security for a decarbonisation scheme at West Berkshire Community Hospital. Ms Coxwell reported that the April 2024 meeting had discussed the Trust's draft Financial Plan 2024-25 which was a breakeven position. The Chair thanked Naomi Coxwell for her update.
24/084	**Trust's Annual Report 2023-24** (agenda item 9.0)
	The Deputy Chief Executive reminded the meeting that the Trust's draft Annual Report 2023-24 had been circulated to members of the Board only because it was a legal requirement that an NHS foundation trust's Annual Report was not published until it had been laid before Parliament. The Deputy Chief Executive invited members of the Board to forward any comments to the Company Secretary. The Company Secretary requested any comments by the end of the week. It was noted that the Trust's External Auditors had still to undertake their audit of the draft Annual Report. The Company Secretary would inform members of the Trust Board of any changes between the draft circulated and the final document. **Action: Company Secretary** An extraordinary meeting of the Audit Committee had been convened on 19 June 2024 to approve the Annual Accounts 2023-24 on behalf of the Trust Board. When approved, the Annual Accounts would be added to the Annual Report. **The Trust Board**: a) Approved the draft Annual Report 2023-24 for submission to NHS England subject to any final necessary additions and amendments b) Delegated authority to the Chair and Chief Executive to give Board approval to the final document in light of the timetable for submission to NHS England

	c) Delegated authority to approve the Annual Accounts 2023-24 on behalf of the Trust Board to the Audit Committee at its extraordinary meeting on 19 June 2024.
24/085	**Audit Committee Meeting – 17 January 2024** (agenda item 9.1)
	The minutes of the Audit Committee meeting held on 17 April 2024 had been circulated. **T**he Trust Board: noted the minutes.
24/086	**Council of Governors Update** (agenda item 9.2)
	It was noted that nominations had opened for governor elections in all constituencies.
24/087	**Trust Seal Report** (agenda item 9.3)
	The Chief Financial Officer reported that the Trust's Seal had been affixed to a deed of surrender in respect of the lease of the Ground Floor Rear Office at 81 London Street, Reading RG1 4QA. **The Trust Board**: noted the report.
24/088	**Any Other Business** (agenda item 10)
	There was no other business.
24/089	**Date of Next Public Meeting** (agenda item 11)
	The next Public Trust Board meeting would take place on 09 July 2024.
23/090	**CONFIDENTIAL ISSUES:** (agenda item 13)
	The Board resolved to meet In Committee for the remainder of the business on the basis that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.

I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the Trust Board meeting held on 14 May 2024.

Signed………………………………………………………. Date 09 July 2024

      (Martin Earwicker, Chair)

Liaison and Diversion

Case study

Pauline O'Callaghan

Hampshire & IOW Service

May 2024

Contents

- What is Liaison and Diversion?
- Aims of Liaison and Diversion
- Referral source and process
- Identified Risks and Vulnerabilities
- Engagement pathway
- Challenges
- Outcomes achieved
- Feedback

18

What is Liaison and Diversion?

- An all-age service - children, youths and adults

- Targeting a range of vulnerabilities or health needs

- Operating at Police Custody, Courts, Prison and community

- Range of referral pathways

19

Aims of Liaison and Diversion

- Improved access to healthcare and support services for vulnerable individuals through effective liaison with appropriate services

- Diversion of individuals into health or other supportive services

- Diversion can be out of the youth or criminal justice system (where appropriate) or within these systems

- Delivery of efficiencies within youth and criminal justice systems

- The reduction of re-offending

- The reduction of health inequalities

- The reduction of first time entrants

- Better information flow from L&D service to CJS decision makers

20

Referral Source and Process (SOP)

- The referral received from police custody for P a 22 yr old man, citing mental health concerns, specifically suicidal thoughts. Alleged offence: burglary

- As per SOP, referral was triaged, screening undertaken. P was previously known to HLDS dating back to 2019 and again in 2020 having received input - assessment, STR engagement and PSW support.

- New assessment undertaken identifying vulnerabilities and associated risks.

- The practitioner made referral to Support Time Recovery Worker (STR) to complete further support in the community.

21

Identified Risks and Vulnerabilities

- Unmet needs – MH, sleep, substance misuse, housing and finances

- Current risks at time of intervention:

➢ Previous attempt to end life.
➢ Current thoughts of ending life.
➢ Homelessness
➢ Substance misuse
➢ Risk from others to P and his family - ex-gang mates had intent to cause harm.

22

Engagement Pathway

- Set-up to help and support individuals with vulnerabilities further in the community for 4-6 weeks.

- Assertive approach hard to engage service users to attend appointments and access services.

- Liaison with Mind, Multi Agency Safeguarding Hub, GP. Sheffield Council, Rushmoor Borough Council, Police, Inclusion, Probation, Job Centre.

- STR colleagues' appointments with P due to his anxiety, as well as his understanding of what the services are asking of him.

- Person centred approach – extended support for 3 months due to the risk concerns, trauma informed approach to cater for P's needs.

23

Challenges

- Safety for both P and staff – clinical and operational support. Sourcing safe public locations – GP

- Safety for family - Referrals and telephone calls with the Multi-Agency Safeguarding Hub to update them on P and his family's situation

- Discussions with police surrounding a risk of safety to try and relocate the service out of the area – Sheffield

- Employment - Contact with the Job Centre to complete universal credit application. The service user was also able to start job seeking, as they wanted to be employed

- Discussion with Sheffield Council to determine P's access to housing

- Provision of current support and transfer of care dependant on move to Sheffield – e.g. drug and alcohol services.

Outcomes achieved

- Positive support for MH needs – PCN @ GP surgery, medication to support sleep.

- Police supported relocation by way of a written letter to Sheffield Council detailing rational for relocation associated with known risks.

- P was able to claim universal credit to help with access to accommodation, food and general well-being.

- The Multi-Agency Safeguarding Hub maintained contact with P's family; care provision was identified and provided.

- P overcame drug dependency

- Relocation to Sheffield, no further reoffending

- Referral to L&D service in Sheffield not required.

Feedback

'to whom this may concern, i'm writing to give feedback on Ben and Courtney, and just want to say how amazing they have been, i've been through a lot of companies through my life including the police and they have all been no hope, it's all thank to your two employee. i've seen hope and seen a way out of my area, they actually get things done unlike most company and i can't put into words how thankful i am they walked into my life and have helped me in anyway they can, couldn't have employed better people so thank you a lot for your services.'

26

Thank you

BOARD OF DIRECTORS MEETING 09.07.24

Board Meeting Matters Arising Log – 2024 – 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
11.07.23	23/120	Annual Complaints Report	The Director of Nursing and Therapies to consider adding an additional column in Table 2 in the report which set out the complaint themes to indicate the number of complaints which were upheld, partially upheld and not upheld.	July 2024	**DF**	Tables 13 and 14 set out the percentage of complaints partially and fully upheld.	
09.01.24	24/007	Board Story	The Board to have a discussion about the Trust's approach to outsourcing services at a future	June 2024	**AG**	Discussed at the June 2024 Trust Board Discursive meeting.	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
			Trust Board Discursive meeting.				
12.03.24	24/044	Finance Report	The output of the rapid improvement review event on managing sickness to be shared with the Board.	July 2024	**TA**	Please see appendix 1	
12.03.24	24/045	FIP Committee Minutes	Productivity to be included on the agenda of the June 2024 Trust Board Discursive meeting.	June 2024	**PG**	Discussed at the June 2024 Discursive Trust Board meeting.	
14.05.24	24/079	Gender, Ethnicity and Disability Pay Gap Report	The Director of People to find out how the proportion of disabled Trust staff compared with the Trust's peers.	July 2024	**JN**	Please see appendix 2.	
14.05.24	24/080	Staff Wellbeing Update Report	Trust managers to have an opportunity to feedback their views about what aspects of the Trust's wellbeing offer were particularly valued by staff and supported staff retention.	July 2024	**JN**	This will form part of the Wellbeing Review.	
14.05.24	24/081	Reducing, Preventing and Managing Violence and Aggression Report	The Board to receive an another Reducing, Preventing and Managing Violence and Aggression Report in November 2024.	November 2024	**DF**		

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
14.05.2	24/084	Trust's Annual Report	The Company Secretary to inform members of the Board of any significant changes to the Trust's Annual Report following the external auditor's review.	July 2024	**JH**	There were only minor changes to the Annual Report which were approved by the Chair and Chief Executive.	

Rapid Improvement Event on Managing Staff Sickness

We set up a sickness review group using Rapid Improvement Event methodology to address the following problem: -

Step 1: Problem Statement

There is a lack of consistency of approach to the management of sickness absence and adherence to the policy and guidance in the manager's toolkit.

This results in an inequitable approach to sickness management, level and quality of support offered, and experience of colleagues across the organisation. This is also likely to result in increased levels of sickness absence and associated costs.

The Manager's Toolkit gives specific guidance on the management of absence and, as of December 2023, none of these metrics have been adhered to.

For example, an occupational health referral should be made for anyone absent more than 6 days and currently takes an average of 37 days for Mental Health absence and 29 days for MSK absence. Also, medical certification is required for all absences which extends beyond 8 days; Trust-wide, on average, 59% of absence which requires a medical certificate is uncertified as there is no central recorded of certification.

This improvement effort supports our True North goal of 'Supporting Our People'.

Managing Sickness Absence Rapid Improvement Event Held in February 2024

Following a Rapid Improvement Event in February 2024, countermeasures were drawn up and these included: both a rewrite of the policy and process, but also a PDSA cycle on the utilisation of the suggested approach to sickness management including the early conversations with employees; the support during sickness; timely referral to Occupational Health and the monitoring and review inherent within this requirement.

The first PDSA cycle commenced on the 1st of July with 8 teams, 2 from each division and 2 Central Services.

This cycle will run for 2 months, with an interim review at the 4-week period.

Whilst this is in progress, the Absence Process and Procedure will be rewritten to reflect the outputs and requests from the Rapid Improvement Event. The outcome/outputs of both pieces of work will be reported on by October 2024.

Number of Disabled Staff at the Trust

Headline data from Workforce Disability Equality Standard 2022 DCF returns, as at 31/03/2022 published September 2023.

The 2023 data is going to be published in September 2024, so this is the most up to date information available.

Here is a link to the collection page NHS England » Workforce Disability Equality Standard 2022 data analysis report for NHS trusts and foundation trusts

And a link to doc https://www.england.nhs.uk/wp-content/uploads/2023/09/wdes-22-supporting-data.xlsx

if you or your team want to investigate further – there is clinical/non-clinical, as well as breakdown on all the other WDES metrics.

Org name	Disabled	Non-disabled	Null/ Unknown
Berkshire Healthcare NHS Foundation Trust	5.3%	85.6%	9.0%
Buckinghamshire Healthcare NHS Trust	3.4%	87.4%	9.2%
Oxford Health NHS Foundation Trust	4.9%	80.6%	14.5%
Oxford University Hospitals NHS Foundation Trust	3.5%	79.9%	16.7%
Royal Berkshire NHS Foundation Trust	2.3%	78.5%	19.2%

Here are other South East Mental Health & Combined Trusts for comparison

Trust Type	Region	Org name	Disabled	Non-disabled	Null/Unknown
Combined Mental Health / Learning Disability and Community Trusts	South East	Berkshire Healthcare NHS Foundation Trust	5.3%	85.6%	9.0%
Mental Health / Learning Disability Trusts	South East	Kent And Medway NHS And Social Care Partnership Trust	6.9%	75.0%	18.1%
Combined Mental Health / Learning Disability and Community Trusts	South East	Oxford Health NHS Foundation Trust	4.9%	80.6%	14.5%
Combined Mental Health / Learning Disability and Community Trusts	South East	Solent NHS Trust	4.0%	77.4%	18.6%
Combined Mental Health / Learning Disability and Community Trusts	South East	Southern Health NHS Foundation Trust	5.9%	87.1%	7.0%
Mental Health / Learning Disability Trusts	South East	Surrey And Borders Partnership NHS Foundation Trust	7.1%	90.6%	2.3%
Mental Health / Learning Disability Trusts	South East	Sussex Partnership NHS Foundation Trust	10.5%	78.8%	10.7%

Trust Board Meeting Paper

Board Meeting Date	9th July 2024
Title	Annual Complaint Report
	Paper for Noting
Reason for the Report going to the Trust Board	It is a requirement under 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009' that an annual report is produced. The regulations state that the report must include the number of complaints received; the number of complaints that are deemed to be well-founded (upheld/ partially upheld) , the number of complaints which have been referred to the Health Service Commissioner to consider under the 1993 Act; a summary of the subject matter of complaints and any matters of general importance arising out of those complaints, or the way in which the complaints were handled. There is also a requirement for this report to be publicly available to anyone who wants it, it is therefore presented at the public Board. The report covered the period form 1st April 2023 to 31st March 2024 The report includes at table 14b, the percentage breakdown of whether a complaint was upheld, partially upheld or not upheld against each of the complaint themes; this was requested by the Board when the annual complaint report was presented last year. The Trust reports complaints on a quarterly basis through our Quality Executive and Trust Board alongside other patient experience measures including compliments, the Friends and Family Test, PALS, and our internal patient survey programme.
Business Area	Trust wide
Author	Elizabeth Chapman, Head of Patient Experience (full report)
Relevant Strategic Objectives	Understanding the experience of our patients, how we respond to this, capture and learn from all forms of feedback is fundamental to the provision of safe, caring and effective services. **Patient safety Ambition:** We will reduce waiting times and harm risk for our patients **Patient experience and voice Ambition:** We will leverage our patient experience and voice to inform improvement. **Health inequalities Ambition:** We will reduce health inequalities for our most vulnerable patients and communities

Berkshire Healthcare NHS Foundation Trust Annual Complaints Report

April 2023 to March 2024

Contents

1

1. Introduction and executive Summary

This report contains the annual complaint information for Berkshire Healthcare NHS Foundation Trust (referred to in this document as The Trust), as mandated in The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Trust formally reports patient experience through our Quality Executive and Trust Board on a quarterly basis, alongside other measures including compliments, the Friends and Family Test, PALS, and our internal patient survey programme, which is operated through the iWGC feedback solution.

This report looks at the application of the Complaints Process within the Trust from 1 April 2023 to 31 March 2024 and uses data captured from the Datix incident reporting system.

Factors (and best practice) which affect the numbers of Formal Complaints that Trusts receive include:

- Ensuring processes are in place to resolve potential and verbal complaints before they escalate to Formal Complaints. These include developing systems and training to support staff with local resolution.

- An awareness of other services such as the Patient Advice and Liaison Service (PALS – internal to the Trust) and external services including Healthwatch and advocacy organisations which ensure that the NHS listens to patients and those who care for them, offering both signposting and support.

- Highlighting the complaints process as well as alternative feedback mechanisms in a variety of ways including leaflets, poster adverts and through direct discussions with patients, such as PALS clinics in clinical sites.

When people contact the service, the complaints office will discuss the options for complaint management. This gives the opportunity to make an informed decision as to whether they are looking to make a Formal Complaint or would prefer to work with the service to resolve the complaint informally.

The number of Formal Complaints received has increased to 281 from 240, with the table below reporting the activity over time. This shows that we received the highest number of Formal Complaints this past year; it is important to consider this in terms of the number of patient contacts and the % of these contacts that result in a Formal Complaint being made:

Year	Number of Formal Complaints received	% of Patient Contacts
2023/24	281	0.030%
2022/23	240	0.043%
2021/22	231	0.049%
2020/21	213	0.038%

The Trust actively promotes feedback as part of 'Learning from Experience', which within the Complaints Office includes activity such as enquiries, services resolving concerns informally, working with other Trusts on joint complaints, responding to the office of Members of Parliament who raise concerns on behalf of their constituents, complaints raised via the CQC and through advocacy services. The Trust achieved a 100% response rate in responding to complainants within an agreed timescale and continues to monitor an internal target of 25 working days (with the complexity of a number of the complaints that we receive and the availability of operational staff this internal target in not always possible).

There were 73 MP enquiries/concerns raised, a decrease from 88 last year and 67 in 2021/22. The level of activity from MPs has had a sustained increase from 34 in 2020/21.

CAMHS continues to be the main service MPs contact the Trust about, however activity has decreased from 66% of contacts to 34% this year; the main theme of these being waiting times (43%). CMHT received the second highest level of MP activity with 16%, and of these, 92% (n5 out of n6) were about services based in the West of the County.

2. Complaints received – activity.

2.1 Overview

During 2023/24, 281 Formal Complaints were received into the organisation. Table 1 shows the number of Formal Complaints by service and compares them to the previous financial year.

Table 1: Formal Complaints received.

Service	2022/23						2023/24						Comparison to last FY
	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Q2	Q3	Q4	Total for year	% of Total	
CMHT/Care Pathways	11	10	18	14	53	**22.00%**	16	6	13	14	49	**17.44%**	↓
CAMHS - Child and Adolescent Mental Health Services	4	6	13	10	33	**14.00%**	8	11	7	9	35	**12.45%**	↓
Crisis Resolution & Home Treatment Team (CRHTT)	3	9	6	4	22	**9.00%**	5	10	5	6	26	**9.25%**	↑

Service	2022/23						2023/24						Comparison to last FY
	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Q2	Q3	Q4	Total for year	% of Total	
Acute Inpatient Admissions – Prospect Park Hospital	13	7	9	6	35	**15.00%**	10	2	4	7	23	**8.19%**	↓
Community Nursing	3	0	4	5	12	**5.00%**	3	6	5	3	17	**6.05%**	↑
Community Hospital Inpatient	4	3	2	1	10	**4.00%**	1	2	5	4	12	**4.27%**	↑
Common Point of Entry	0	1	3	1	5	**2.00%**	1	3	0	0	4	**1.42%**	↓
Out of Hours GP Services	1	0	1	2	4	**1.50%**	1	2	7	4	14	**4.98%**	↑
PICU - Psychiatric Intensive Care Unit	1	2	0	4	7	**3.00%**	0	0	1	0	1	**0.36%**	↓
Urgent Treatment Centre	1	0	0	0	1	**0.50%**	1	1	2	1	5	**1.78%**	↑
Older Adults Community Mental Health Team	1	1	0	0	2	**1.00%**	1	2	1	0	4	**1.42%**	↑
Other services during quarter	19	11	15	11	56	**23.00%**	21	19	25	26	91	**32.38%**	↑
Grand Total	61	50	71	58	240	100.00%	68	64	75	74	281	100	↑

Of the 281 Formal Complaints that were received, 38 were secondary complaints (35 of these were from 8 patients).

Table 2 below details the main themes of complaints and the percentage breakdown of these.

Table 2: Themes of Complaints received.

Main subject of complaint	Number of Complaints	% of Complaints
Abuse, Bullying, Physical, Sexual, Verbal	1	0.36%
Access to Services	9	3.20%
Attitude of Staff	39	13.88%
Care and Treatment	134	47.69%
Clinical Care Received	1	0.36%
Communication	32	11.39%
Confidentiality	11	3.91%
Discharge Arrangements	8	2.85%
Discrimination, Cultural Issues	4	1.42%
Inaccurate Records	1	0.36%
Management and Administration	1	0.36%
Medical Records	8	2.85%
Medication	13	4.63%
Other	5	1.78%
Patients Property and Valuables	2	0.71%
Physical Abuse	1	0.36%
Support Needs (Including Equipment, Benefits, Social Care)	1	0.36%
Waiting Times for Treatment	10	3.56%
Grand Total	281	**100.00%**

The main theme of complaints received during 2023/24 was care and treatment with 47.69% an increase from 43.33% the previous year. Communication (11.39%) and attitude of staff (13.88%) remain the other 2 areas with the highest number of Formal Complaints, and these remain the top 3 themes for Formal Complaints year on year.

Complaints received in relation to care and treatment are wide ranging and focus very much on individual circumstances and therefore it has not been possible to pick up themes or areas for specific action by services in relation to these.

The following tables show a breakdown for 2023/24 of the Formal Complaints that have been received and where the service is based.

2.2 Mental Health service complaints

Table 3: Mental Health Service complaints

Service	Number of Complaints
SUN	1
A Place of Safety	4
Adult Acute Admissions - Bluebell Ward	7
Adult Acute Admissions - Daisy Ward	5
Adult Acute Admissions - Rose Ward	2
Adult Acute Admissions - Snowdrop Ward	9
CMHT/Care Pathways	49
CMHTOA/COAMHS - Older Adults Community Mental Health Team	4
Common Point of Entry	4
Crisis Resolution and Home Treatment Team (CRHTT)	26
Early Intervention in Psychosis - (EIP)	2
IMPACTT	3
IPS - Individual Placement support	2
Mental Health Act Department	1
Mental Health Integrated Community Service	1
Neuropsychology	4
Older Adults Inpatient Service - Rowan Ward	1
Other	3
Out of Area Placements	2
PICU - Psychiatric Intensive Care - Sorrel Ward	1
Psychological Medicine Service	5
Talking Therapies - Practical Support Services	2
Talking Therapies - PWP Team	3
Grand Total	141

2.2.1 Mental Health Complaints by service

The adult mental health services receiving higher numbers of Formal Complaints in 2023/24 are detailed further below.

Community Mental Health teams (CMHT)

Table 4: CMHT complaints

Main subject of complaint	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot, and Maidenhead	Wokingham	
Access to Services					3		3
Attitude of Staff	1						1
Care and Treatment	6	4	4	10	2	5	31
Communication	2			1	3		6
Confidentiality	1				1		2

6

Main subject of complaint	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot, and Maidenhead	Wokingham	
Discharge Arrangements	1						1
Medical Records				1			1
Medication		1				2	3
Waiting Times for Treatment		1					1
Grand Total	11	6	4	12	9	7	49

Adult mental health inpatients

Table 5: Adult mental health inpatient ward complaints

Main subject of complaint	Ward					Grand Total
	Bluebell Ward	Daisy Ward	Rose Ward	Snowdrop Ward	PICU - Sorrel Ward	
Abuse, Bullying, Physical, Sexual, Verbal	1					1
Attitude of Staff	1		1	1		3
Care and Treatment	4	1	1	6	1	13
Communication	1					1
Discharge Arrangements		2		1		3
Other		1				1
Patients Property and Valuables				1		1
Physical Abuse		1				1
Grand Total	7	5	2	9	1	24

Sorrel ward received 1 Formal Complaint compared to 7 for both previous 2 years.

Bluebell Ward and Snowdrop Ward received the highest number of Formal Complaints, however there were no specific themes for these.

CRHTT

Table 6 below demonstrates that there has been a sustained increased in the number of Formal Complaints received about CRHTT to 26; an increase from 22 in 2022/23, 15 in 2021/22 and compared with 13 in 2020/21.

Table: 6 CRHTT complaints

Main subject of complaint	Geographical Locality					Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot, and Maidenhead	
Attitude of staff	1	3	1		2	7
Care and Treatment	3	3	2		1	9
Communication			1		1	2
Confidentiality	2					2
Discrimination, Cultural Issues			2			2
Inaccurate Records	1					1
Medical Records		2				2
Medication				1		1
Grand Total	7	8	6	1	4	26

2.3 Community Health Service Complaints

Community Health Service complaints accounted for 27% of Formal Complaints compared with 16% 2022/23, 29% in 2021/22 and 24% in 2020/21.

There were no themes with complaints raised around specifics of care delivery and patient's individual circumstances.

Table 7: Community Health Service Complaints

Service	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot, and Maidenhead	Wokingham	
Assessment and Rehabilitation Centre (ARC)			2				2
Community Dental Services		2	3				5
Community Dietetics				1			1
Community Geriatrician Service				1			1
Community Hospital Inpatient Service - Ascot Ward						1	1

Service	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot, and Maidenhead	Wokingham	
Community Hospital Inpatient Service - Donnington Ward				1			1
Community Hospital Inpatient Service - Henry Tudor Ward					6		6
Community Hospital Inpatient Service - Jubilee Ward			1		1		2
Community Hospital Inpatient Service - Windsor Ward						2	2
Continence					1		1
District Nursing	1	3	2	2	1	7	16
Hearing and Balance Services	1				1		2
Integrated Pain and Spinal Service - IPASS						1	1
Intermediate Care		1		1			2
Lower Limb Clinic						1	1
Out of Hours GP Services		11		3			14
Phlebotomy				3			3
Physiotherapy Musculoskeletal		1	1		1		3
Podiatry	1	2			1		4
Sexual Health			2				2
Urgent Treatment Centre				5			5
Grand Total	3	20	11	17	12	12	75

2.3.1   Community Health Complaints by service

The top 3 community services receiving Formal Complaints in 2023/24 are detailed further below.

Community Nursing

As detailed in Table 8; 11 of the 18 complaints were regarding care and treatment, a review of these has not identified any themes. There were 38 complaints Community Nursing in 2022/23 and the decrease is reflected of the ongoing work underway within the Division.

Table 8: Community Nursing Service complaints

| | Geographical Locality | | | | | | Grand Total |
Main subject of complaint	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Attitude of Staff	1		1	1			3
Care and Treatment		4		1	1	5	11
Confidentiality				1			1
Discharge Arrangements						1	1
Medication			1			1	2
Grand Total	1	4	2	3	1	7	18

Community Health Inpatient Wards

Table 9: Community Health Inpatient Ward Complaints

| | Ward | | | | | Grand Total |
Main subject of complaint	Ascot Ward	Donnington Ward	Henry Tudor Ward	Jubilee Ward	Windsor Ward	
Attitude of Staff			2			2
Care and Treatment	1		1	1	1	4
Clinical Care Received			1			1
Confidentiality					1	1
Discharge Arrangements		1	1	1		3
Patients Property and Valuables			1			1
Grand Total	1	1	6	2	2	12

There has been targeted work to reduce complaints on the wards, particularly on Oakwood Ward which has previously had a higher number of complaints and received none over the past year.

WestCall Out of Hours GP Service

As shown in the table below, WestCall received 14 Formal Complaints compared with 4 during 2022/23, 9 in 2021/22 and 8 in 2020/21. Most of the complaints were about care and treatment, and the Urgent Care Medical Director and Senior Leadership Team are actively engaging with the operational staff to address this.

Table 10: WestCall Out of Hours GP Service complaints

| | Geographical Locality | | |
Main subject of complaint	Reading	West Berks	Grand Total
Access to Services	1	1	2
Attitude of Staff	2		2

Main subject of complaint	Geographical Locality		Grand Total
	Reading	West Berks	
Care and Treatment	6	2	8
Discrimination, Cultural Issues	1		1
Medical Records	1		1
Grand Total	11	3	14

2.4 Children, Young People and Families

Table 11: Children, Young People and Family Service Complaints

Service	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot, and Maidenhead	Wokingham	
CAMHS - AAT			1	1		2	4
CAMHS - ADHD	2	6	1	1			10
CAMHS - Anxiety and Depression Pathway		2				1	3
CAMHS - Common Point of Entry (Children)		2				1	3
CAMHS - Getting Help East				1			1
CAMHS - Learning Disabilities					1		1
CAMHS - Rapid Response	1				1		2
CAMHS - Specialist Community Teams	2	2	1		3	2	10
Children's Occupational Therapy - CYPIT	2		1			1	4
Children's Speech and Language Therapy - CYPIT	3					1	4
Community Paediatrics			1				1
Eating Disorders Service				1			1
Health Visiting		1		1		1	3
Immunisation		1				2	3
Keyworking Team				1			1
Learning Disability Service Inpatients - Campion Unit - Ward		1					1

| | Geographical Locality | | | | | | Grand Total |
Service	Bracknell	Reading	Slough	West Berks	Windsor, Ascot, and Maidenhead	Wokingham	
Neurodevelopmental Services		1					1
Perinatal Mental Health						1	1
Phoenix						1	1
School Nursing		1					1
Grand Total	10	17	5	6	5	13	56

Table 12: CAMHS Complaints

| | Main subject of complaint | | | | | | | Grand Total |
Service	Access to Services	Attitude of Staff	Care and Treatment	Communication	Medical Records	Medication	Waiting Times for Treatment	
CAMHS - AAT	1	1					2	4
CAMHS - ADHD			3	1	1	3	2	10
CAMHS - Anxiety and Depression Pathway			3					3
CAMHS - Common Point of Entry (Children)	1						2	3
CAMHS - Getting Help East			1					1
CAMHS - Learning Disabilities			1					1
CAMHS - Rapid Response			1	1				2
CAMHS - Specialist Community Teams			8	1			1	10
Keyworking Team			1					1
Phoenix			1					1
Grand Total	2	1	19	3	1	3	7	36

There was 1 Formal Complaint about the attitude of staff in compared to 3 last year and 5 the year before. Complaints about waiting times have also decreased.

3 Complaints closed – activity.

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). The table below shows the outcome of complaints.

Table 13: Outcome of closed Formal Complaints

Outcome	2022/23						2023/24					
	Q1	Q2	Q3	Q4	Total	% of 22/23	Q1	Q2	Q3	Q4	Total	% of 23/24
Locally resolved/not pursued	0	0	0	0	0	0	0	4	1	3	8	3.11
Not Upheld	23	22	23	38	106	43%	20	25	30	25	100	38.91
Partially Upheld	21	30	26	25	102	41%	22	26	24	32	104	40.47
Upheld	12	9	7	8	36	15%	11	9	12	9	41	15.95
SUI	0	0	0	0	3	1%	0	0	2	2	4	1.56
Grand Total	**57**	**61**	**57**	**72**	**247**		**53**	**64**	**69**	**71**	**257**	

Complaints can cover several services and issues which are investigated as individual points which contributes towards higher partially upheld outcomes.

Table 14: Outcome of closed Formal Complaints by main subject

Main subject of complaint			Outcome of complaint					
	Not Upheld	Partially Upheld	Upheld	Local Resolution	Serious Untoward Incident Investigation	Case not pursued by complainant	No Further Action	Grand Total
Abuse, Bullying, Physical, Sexual, Verbal		3						3
Access to Services	5	3	2					10
Attitude of Staff	14	14	8			1		37
Care and Treatment	43	52	12	3	2	1		113
Communication	18	8	6	2				34
Confidentiality	4	1	5					10
Discharge Arrangements	1	3						4
Discrimination, Cultural Issues		4	1					5
Management and Administration	1							1
Medical Records	1	4	3				1	9

Main subject of Complaint	Not Upheld	Partially Upheld	Upheld	Local Resolution	Serious Untoward Incident Investigation	Case not pursued by complainant	No Further Action	Grand Total
Medication	5	4	2		2			13
Other	4							4
Patients Property and Valuables	1							1
Waiting Times for Treatment	3	7	2					12
Support Needs (Including Equipment, Benefits, Social Care)		1						1
Grand Total	100	104	41	5	4	2	1	257

Table 14: Outcome of closed Formal Complaints by main subject and percentage

Main subject of Complaint	Outcome of Complaint							Grand Total
	Not Upheld	Partially Upheld	Upheld	Local Resolution	Serious Untoward Incident Investigation	Case not pursued by complainant	No Further Action	
Abuse, Bullying, Physical, Sexual, Verbal	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Access to Services	50.00%	30.00%	20.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Attitude of Staff	37.84%	37.84%	21.62%	0.00%	0.00%	2.70%	0.00%	100.00%
Care and Treatment	38.05%	46.02%	10.62%	2.65%	1.77%	0.88%	0.00%	100.00%
Communication	52.94%	23.53%	17.65%	5.88%	0.00%	0.00%	0.00%	100.00%
Confidentiality	40.00%	10.00%	50.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Discharge Arrangements	25.00%	75.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Discrimination, Cultural Issues	0.00%	80.00%	20.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Management and Administration	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Medical Records	11.11%	44.44%	33.33%	0.00%	0.00%	0.00%	11.11%	100.00%
Medication	38.46%	30.77%	15.38%	0.00%	15.38%	0.00%	0.00%	100.00%
Other	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Patients Property and Valuables	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Waiting Times for Treatment	25.00%	58.33%	16.67%	0.00%	0.00%	0.00%	0.00%	100.00%
Support Needs (Including Equipment, Benefits, Social Care)	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Grand Total	38.91%	40.47%	15.95%	1.95%	1.56%	0.78%	0.39%	100.00%

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

Table 15 – Response rate within timescale agreed with the complainant.

2020/21				2021/22				2022/23				2023/24			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
100	99	100	100	100	100	100	100	95	100	100	100	100	100	100	100

4 Complaints as a mechanism for change – learning

The Divisions monitor the outcomes and learning from complaints within their Patient Safety and Quality Meetings. A Patient Safety, Experience and Learning Group takes place on a weekly basis, and further learning is shared and disseminated in a Trust wide newsletter called Circulation.

5   Parliamentary and Health Service Ombudsman

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

Table 16: PHSO activity

Month opened	Service	Month closed	Current stage
Apr-23	CMHT/Care Pathways	Sep-23	LGO not progressing, but now with PHSO to consider
Jul-23	CMHT/Care Pathways	Awaiting update	File sent to PHSO on to aid their decision on whether to investigate
Jul-23	CAMHS – Specialist Community Team	Sep-23	PHSO have reviewed file and are not progressing
Sep-23	CRHTT	Awaiting update	File sent to PHSO on to aid their decision on whether to investigate
Sep-23	CAMHS	Awaiting update	File sent to PHSO on to aid their decision on whether to investigate
Nov-23	Neurodevelopmental services	Awaiting update	File sent to PHSO on to aid their decision on whether to investigate
Dec-23	Heart Function	Awaiting update	File sent to PHSO on to aid their decision on whether to investigate
Feb-24	CAMHS - Specialist Community Team	Ongoing	Complaint referred to PHSO

15

Month opened	Service	Month closed	Current stage
Feb-24	CAMHS - Specialist Community Team	Ongoing	Confirmed we will enter into Dispute Resolution process; awaiting update.

6 Multi-agency working

In addition to the complaints detailed in the report, the Trust monitors the number of multi-agency complaints they contribute to but are not the lead organisation (such as NHS England and Acute Trusts).

There were 3 multi-agency complaints responded to in 2023/24, which is a significant decrease from 14 in 2022/23 and 27 in 2021/22. Two of these were about our physical health services and the other about mental health services.

Table 17: Formal Complaints led by other organisations.

Lead organisation	2021/22	2022/23	2023/24
Berk West CCG/ICB	1	1	1
CCG - Frimley/ICB	2	0	1
EBPCC OOH	1	0	
Frimley health	2	0	
GP	1	0	
Local Authority	1	1	
NHSE	4	1	
RBH	3	3	1
SCAS	10	8	
Wexham Park	2	0	
Grand Total	**27**	**14**	**3**

7 Complaints training

Our complaint handling and response writing training available to staff continues to be delivered online over MS Teams and takes place on a regular basis (with a waiting list) across the different Divisions, in addition to bespoke, tailored training for specific teams which has taken place to staff groups and teams.

8 Mortality Review Group

Our complaints process works alongside our Serious Incidents processes and Mortality Review Group (linking in as part of the Patient Safety Incident Response Framework; PSIRF) having a direct link to ensure that any complaint involving a patient death is reviewed. Weekly and monthly meetings with the Patient Safety Team take place to ensure that we are working effectively and identifying any themes or emerging patterns.

The Trust Mortality Review Group (TMRG) met monthly, and the Complaints Office provides information into this group. There were 16 Formal Complaints forwarded to the MRG this year, compared with 22 in 2022/23, 14 in 2021/22 and 18 in 2020/21. From January 2024 in line with our meeting restructure to support the new Patient Safety Incident Response Framework the meeting now covers mortality and patient safety as is known as the mortality and patient safety Learning Group.

The Medical Director is also sent a copy of complaint responses involving a death before they are signed by the Chief Executive.

Table 18: Complaints forwarded to TMRG.

Service	Number of complaints
CAMHS - Rapid Response	1
CMHT/Care Pathways	1
Common Point of Entry	1
Community Hospital Inpatient Service - Ascot Ward	1
Community Hospital Inpatient Service - Henry Tudor Ward	2
Crisis Resolution and Home Treatment Team (CRHTT)	2
District Nursing	2
Estates	2
Intermediate Care	1
Out of Area Placements	1
Out of Hours GP Services	1
Talking Therapies - PWP Team	1
Grand Total	16

NHS
Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	Tuesday 9th July 2024
Title	**Freedom to Speak Up Report**
	For noting
Reason for the Report going to the Trust Board	It is mandated by NHS England and the National Guardian's Office that all Freedom to Speak Up Guardians submit a Board report at least every 6 months. The Care Quality Commission also assesses the Trust's Speaking Up Culture as part of its Well-Led Inspection. The Board is asked to note the contents and support the recommendations.
Business Area	Quality
Author	Mike Craissati, Freedom to Speak Up Guardian
Relevant Strategic Objectives	**Workforce** **Ambition:** We will make the Trust a great place to work for everyone To strengthen our highly skilled workforce and provide a safe working environment where staff feel safe to speak out, are listened to and the Trust evidence action taken to deal with issues raised with no detriment suffered by staff.

Highlight Report – Freedom to Speak Up
December 2023 – June 2024

1. Why is this coming to the Board?

This report is written to provide information and assurance to the Board in relation to the activities of the Freedom to Speak Up (FTSU) Guardian, the National Guardian's Office (NGO) and to highlight relevant data of concerns raised and other activity generated during the period.

Both NHS England and the NGO set out guidelines and expectations that the FTSU Guardian works alongside Trust Leadership Teams to support the Organisation in becoming a more open and transparent place to work where all staff are encouraged and enabled to speak up safely. Part of the learning process is that the Guardian reports to Trust Board on, at least, a 6 monthly basis outlining the key activities of the Guardian, giving a fair presentation of data around concerns raised and notifies the Board of points of specific interest for the Board to take note of.

2. What are the key points?

Communication: It is key that the FTSU Guardian is seen as being visible and accessible to all staff groups both to raise awareness but also to be available for staff who wish to make contact. To do that the Guardian uses all forms of communication including, but not restricted to, presence at all Inductions, supporting all staff networks as an ally, membership of all groups or committees that are people focussed and promote an inclusive or just culture. During the period the Guardian has played a keen part in helping to promote the Trust's Anti-Racism stance, working with colleagues to help with Violence Prevention & Reduction and Anti Bullying & Harassment workstreams. The introduction of all staff "Lunch & Learn" webinars help communicate to proactive support for a positive culture change towards greater compassion.

Data on Concerns raised: Numbers of cases raised for FY 2023/24 & Q1 24/25 to date (mid-June 2024) remain level with no significant change. Levels of concerns that have an element of Bullying & Harassment have decreased but that is mainly due to the recent introduction of a new category "Inappropriate behaviours". The majority of concerns are raised by non-managerial staff (79%) and mainly from the Midwife & Nursing staff group (44%). Poor behaviour between staff accounts for 90% of cases raised with 4 cases that had an element of patient safety (these cases are always immediately raised to the Director of Nursing & Therapies, the relevant Divisional or Clinical Director as well as patient safety colleagues).

22% of cases during the period have been referrals from the Wellbeing Matters Staff Support Service and indicate a poor work culture as a contributary factor in staff approaching WBM.

The responses to the 2023 NHS National Staff Survey are being used to provide a "Culture Barometer" for services, thus enabling a targeted approach towards team building and culture improvement.

Impact on staff (Protected characteristics, detriment and turnover): Staff turnover of those who have raised a concern (48% for Q1 – Q3 2023/24) remains significantly higher than the Trust average for the second year running.

23% of cases raised contained an element of detriment towards the person raising a concern. This compares to 19% for the previous period. Work is ongoing regionally to try and address this and the Trust is looking at internal processes such as formal or informal grievances to try and reduce this.

It is recognised that certain staff groups, such as those with protected characteristics, have barriers to overcome before raising a concern. The Guardian is working closely with the staff

networks to understand and try to reduce or eliminate these barriers. 6 of the cases raised during the period involve issues around protected characteristics, however it would appear that more staff with ethnically diverse backgrounds are approaching the Guardian for advice or support (if not actually formally raising a concern).

Culture & Learning: The period has shown a greater number of staff completing the FTSU E-Learning packages. These courses are also a pre-enrolment requirement for all Leaders & Managers attending the Leading for Impact Management training course with the Guardian delivering a module on Civility, Communication & Psychological Safety.

3. Conclusions and Recommendations for consideration by the Board

Whilst numbers of cases raised to the Guardian remain steady and the Guardian's proactive work in raising awareness of FTSU and helping to promote the right behaviours and values within the Trust remains a busy as ever, it seems clear that the staff experience when raising a concern, still needs more effort. Staff are approaching the Guardian at a late stage, when poor behaviours are already embedded, thus making resolution more challenging.

The time taken to deal with concerns and provide an outcome or resolution is something mentioned by staff as being a negative. This is partly the reason for feelings of detriment and still a reason for staff to not raise concerns (whether to the Guardian or elsewhere). There is also still a general feeling of not being listened to and not getting appropriate feedback when Managers or Leaders are approached to deal with issues.

In light of the above, the Board is asked to support the following:

- Support and encourage initiatives to address subjective "Staff Experience" concerns, specifically those that include an element of bullying & harassment and/or micro aggressions.
- Support and encourage initiatives to minimise the risk of detriment.
- Support and encourage initiatives to reduce staff turnover for those who raise a concern.
- Support and encourage initiatives to improve a Listening Up culture, so that all staff will feel more able to challenge in a positive way, to encourage positive suggestions that may improve ways of working, the patient experience or efficiencies. In turn this will make raising more traditional FTSU concerns easier and more a part of the culture.
- Assist in minimising those barriers to communication that may prevent those wishing to speak up (in any way) from doing so.

Mike Craissati - Freedom to Speak Up Guardian

June 2024

Report to the Meeting of the

Berkshire Healthcare NHS Foundation Trust
Board of Directors

Freedom to Speak up Report for December 2023 – June 2024

Background

A Freedom to Speak up Guardian (FTSUG) within every Trust was a key recommendation made by Sir Robert Francis QC in the Freedom to Speak Up review 2015. FTSU has also become part of the CQC Well Led inspection component since October 2016.

A standard integrated FTSU policy for the NHS issued in April 2016 is the basis of the Trust's Raising Concerns policy. This national policy has been reviewed with an update published in Q2 22/23.

In line with the above and as part of our regular policy review process, the Berkshire Healthcare FTSU policy was reviewed and updated in September 2023.

The FTSU Strategy 2023-26 was published in June 2023.

The National Guardian's office (NGO) was established in October 2016 at the same time as it became a contractual obligation for every NHS Provider Organisation to have appointed a FTSU Guardian.

The Role of the Freedom to Speak Up Guardian

"The Freedom to Speak Up Guardian will work alongside Trust leadership teams to support the organisation in becoming a more open and transparent place to work, where all are actively encouraged and enabled to speak up safely." (NGO 2018)

The FTSUG is independent and impartial. The Guardian reports directly to the Chief Executive and has access to anyone in the organisation. There are two main elements to the role.

- To give independent, confidential advice and support to members of staff who wish to speak up that have an impact on patient and staff safety or issues around malpractice, wrongdoing and fraud. This is not exclusive to permanent members of staff but extends to temporary or agency staff, trainees or students, volunteers and trust governors.

- To promote a culture where members of staff feel safe to raise concerns and do not fear adverse repercussions or detriment as a consequence of doing so.

Debbie Fulton, Director Nursing and Therapies is Executive Lead for Freedom to Speak Up and Mark Day, Non-Executive Director, is nominated Non-Executive Director for Freedom to Speak Up.

Communication

It is crucial that the FTSU role is visible and accessible to all staff. The communications plan outlines how this is achieved.

The plan includes the following (Showing progress on plans and relevant target dates):

- Raising Concerns presence on Nexus
- Presentations and attendance at management/team meetings (ongoing)
- Production and dissemination of posters, leaflets and cards etc (ongoing)
- Virtual or F2F presence at Corporate Induction, Junior Doctor's Induction, International Nurses Induction & Student's Induction
- Supporting all EDI/Staff Networks as an Ally.
- Membership of the Safety Culture Steering Group, Strategic People Group, Diversity Steering Group, Anti-Racism Taskforce, Violence Prevention & Reduction Working Group amongst others
- Chair of Bullying & Harassment Reduction Task & Finish Group
- Managing a cohort of 24 FTSU Champions. The role of the Champions is to support the Guardian by raising awareness of the FTSU process locally and to signpost to the Guardian should any staff member wish to raise a concern. The Champions cover a wide range of pay bands with representation within all Directorates or divisions. 35% of Champions are declared staff network members and 38% have also raised concerns to the Guardian prior to becoming a Champion. It is hoped that the cohort fairly represent the diversity of the Organisation.
- During the period the Guardian has delivered an ongoing series of "Lunch & Learn" webinars which are available for all staff. Topics to date "How well do we listen?" & "The importance of Psychological Safety & it's link to Plan on a Page". Attendance has averaged 250-300 staff.
- The Guardian is using the 2023 NHS National Staff Survey to develop a "Culture Barometer" which can be applied to services at Locality 5 where sub-scores can be rated against an average sub-score of the Trust, thus allowing for a targeted approach for service support and culture improvement. This can also be done for responses sorted by protected characteristics.

Contribution to the Regional and National Agenda

The Guardian is Chair of the Southeast Regional FTSU Guardian Network consisting of all NHS Trusts and private providers (including Primary Care) this numbers 222 Guardians representing 133 Organisations and provides input to quarterly meetings between the NGO & regional Chairs.

The Guardian is a member of both a Frimley and a Berkshire West, Oxfordshire & Buckinghamshire (BOB) Guardian ICB Network, members include Guardians from the ICB's and all Provider Trusts within the two systems including SECAMB & SCAS.

The Guardian supports a pan-sector networking group which includes Whistleblowing & Speak Up Leads from non-healthcare Organisations such as Berkshire Fire & Rescue, John Lewis Partnership, NatWest Group, ACAS, Compass Group & the Nuclear Decommissioning Authority. This group allows for shared learning outside of the Healthcare model of Speaking Up.

Quarterly submissions to the National Guardian's Office (NGO)

The NGO requests and publishes quarterly speaking up data.

Contacts are described as "enquiries from colleagues that do not require any further support from the FTSUG".

Cases are described as "those concerns raised which require action from the FTSUG".

Outlined below are Berkshire Healthcare's submissions to the NGO for FY 2023/24 and Q1 2024/25 (to19th June).

It's difficult to make comparisons with other similar organisations as the data does not provide a narrative regarding how many guardians or champions there are, how many days a week they work and if they have recorded both cases and contacts.
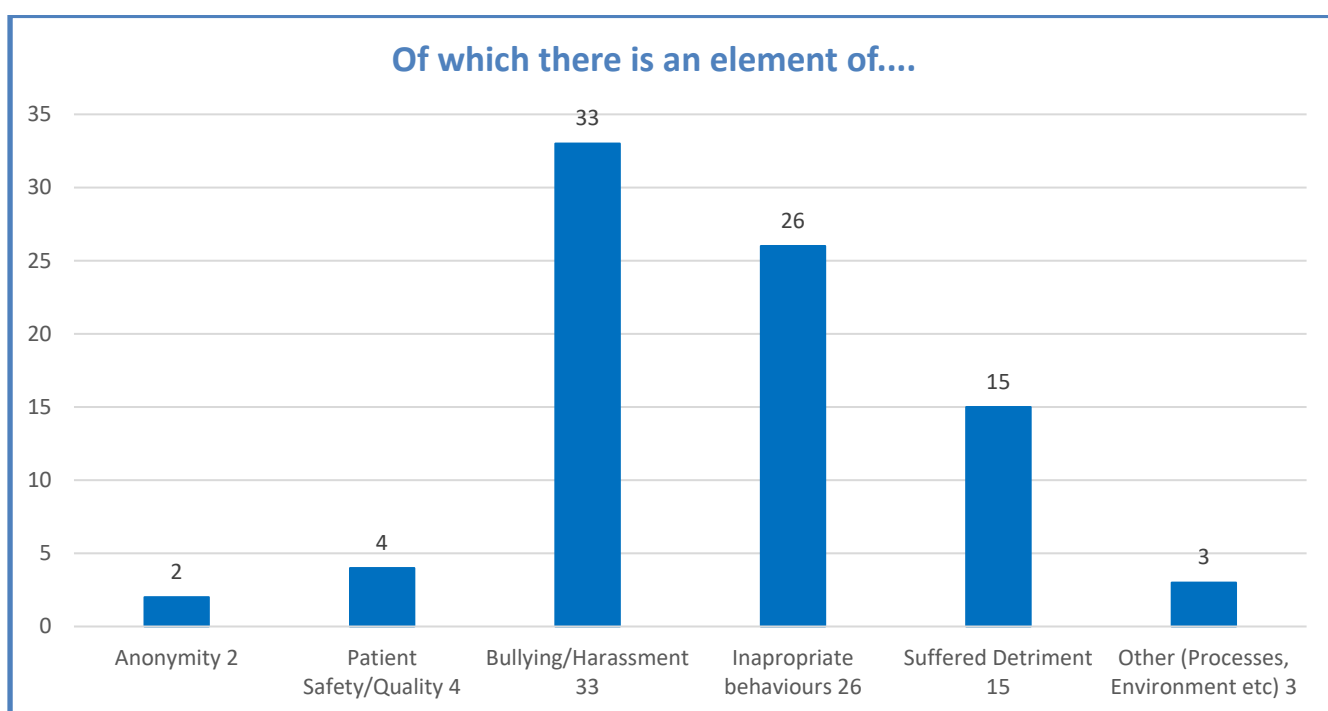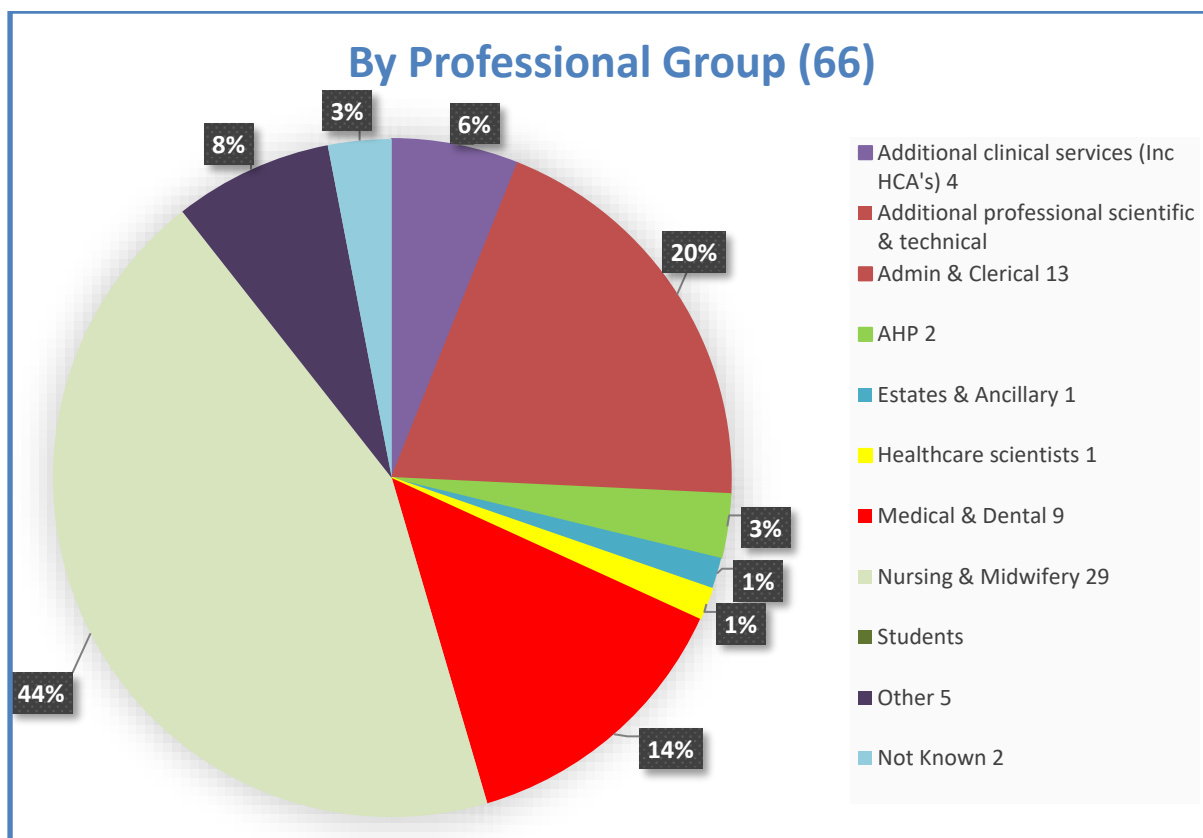
Only cases are required to be reported to the NGO

Case Referrals

During the period, December – July, there have been 6 referrals (22% of cases) from the Wellbeing Matters Staff Support Service that have been recorded as cases and a further 4 staff have been referred to the Guardian for advice and support. All of these referrals indicate that poor culture or behaviours within the working environment have been a contributary factor in staff talking to the WBM Service.

Cases by Q FY 2022/24 & Q1 24/25

Bar chart showing Cases Raised: Q1 23/24 = 13, Q2 = 13, Q3 = 13, Q4 = 14, Q1 24/25 = 13, with Linear (Cases Raised) trendline.

Legend: Cases Raised ·········· Linear (Cases Raised)

Cases of Bullying & Harassment

Line chart showing # Cases and % of total across quarters:

	Q1 23/24 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 24/25 2024/25
# Cases	7	7	7	6	6
% of total	54%	54%	54%	43%	46%

Legend: # Cases % of total

Cases by Directorate FY 23/24 & Q1 24/25 (as % of headcount at April 2024)

Directorate	Value
Central Services 5	0.78
Central Services (Med & Pharm) 8	7.02
CFAA & LD 3	0.28
CHS 25	1.46
MHS 25	1.49

By Professional Level (66)

Category	Value	Percentage
Worker 52	52	79%
Manager 11	11	17%
Senior Leader 1	1	1%
Not Disclosed 2	2	3%

By Professional Group (66)

Pie chart legend:
- Additional clinical services (Inc HCA's) 4
- Additional professional scientific & technical
- Admin & Clerical 13
- AHP 2
- Estates & Ancillary 1
- Healthcare scientists 1
- Medical & Dental 9
- Nursing & Midwifery 29
- Students
- Other 5
- Not Known 2

Pie chart segments: 6%, 20%, 3%, 1%, 1%, 14%, 44%, 8%, 3%

Of which there is an element of....

Bar chart values:
- Anonymity 2 — 2
- Patient Safety/Quality 4 — 4
- Bullying/Harassment 33 — 33
- Inappropriate behaviours 26 — 26
- Suffered Detriment 15 — 15
- Other (Processes, Environment etc) 3 — 3

Inappropriate behaviours – "Any attitude or behaviour that doesn't constitute bullying or harassment e.g. incivility, actions contrary to an organisation's values, microaggressions" NGO

Assessment of Issues

- The number and type of cases raised fit into the general pattern of cases from previous periods and could be considered the norm.
- Returns show 4 cases were raised via FTSU which contain an element of patient safety, the Board can be assured that any other patient safety issues are raised via other routes, handovers etc.
- A high proportion of cases raised are done so where the person raising the concern wishes some form of anonymity or confidentiality having spoken to the Guardian.
- During the period the Guardian received two anonymous concerns.
- A significantly high proportion of cases are around the "staff experience" and specifically from staff who are stating the cause is bullying & harassment (B&H) from fellow staff members (no cases have been received where B&H has been reported as coming from patients or from the public at large – this would normally be highlighted via Datix).
- Whilst cases that contain an element of Bullying & Harassment appears to be declining, it should be noted that this is partly due to the recent introduction of a new category, Inappropriate behaviours.
- Turnover of workers who have spoken up remains high at 48% for Q1-Q3 2023/24 (for the 2 years previous to this turnover was 52% & 57%), this is considerably higher than the Trust average.

Improving FTSU Culture

Creating a culture where all staff feel able to speak up and feel valued for doing so is dependent on the organisation showing it is listening and taking their concerns seriously. Giving feedback is one important way the Trust can demonstrate it values staff that speak up. The importance of this stage of the process is not always recognised by managers. Staff who speak up to the FTSUG fear suffering detriment as a result and this can present a barrier.

From personal observations and feedback from those who have spoken up, the following is highlighted:

- To achieve an open culture around speaking up, all elements of good, effective communication need to be included in the process. Speaking Up is only part of this and is relatively easy to address.
- An effective process is only achievable if the other elements are addressed, namely improving the Listening Up Culture, and removing barriers to communication.
- Part of the Listening Up process should include improved feedback to those who raise concerns, including timescales, expectations around outcomes.

Learning and Improvement

The FTSU Status Exchange between the Guardian, Chief Executive, Director of Nursing and Therapies and Deputy Director of People continues to provide a good forum for a structured information exchange, triangulation of information, and ensuring action is completed regarding concerns raised.

A regular meeting between the FTSUG and the Deputy Director of People & Senior HR Managers continues as a standard piece of work to enable direct communication about case work in a confidential manner.

The Guardian meets on a six-monthly basis with the nominated Non-Executive Director lead.

The Guardian ensures that any learning from cases raised is communicated to the Organisation through this status exchange, through regular 1:1's with the Executive lead for Freedom to Speak Up. All cases are audited on a quarterly basis to ensure any learning is taken into account and actioned.

Those who raise concerns are offered continual feedback on any investigation work undertaken as a result of speaking up and are supported throughout the whole process, the Guardian also obtains feedback from those who raise concerns on their views of the process and this learning is reviewed and considered by the Guardian.

In the majority of cases, feedback from those who have raised concerns to the Guardian on the process and level of support and advice offered by the Guardian is very positive.

On occasions where reports of case reviews undertaken by the National Guardian's Office are published, the Guardian will review these reports and communicate recommendations to the Organisation.

The National Guardian's Office have released a series of E-Learning packages, there are 3 packages aimed at various levels within the Organisation.

All three modules are available for staff on the Trust Nexus e-learning platform, Totara.

- **Speak Up** – Core training for all workers, volunteers, students and trainees, aimed at giving all staff an understanding what speaking up is, how to do so and what to expect when they do so.
- **Listen Up** – Aimed at all line managers, raising awareness of the barriers that can exist when staff wish to speak up and how to minimise them.
- **Follow Up** – For Senior Management groups and Trust Executives, ensuring the Organisation acts on concerns raised, learns from them and uses feedback to help create an open & just culture where all workers are actively encouraged to use their voices to suggest improvements or raise concerns.

Completion of these E-Learning packages has been determined as essential training for the following staff groups:

- Board, Executive & SLT

- Elements of the People Directorate (Business Partners, OD/ EDI, L&D)
- Elements of the Nursing & Governance Directorate (Patient Safety & Quality, Safeguarding, Patient Experience)
- All FTSU Champions
- All Leading for Impact Management & Leadership course delegates
- The Speak Up Core training is being introduced as a requirement for all staff attending Corporate Induction

E-Learning Course completions			
	Speak Up Core training	Listen Up Managers	Follow Up Leaders
2023	130	42	26
2024 (to May)	27	8	2
TOTAL	157	50	28

The Guardian and all Champions continually promote the E-Learning packages as well as a link for staff to request Speak Up Awareness sessions for their Teams or Service via their email signatures. This is also available on the Raising Concerns pages on Nexus.

The Guardian now presents a module as part of the recently introduced Leaders & Managers training course, Leading for Impact. The module deals with the following subjects, Civility, Communications skills, Difficult Conversations & Psychological Safety. These topics align with many of the proactive activities attributed to Freedom to Speak Up principles.

National Guardian's Office

- The National FTSU Policy has been revised. The Berkshire Healthcare Raising Concerns policy was reviewed and updated to reflect changes in the national policy.

- NHS England and the National Guardian's Office have published guidance for Integrated Care Boards to ensure speaking up routes are available for their own staff and their primary care workers across the ICS.

- The NGO has recently laid its Annual Report 2023/24 before Parliament.

Learning – Some follow up actions from cases raised.

- All cases are audited on a quarterly basis to ensure any learning is actioned.
- Where appropriate Services now have the support of an MDT/Organisational Development team. This includes representatives from HR, OD, Psychological Services, FTSU, Patient Safety, EDI leads. Concerns raised from staff within these services have helped to highlight some dysfunctionality or friction within the service.

The aim of the MDT is to assist Heads of Service with improving morale, behaviours and efficiency of the service.

- In several cases where the standard of management may be in question, support will be given on a more individual basis to improve management techniques.

It has been highlighted that with larger more complex cases where there may have been a collective concern or group of concerns that, due to the time taken to investigate these concerns, that staff concerned should get better and more frequent feedback. This is being addressed with HR colleagues to align the FTSU process with HR processes.

Timeline of barriers - Board support

If the timeline during a Speaking Up process is broken down into pre, during and post Speaking Up then the barriers perceived by those speaking up can be shown as follows.

Pre Speaking Up
- Reluctance
- What's the point?
- Previous experience
- Targetted / spotlit / damage already done
- Named
- Career damaging
- Culture of being "resilient"

During Speaking Up/HR Process
- Who is HR there for?
- Time scales
- Feedback
- Expectations re outcomes
- Having to evidence experiences
- Reliving & retelling experience
- Engagement from all involved to progress reviewing cases
- Trauma / anxiety of process

Post Speaking Up
- Did outcomes meet expectations?
- Quality of feedback
- Was any change long lasting (behaviours revert back)
- Did any casework outcome match the experience, (what number of cases are upheld?)
- Career security / detriment

Examples of non-implementation of learning from concerns raised:

During the period there were no examples where learning from concerns raised (from cases that have been closed) had not been fully implemented.

Recommendations from the FTSU Guardian

The Trust Board is asked to support the following:

- Support and encourage initiatives to address subjective "Staff Experience" concerns, specifically those that include an element of bullying & harassment and/or microaggressions.
- Support and encourage initiatives to minimise the risk of detriment.
- Support and encourage initiatives to reduce staff turnover for those who raise a concern.
- Support and encourage initiatives to improve a Listening Up culture, so that all staff will feel more able to challenge in a positive way, to encourage positive suggestions that may improve ways of working, the patient experience or efficiencies. In turn this will make raising more traditional FTSU concerns easier and more a part of the culture.
- Assist in minimising those barriers to communication that may prevent those wishing to speak up (in any way) from doing so as shown in the timeline above.

Mike Craissati - Freedom to Speak Up Guardian

June 2024

NHS
Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	9 July 2024
Title	**Freedom To Speak Up - Self Assessment Improvement Plan**
	for Noting
Reason for the Report going to the Trust Board	It is good practice, as detailed by NHS England for the freedom to speak up, self-reflection tool to be reviewed by organisations at least every 2 years, the aim being to identify gaps and areas for improvement as well as areas of good practice on a regular basis. The latest version of our self-reflection and planning tool was approved at Board in March 2024; within the tool areas for ongoing improvement were identified areas. It was agreed that progress against these would be presented to the Board on a six-monthly basis, with timing to be such that the plan is available to the Board for the same meetings as the Freedom to Speak Up Guardians Report.
Business Area	Organisational
Author	Debbie Fulton Director Nursing and Therapies
Relevant Strategic Objectives	The Plan is relevant to all strategic objectives, **Patient safety** **Ambition:** We will reduce waiting times and harm risk for our patients **Patient experience and voice** **Ambition:** We will leverage our patient experience and voice to inform improvement **Health inequalities** **Ambition:** We will reduce health inequalities for our most vulnerable patients and communities **Workforce** **Ambition:** We will make the Trust a great place to work for everyone **Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value

Freedom to Speak Up self-assessment action Plan

The latest self-assessment action plan was signed off by the board in March 2024. The action plan below details the actions agreed to support further improvement of out speak up/ listen up / follow up culture.

Action agreed	Action Owner / Lead	Progress	Date completed
Recorded process for decisions on external v internal investigation.	Tracey Slegg	To be completed by end May, to include explanation of decision making around use of internal staff, external staff from People pool or contracting of a separate agency (TIAA / Beachcroft etc) for HR related investigations.	May 2024
Staff crib sheet around detriment what it means (what is detriment) and how to escalate if you feel you have suffered detriment.	Mike Craissati	Documents and presentation around Detriment co-authored by SE Regional Guardians has been reviewed and will be adapted for local use within Organisation and inserted into Raising Concerns Policy (and possibly Early Resolution Policy).	
Consideration of mandating of training for certain groups • Board • Governance teams • Networks • SLT • People Directorate • Staff who manage people • Staff in teams that have had an OD intervention/support relating to poor culture.	Debbie Fulton / Jane Nicholson	The directorates detailed have been made aware of this ask and completion can be monitored each quarter To address 'staff who manage people' undertaking the modules, it is suggested that this form part of the Leading for Impact Course; this has raised with learning and development and will be considered as part of a general review of this course.	

Action agreed	Action Owner / Lead	Progress	Date completed
All staff to complete FTSU e-learning module as part of induction - following this MS teams' questionnaire for staff to ensure understand process.		Induction currently under review lead aware that it is required that the speak up e-learning module is now included as part of this, in addition to the FTSU presentation which forms part of the current corporate induction. 3 months post induction email sent to all inductees with a reminder about the FTSU process	
Add question to Appraisal paperwork in relation to 'do you know how to speak up'?	Tracey Slegg	A question has been added into a new organisational annual policy awareness check for all staff to be completed annually, the tool/ checklist is being built into our e-learning platform and will provide a way of understanding how staff fell in relation to the below **Freedom to Speak Up** It is important that we raise any concern we have about risk, malpractice or wrongdoing at work. We can do this via one of the routes set out in the Freedom to Speak Up policy. • I know how to raise a clinical or non-clinical concern (including via Freedom to Speak Up) • I feel comfortable to use that process if necessary Current discussions to include into the 'look back' section of the appraisal tool a question aligned with culture along the lines of 'Take a moment to consider what would help you to raise concerns/ how you support an open culture within your team'	

Action agreed	Action Owner / Lead	Progress	Date completed
Mike participating in regional group looking at detriment and developing a tool kit for providers, explore how we can understand what detriment looks like for staff and what we can do to mitigate against this.	Mike Craissati	Documents and presentation around Detriment co-authored by SE Regional Guardians has been reviewed and will be adapted for local use within Organisation and inserting into Raising Concerns Policy (and possibly Early Resolution Policy).	
Improve circulation of positive speak up stories and learning from speak up.	Mike Craissati / Marcomms	Positive aspects of FTSU are currently promoted via Lunch & Learn Webinars, FTSU awareness sessions, Leading for Impact module & general proactive work. Promoting stories via Team Brief, Nexus etc to be started during Q1	
Internal Re-Audit of Freedom to Speak up processes (2024/25)	Debbie Fulton	Included in 2024/25 internal audit plan	
Consider how we encourage staff to raise concerns at an earlier stage and support appropriate response to reduce escalation of concerns and possible detriment.	Mike Craissati	To be discussed at Safety Culture Group Engage staff during Gemba and face to face opportunities with FTSU gain learning and insights that can be used to support. Use of national staff survey data to understand areas for focus where confidence in raising concerns appears lower. Visibility of FTSUG and champions across staff networks and key trust events promote Psychological Safety via Webinars, Leadership course, management training/awareness. Engagement with People Directorate (HR/OD) to support this by	

Action agreed	Action Owner / Lead	Progress	Date completed
		reviewing policy and casework to encourage early raising of concerns	
Review investigatory processes to ensure that they are as timely as possible and that those involved are kept updated appropriately	Tracey Slegg	Short term – Deputy Director People has weekly call with team to enable oversight of case work and timeliness. An employee relations casework is joining the team to review current processes and have oversight of progress/ timeliness. Medium Term - Case work review to be undertaken using QI processes to commence in Jan 25, this is part of 3 programmes work agreed across organisation. This programme of work will include trust wide representation and agreement of countermeasures to enable improvement of processes.	

Trust Board Paper

Board Meeting Date	9 July 2024
Title	**Medical Appraisal and Revalidation: Annual Report and Statement of Compliance for 2023-24**
	ITEM FOR NOTING *(The Chair is requested to sign the Statement of Compliance on page 15 of the report following receipt of the assurance provided by the Responsible Officer that the Trust's medical appraisal and revalidation process is compliant with the regulations and is operating effectively within the Trust).*
Reason for the Report going to the Trust Board	The Annual Report for Revalidation 2023-24 is presented in the standard format prescribed by NHS England.
Business Area	Medical Director
Author	Dr Minoo Irani, Medical Director and Responsible Officer
Relevant Strategic Objectives	**Patient safety** **Ambition:** We will reduce waiting times and harm risk for our patients
Summary	Appraisers and doctors have followed the principles set out in the 'Medical Appraisal Guide 2022' for appraisals in the Trust.

	There are no outstanding actions from 2022-23 and no risks or issues identified.
	138 completed appraisals were confirmed for 2023-24 for 139 doctors with a connection to the Trust.
	One Consultant appraisal was approved as delayed whilst they were leaving for a sabbatical.
	There was one complaint related to the appraisal process.
	Overall feedback from doctors remains very positive.
	The medical recruitment process is compliant with good practice.
	The e-appraisal platform introduced since April 2022 has been very successful.

NHS England

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

Contents

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

    a) help the designated body in its pursuit of quality improvement,
    b) provide the necessary assurance to the higher-level responsible officer,
    c) act as evidence for CQC inspections.

Designated Body Annual Board Report 2023/24

Section 1 – General:

The board / executive management team – [*delete as applicable*] of [*insert official name of DB*] can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

    > Action from last year: none
    >
    > Comments: Dr Minoo Irani is Responsible Officer (RO) for Berkshire Healthcare and started in this role on 2 November 2015.
    >
    > Dr Irani completed the RO training, regularly attends the NHSE (South) RO & Appraisal Leads Network meetings and is member of the GMC RO Reference Group. There are no additional training needs currently identified for Dr Irani in his annual medical & Trust appraisals related to his RO role.
    >
    > Action for next year: none

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

    > Yes
    >
    > Action from last year: none
    >
    > Comments: Appraisal lead, Appraisal administrator and L2P appraisal system.
    >
    > Action for next year: none

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

    > Action from last year: none
    >
    > Comments: The appraisal administrator maintains an up to date record of all doctors with a prescribed connection to the trust—the medical staffing department informs the appraisal administrator when a new doctor starts in (or a doctor leaves) the trust. The RO receives notification from the General Medical Council when any doctor connects or disconnects from the trust (as designated body) and the RO shares this information with the Medical Staffing Officer and Appraisal Administrator.
    >
    > The RO and Appraisal administrator have access to GMC connect and this is reviewed at the monthly Decision Making Group meetings attended by the

Head of Medical Staffing & Education, Appraisal administrator, Medical Appraisal Lead, Associate Medical Director and Medical Director.

Action for next year: none

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: none

Comments: The Appraisal Policy for Medical Staff (ORG084) was reviewed in May 2023 and some sections were re-written to reflect the change in process with the introduction of the L2P appraisal system. The revised Policy has been approved by the Trust Local Negotiating Committee and has been discussed with trust doctors at the Appraiser Forum in June 2023.

Re-skilling, Rehabilitation, Remediation and Targeted Support for Medical Staff Policy was reviewed in April 2024.

Action for next year: ORG084 will be due for review in May 2025.

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

> Actions from last year
>
> Comments: Since Quality Assurance in 2015 (by Revalidation Team from NHSE South, all actions were implemented by Medical Director in 2016) and internal audit in 2016 (which provided further assurance of process and quality), there has been no external peer review.
>
> Action for next year: none

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

> Action from last year: none
>
> Comments: All NHS locum doctors appointed to the trust under trust employment contracts are provided with the full range of support with governance data, CPD, appraisal and revalidation like any other substantive doctor in the trust.
>
> For the very small number of doctors employed through locum agencies from time to time (who do not have prescribed connection to the trust), appraisal is not offered through the trust panel of approved appraisers. Their appraisal and revalidation requirements are met through the locum agencies. Agency locum doctors are managed through the same governance processes as all other doctors in the trust and can obtain advice for appraisal and revalidation from the appraisal lead. If a training need is requested which would support the locum agency doctor to provide better quality and safer care, the trust would support this.
>
> Action for next year: none

Section 2a – Effective Appraisal

> All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal

period), including information about complaints, significant events and outlying clinical outcomes.[1]

Action from last year: none

Comments: Whole practice appraisals on annual basis are the norm in Berkshire Healthcare and doctors and appraisers have regular updates about this during internal training (appraisal forum). As part of Quality Assurance of appraisals, the appraisal lead assesses the quality of a sample of completed appraisals using a standardised tool (PROGRESS) and presents a summary of the quality reviews to the appraiser forum to facilitate improvement in practice and standardisation of the appraisal content and output. This process also confirms that whole practice appraisals are the standard in the trust.

The Appraisal administrator provides the appraiser and doctor with information about incidents, complaints and compliments recorded on Datix and specific to the doctor, approximately 2 months in advance of the allocated appraisal date. This information supports the appraisal discussion where complaints and SIs have been logged for the doctor.

Appraisers and doctors use the principles of 'Medical Appraisal Guide 2022' for their appraisal preparation and discussions.

Action for next year: none

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: none

Comments: Appraisals in the trust are based upon the latest national guidance and are internally quality assured.

Action for next year: none

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: none

Comments: The Appraisal Policy for Medical Staff (ORG 084) was reviewed in May 2023 and some sections were re-written to reflect the change in process with the introduction of the L2P appraisal system. The revised Policy

---

[1] For organisations that have adopted the Appraisal 2020 model (recently updated aby the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

has been approved by the Trust Local Negotiating Committee and has been discussed with trust doctors at the Appraiser Forum in June 2023.

Action for next year: ORG084 will be due for review in May 2025.

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: Job planning process to be explicit that each appraisal attracts 0.05 SPA time.

Comments: Through 2023/24 the trust had 24 trained appraisers for 139 connected doctors. Job plans of appraisers have allocated time for performing this role.

Action for next year: The RO will continue effort to recruit new appraisers, given the likelihood of some retirements and sabbaticals in 2024, which will reduce the number of appraisers.

10. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

Action from last year: none

Comments: The appraisal forum meeting (chaired by the appraisal lead) occurs three times a year to provide peer support and updates to appraisers with respect to revalidation and appraisal requirements. The RO provides updates from NHSE RO & Appraisal Leads forum which he attends. The appraisal lead presents data (appropriately anonymised) from appraisals in the previous quarter with respect to content, appraiser narrative and judgements, Quality assurance (PROGRESS). This is in the context of training for improving the quality of documentation and discussion at appraisal meetings.

All appraisers are encouraged to attend regional appraiser refresher training events.

Action for next year: none

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/

11. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

> Action from last year: none
>
> Comments: A random sample of appraisals is subject to Quality Assurance by the appraisal lead using the PROGRESS tool and the RO receives this information. Approximately 10% of appraisals are Quality Assured by the appraisal lead every year; In 2023/24, 16 PROGRESS reports were submitted to the RO. PROGRESS reports are available to the Board at request.
>
> The Responsible Officer reviews L2P appraisal documentation before making revalidation recommendations to the GMC.
>
> Feedback forms are sent to doctors after appraisal and responses are analysed. 116 feedback responses were received following 138 completed appraisals. The vast majority of responses were scored as 'very good' or 'good' for their appraisal experience with the appraiser, with 1-3% responses as 'satisfactory'. There were no responses in the 'poor' or 'very poor' category. The free-text responses about appraisers were also overwhelmingly positive.
>
> The Responsible Officer is sighted on any complaints related to the appraisal process. There has been one complaint related to patient feedback requirement for revalidation in 2023/24, the RO discussed this with the doctor concerned, patient feedback numbers were increased by the doctor and recommendation for revalidation was then made by the RO.
>
> Action for next year: none

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation: Berkshire Healthcare NHS Foundation Trust	
Total number of doctors with a prescribed connection as at 31 March 2024	139
Total number of appraisals undertaken between 1 April 2023 and 31 March 2024	138

Total number of appraisals not undertaken between 1 April 2023 and 31 March 2024	1
Total number of agreed exceptions	1

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

    Action from last year: none

    Comments: All revalidation recommendations to the GMC have been timely and in line with GMC requirements. There have been no delayed recommendations made by the RO to the GMC.

    Action for next year: none

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

    Action from last year: none

    Comments: When the RO makes a recommendation to the GMC for revalidation, the appraisal administrator is notified, and the doctor receives a message from the GMC confirming this. There have been no non-engagement referrals to the GMC.

    The RO or appraisal lead will always discuss any deferral recommendations with the doctor, in advance of the recommendation being submitted to the GMC.

    Action for next year: none

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

    > Action from last year: none
    >
    > Comments: Berkshire Healthcare has an effective clinical governance system for all clinical staff including doctors and this has been reviewed by the CQC through their well-led inspections of the trust. Doctors are supported through governance processes within services—service governance leads, medical leads, Clinical Directors. The Clinical Effectiveness and audit department also support doctors through implementation of NICE Guidelines and participation in national and local clinical audits.
    >
    > Action for next year: none

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

    > Action from last year:
    >
    > Comments: Any concern about the conduct/ performance of doctors is initially managed through an established process at service level, involving the service manager, Associate Medical Director/medical leads, Clinical Director. The RO has regular meetings with the medical leads and discussions at the Decision Making Group to review concerns.
    >
    > The performance of doctors is monitored through a system of governance at service/ division level, coupled with professional accountability to the Medical Director. The quality governance systems for the Trust, including incidents and complaints, support the monitoring of doctors' performance. PDP groups and peer groups also provide feedback to the psychiatrists on their performance and professional expectations. Doctors engage with clinical audit activities, including national audits to assess their/ team performance in comparison with others. Audit findings are regularly discussed in academic, clinical effectiveness and other forums. Appraisal requirements include reflection on patient and colleague feedback and improvement plans where required.
    >
    > The Appraisal administrator provides the appraiser and doctor with information about incidents, complaints and compliments recorded on the trust Datix system and specific to the doctor, approximately 2 months in

advance of the allocated appraisal date. Reflection/ discussion of governance issues raised is monitored through the Quality Assurance of completed appraisal documentation by appraisal lead.

Action for next year: none

3.   There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: none

Comments: Trust Policy on Disciplinary Procedure for Medical and Dental Staff (ORG051) was revised, re-named and re-issued in Oct 2023 and is based upon the Maintaining High Professional Standards national policy. This revised policy (Maintaining High Professional Standards in the Modern NHS) has been approved by the Local Negotiating Committee.

Action for next year: none

4.   The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.   Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.[3]

Action from last year: none

Comments: Trust Chairman and CEO are kept informed if any doctor is subject to the Trust Policy on Disciplinary Procedure for Medical and Dental Staff. The Practitioner Performance Advice Service is also consulted.

WRES Data (2023/24) about complaints, investigation/ GMC referral of doctors does not raise any concern about unfairness.

The trust disciplinary policy for medical and dental staff includes an initial fact-find process to ensure that impartiality/ fairness is considered at an early stage before an investigation commences.

Action for next year: none

[3] This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.[4]

Action from last year: none

Comments: The standard Medical Practice Information Transfer form is used to request information about new connections to the trust. The RO also promptly responds to MPIT information request from other trusts.

GPs who work in the out of hours service are either employed by Berkshire Healthcare or work on a sessional basis for the trust, they do not have a prescribed connection to the trust and do not get appraised within the Trust. The Medical Lead of Westcall (the GP Out of Hours service) provides assurance to the RO that the GPs employed by the trust have completed their annual medical appraisals and forwards the appraisal output of the GPs to the RO. Additionally, since 2016, the revalidation administrator provides Westcall GPs who have an employment contract with the trust, with a Datix summary of their governance data for use in their appraisal documentation and discussion.

There are also doctors employed by the acute Trust who work within the services delivered by Berkshire Healthcare (Geriatricians employed and connected to the Royal Berkshire Hospital who work on elderly care wards in Berkshire West); an established RO to RO communication process is used if there were any concerns about this very small group of doctors.

Action for next year: none

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: none

Comments: Clinical Governance arrangements for doctors including processes for responding to concerns about a doctor's practice are transparent and information about how decisions are made are communicated to doctors in a timely manner. All relevant trust policies have

---

[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

mechanisms to enable doctors to appeal a decision. The medical director will invite doctors subject to concern or investigation for a meeting to explain the process and obtain assurance about the doctor's feedback and reflection.

Action for next year: none

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: none

Comments: All medical staff recruited by the Trust are done so by following NHS Employers six safer recruitment standards. Before making an unconditional offer of employment medical staffing check:

1. Identity
2. Employment history & reference checks
3. Work health assessment
4. Professional registration & qualifications
5. Right to work
6. Criminal records check

Candidates must satisfy these pre-employment checks prior to employment.

As part of the medical appointments interview process, we have introduced a duty on the chair of the interview panel to obtain the panel's consensus that they are satisfied with the language competency of the doctor being offered the post. This assessment is based upon the interview panel noting the doctor's spoken language and written application skills as part of the interview.
Locums are sourced from framework agencies that follow the 6 checks above.

Action for next year: none

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- **General review of actions since last Board report: no outstanding actions**
- **Actions still outstanding: none**
- **Current Issues: to maintain appraiser numbers in the trust**
- **New Actions: none**

Overall conclusion: The Board is asked to receive the annual revalidation report for 2023/24. This will be made available to the higher-level Responsible Officer from NHS England South. There are no outstanding actions, no matters of concern to the RO/ Medical Director and the trust Board can be assured that the medical appraisal and revalidation process is compliant with current regulations and is operating effectively within the trust.

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: _ _ _ _ _ _ _ _ _ _ _ _

Name: _ _ _ _ _ _ _ _ _ _ _   Signed: _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _

NHS England
Skipton House
80 London Road
London
SE1 6LH

This publication can be made available in a number of other formats on request.

Trust Board Paper

Board Meeting Date	9 July 2024
Title	**Research and Development Annual Report 2023/24**
	ITEM FOR NOTING
Reason for the Report going to the Trust Board	The report presents a summary of the Trust's research and related activity for the year 2023-24. The format of the report is not nationally prescribed.
Business Area	Corporate (Medical Directorate)
Author	Kate Penhaligon. Head of Research and Development on behalf of Dr Minoo Irani, Medical Director
Relevant Strategic Objectives	The report contains examples where research supports several of the Trust Directorates and other trust strategies. **Patient safety.** We support services across all clinical divisions to perform local, regional, and national searches for Clinical Research projects and Health Services Research projects to host research projects that address patient safety. We also support clinicians to develop in-house research projects which support safe clinical practice. **Patient experience and voice**. The Kids charity supported the learning disability service to co-produce a video that highlights what research is and how patients can get involved. An easy read guide was also co-produced to share amongst

	young adults with special educational needs and disabilities to help encourage more young adults to participate in research. The video will be released in 2024/25 for services to use. The Participant Research Experience Survey is utilised to gain feedback from patients who have signed up to Research, reports are shared regionally to improve experience.
	Health inequalities. We support services to utilise research and development to address health inequalities, examples are provided within the content of the report. Patients with lived experiences and staff are involved in research projects (both hosted and Trust sponsored) that aim to reduce Health inequalities. Research continues to support the Mental Health Act detention project. An example of research supported by the Head of Inclusion; OD & Organisational Experience has been included.
	Workforce. The R&D department collaborate with several external partners who are research active. Our Research also supports several MSc placements, internships, apprentices, and studentships. Working with all divisions, Research competencies have been included within the Trust competency project as part of the Talent Management & Career Progression Process Programme Update and included in the Leading for Impact programme. Internships keep staff engaged and interested in their role; this is supporting services to retain their workforce.
	Efficient use of resources. Berkshire Research is predominantly funded by the National Institute for Health and Care Research (NIHR) to support delivery of Research. The core team also work to attract additional income based on research activity through industry (commercial research), grant funding opportunities, charitable funding, and education funding to sustain and grow capacity for research across the Trust.

Research and Development Annual Report 2023/2024

This paper presents the Research and Development Governance and Performance report for 2023-2024.

Our Highlights and Achievements in the Year

The Research portfolio at Berkshire Healthcare NHS Foundation Trust is predominantly hosted research projects that are sponsored by other organisations and pharmaceutical industry companies. The Research portfolio is both observational and interventional research.

In 2023/24 we hosted 68 research projects; this compares to 73 research projects in 2022/2023. This includes 38 National Institute of Health and Care Research (NIHR) Portfolio studies and 30 non-NIHR Portfolio studies. Most participants recruited to the NIHR Portfolio projects were recruited into non-commercial observational studies. We were ranked joint 14th out of 46 similar Trusts (Mental Health and Community Trusts) for the number of national studies and were 18th out of 46 similar Trusts for the number of participants that we have recruited. We recruited 1014 participants (1000 recruited into non-commercial trials and 14 into commercial trials) 865 to Portfolio and 149 to non-portfolio studies of which 3 of these were Trust Sponsored studies. This compares to 690 participants recruited in 2022/23. Our pledge for 2024/25 is to recruit 965 participants.

This last year Health and Care research has been changing at pace. There have been opportunities and challenges for the research industry, research teams across services have driven improvements in patient participation, coproduction and have used Research as a tool to tackle wider health challenges for the population. In 2023/24 the Trust sponsored 4 Clinical Research projects across 3 services: Learning Disabilities (2 projects), Adult Mental Health inpatients and Child and Adolescent Mental Health Service (CAMHS).

Service	Title	Status
Adult Mental Health Inpatients	Experiences of people from BME patients What are the _experiences_ of people from Black African, Afro- Caribbean and Asian individuals with a diagnosis of _psychosis_ leading up to their _recovery_?	Open and recruiting
Child and Adolescent Mental Health Service (CAMHS)	Intensive Community Treatment as an alternative to inpatient admission: a thematic analysis of the experiences of adolescents with severe psychiatric disorders and their parents/ carers	Data analysis
Learning Disabilities	The Experiences of the COVID-19 Pandemic for People with Intellectual Disabilities	Open and recruiting
Learning Disabilities	Testing a co-designed mental imagery anxiety intervention for people with mild to moderate intellectual disabilities (Co-MAID) *	Open and recruiting

*The Co-Maid Research study is supported by the National Institute for Health (NIHR) and Care Research. This research is supported through an NIHR Clinical Doctoral Fellowship (Grant Award Number: NIHR300501) for a Clinical Doctoral Fellowship. This protocol has been co-designed with people with lived experiences and Patient and Public Involvement (PPI) through the STAR PPI groups. The co-designed

project was initiated as further work was required to establish the phenomenology of mental imagery in people with intellectual disabilities. The development of tailored and accessible mental imagery interventions for people with mild to moderate intellectual disabilities by co-producing a new mental imagery intervention for people with mild to moderate intellectual disability (ID) alongside people with intellectual disabilities, their families, carers and professionals. This co-produced approach ensured the intervention was appropriate and accessible for people with intellectual disabilities. People with intellectual disabilities and their stakeholders have been integral to each part of the Co-Maid research study and will continue to shape the intervention through the project. Part of their involvement will be with the data analysis, creating the research materials, recruitment, and dissemination of the results. The study is a good example of how to conduct co-production in a way that involves people with lived experiences and their carers in equal partnership.

As a service, core members of the Research and Development central services team, undertook Quality Improvement training in FY 2023/24 and implemented Quality Improvement huddles. A core group initiated an A3 project on how to increase Research Participation. This aligns with all Trust strategic objectives. Implementing Quality Improvement framework has ensured that as a support service we maximise our offerings to all services, ensuring we strive to incorporate Research into clinical care and to be used as an evidence-based service (Clinical and non-clinical areas). Our links with the [Solent Research and Improvement academy](#) has also provided shared learning. The Community Nursing services have been recognised to be working with significant pressure. The Trust Lead Research Nurse is a Professional Nurse Advocate (PNA) supporting PNA provision across the Trust with a particular focus on Community Nursing Service as a Quality Improvement project. If the evidence from this project demonstrates positive impact it will be shared more widely across Community Nursing Services.

Trust level implementation of national policies and recommendations

The R&D annual report from 2022-23 referenced the [independent review conducted by Lord O'Shaughnessy](#) on how to resolve key challenges in conducting commercial trials in the UK and transform the UK commercial clinical trial environment. In November 2023 the government published their [response to Lord O'Shaughnessy's review](#) making commitments to the recommendations to rebuild capacity and capability. The first focus was on the turnaround times to set-up Research. Berkshire Healthcare have proactively responded to this and have updated the Trust's process for clinical services to follow when assessing feasibility for hosted research, this process has also been adopted for use to strengthen stakeholder engagement for internally sponsored research projects.

In response to streamlining contracts and set-up processes, Berkshire Healthcare have adopted the National Contract Value Review (NCVR) led by NHSE England and updated their processes inline to accept the mandatory national contracting provisions. This has sped up the contracting and negotiation time for the commercial research studies. The R&D Department have initiated discussions with [Cognizant Shared Investigator Platform](#) which enables a new approach for streamlining clinical trials. The platform connects sponsors, sites and technology providers, Berkshire Healthcare will be utilising the platform to support efficient set up of commercial trials within the Trust.

The department for Science, Innovation & Technology with the Department of Health & Social Care have committed to providing real time data on commercial clinical activity in the UK. Ensuring that we provide transparency and easy access to Research, the Information Management and Technology team have worked with the nationally supplied Research data to create a Research Summary Dashboard. The dashboard displays the Trusts research activity by division, type, specialities. This will enable divisions to weave their Research activity into their Patient Safety and Quality reports evidencing the breadth of research undertaken locally. We continue to make delivery of our Research portfolio achievable and sustainable within the resource and capability we currently have across the Trust. Delivering on the Research and Development strategy, we continue to work to ensure a balanced research portfolio across the divisions.

In collaboration with the clinical Commercial Operations Group and NHS (and devolved nations) organisations the Health Research Authority who regulate the co-ordination and standardisation of practice relating to the regulation of health and social care Research have been tasked with leading on 6 workstreams which support the response to the O'Shaughnessy report. These national workstreams are Research Amendments, Building Capacity & Capability, Study Design, Clarifying Expectations, Site Identification, and public engagement. Berkshire Healthcare represent community and mental health Trusts within the Building capacity and capability and the Study Design workstreams. These workstreams will conclude in FY 2024-25. This financial year, a new Standard Operating Procedure to enable efficiencies when submitting Expressions of Interests (EOIs) for commercial clinical trials was implemented at Berkshire Healthcare. Since the implementation, there has been an increase of Industry sponsored expressions of interest within the financial year of 2024/25. This will be beneficial to Berkshire Healthcare and the population we serve as commercial clinical trials are fully funded by the companies developing new treatments and products and provide the NHS and patients with earlier access to innovation.

The Demand Signalling work which is an NHS England Horizon scanning process run by the NHS Transformation directorate is used to identify, prioritise, and articulate the research priorities NHS services need answers to facilitate delivery against the ambitions of the NHS Long Term Plan. The Chief Nursing Officer for England's research team, along with the Deputy Director for Mental Health Nursing and the Demand Signalling Team, brought together clinicians, academics, policy experts, patient and public representatives and people with lived experience to identify high-level priority areas for research in the field of mental health nursing. This was completed in August 2023, Berkshire Healthcare research team and clinicians from the Mental Health Division provided inputs to this. NHS England » Research demand signalling: mental health nursing supporting the organisation to be better placed to apply for funding opportunities tailored to the questions highlighted within the report.

The Mental Health Mission was supported in May 2023 with over £42 million of investment into clinical research centres whose aim is to bring together leading investigators in experimental medicine and early-stage translational mental health research from across the UK to accelerate discoveries into clinical practice. This will provide an increase in access to Research for our patients.

A summary of evidence of delivery to the strategic objectives is provided in Appendix A. Links to the full report and weblinks, to support the evidence, is provided on the Research and Development page of the Trusts external website within the Research Performance section.

Awards

The National Institute for Health and social care Research (NIHR) Clinical Research Network (NIHR CRN) supports a range of awards to recognise and reward the inspirational work that is taking place across the NHS, public health, and social care to make clinical research a core activity. In 2023/24 a total of 180 nominations were submitted with 46 individuals and teams selected for the short list. 2 members from Berkshire Healthcare's Clinical Research Team were shortlisted in the Outstanding Research and Delivery Team Member category and an Advanced Clinical Support worker from the Early Intervention in Psychosis (EIP) service won the Outstanding member of support award for their support in delivering Clinical research projects within this service. A list of studies can be found in the Main R&D Annual Report 2023/24.

Health Inequalities/ Equality Diversity Inclusion initiatives

There are representatives from Research included in the Reducing Health Inequalities steering groups, the Diversity Seering Group, and the Mental Health Act detention project. Research is being used to support activities to deliver these strategic objectives. Students from the University of Reading, the core Clinical Research Team and Research-active clinicians are supporting case reviews, performing evidence searches and analysing data. Further examples can be found within the Research and Development annual report FY 2023/24.

At the national UKRD summit in March 2024, Professor Lucy Chappell, the Department of Health, and Social Care (DHSC), Chief Scientific Advisor, highlighted that the UK research portfolio remains

disproportionate with 70% of participants enrolled in Research being white and English speaking, a statistic that has been highlighted and quoted as part of the Reducing Health Inequalities steering group and the Diversity Steering Group. Our aim in response to this is to ensure, where possible that we challenge the Sponsors of hosted Research projects where the inclusion criteria is restricted and that we support the services to carry out a range of recruitment strategies that take into consideration the barriers to engagement (language, structural barriers, access, location, approach).

Publications and evidence search topics.

Berkshire Healthcare staff featured in 28 publications in FY 2023/24. 4 publications are from Clinical Research Projects which have been sponsored by Berkshire. The iPOF study A project, funded by the National Institute for health and care Research (NIHR) and hosted by Berkshire Healthcare, that aims to understand and improve online peer support forums, have published a video for people with mental health difficulties, referrers, and commissioners and a tool for community moderators to use as a e-learning package. A full list of publications can be found within the Research & Development main annual report FY 2023/34.

126 evidence searches were conducted by the Library and Knowledge services FY 2023/24. The majority of searches were conducted for the purpose of clinical decision-making including patient care.

Search purposes are categorised by their primary purpose, although some searches have multiple purposes. Requests were spread evenly across staff groups with the majority coming from administrative and clerical.

A full list of the searches is included in the Main R&D Annual Report 2023/24.

The combination of the searches and publications have resulted in 31 enquiries into the In-House Research service. These enquiries have been a mixture of home-grown Research ideas, request to collaborate with a university or an Industry partner. One example is the SPENCER 3D collaboration with Berkshire Healthcare, Local Authorities, University of Reading and Schools within the Buckinghamshire, Oxfordshire, and Berkshire (BOB) region.

SPENCER is a tool which supports schools and families in understanding the needs of children and young people, and is currently being piloted across 20 schools in the region.

The pilot has evidenced a reduction in SDQ scores (a tool to assess the psychological attributes and challenges of children and young people such as anxiety, pro-social difficulties, attention, and oppositional behaviours) after SPENCER strategies were put in place.

There is a core team designing a Research protocol and applying for Research funding to implement a region-wide Research project evaluating the efficacy and cost effectiveness of SPENCER 3D's SPENCER tool versus treatment as usual in children who present with behaviours and needs that challenge.

Recent updates include outcomes from a more established pilot in Northampton where OfSTED have acknowledged the good use of technology in identifying and supporting the needs of children and young people in an educational environment. The pilot has evidenced a reduction in SDQ scores (a tool to assess the psychological attributes and challenges of children and young people such as anxiety, pro-social difficulties, attention, and oppositional behaviours) after SPENCER strategies were put in place. The pilot has received positive feedback from schools across the BOB region to date. It is anticipated that a Research project will start in Q3 of FY 2024/25 once funding has been secured.

Trust Research strategy refresh and objectives for 2024/25

The DHSC announced the new NIHR Research Delivery Network (RDN) on 14th November 2023. The University of Leeds will be the supplier of the NIHR Research Delivery Network Coordinating Centre (RDNCC) from 1st April 2024. Twelve new Regional Research Delivery Networks (RRDNs) will start to function from 1st October 2024. Berkshire Healthcare will join the South-Central Research Delivery Network hosted by University Hospital Southampton NHS Foundation Trust. The South-Central region covers the footprint of the Buckinghamshire Oxfordshire and Berkshire West, Frimley and Hampshire and Isle of Wight Integrated Care System areas. This will widen opportunities for collaboration.

In the annual report 2022/23 we acknowledged that the Research Strategy would be refreshed accordingly to reflect the updates within the national strategies such as Making Research Matter (Chief Nursing Officer for England's strategic plan for Research), The Royal College of Physicians (making Research everybody's business) and the programmes of work that support Lord O'Shaughnessy's review of commercial clinical trials. There have been significant changes to the national landscape of research and development in 2023/24 and a shift-change in the approach to integrate Research at all levels. NHS England released the Self-assessment of organisational readiness tool (SORT) which is a guide to improve nursing research capacity in health and care. The SORT tool is a self-administered 'research readiness' tool designed to be used at an **organisational level**. It assesses the readiness of a healthcare organisation to support nurses to undertake research related activity through available structures and processes within it. The Consultant nurses and Advanced Clinical Practitioners are completing the assessment with the support of the Trusts Lead Clinical Research Nurse. The tool will be used in collaboration with the Health and care services Research Engagement Toolkit which has been designed for Nurses and Allied Health Professionals to support embedding a Research culture. The outcome of this organisational assessment will form the basis for the Trusts Research Strategy and will be shared at the Quality Performance Executive Group.

Conclusion

In the last year, Berkshire Healthcare are represented on national forums addressing capacity and capability within Community and Mental Health Hospitals. There has been significant progress made across the Trust to increase Research capacity and capability, this will inevitably increase the integration of Research into business as usual. The creation of the Mental Health Clinical Research Centres has benefited the Research community as the creation of the Mental Health Incubator has provided support (and highlights opportunities) to aspiring researchers in mental health.

Although Research is not yet considered to be a core service to be included in all the Trust initiatives and programmes of work, there has been a shift in approach from key influencers across the Trust who have recognised the benefits of using a combination of various quality tools such as Quality Improvement, Research, Audit and Evaluation. As a Trust we are fairly early adopters of approaching the use of Research in this sense. The notable change in this approach has provided benefit to the Trust with Research being used to assist in the delivery of Trust strategic objectives, as seen in Appendix A. The recruitment pledge for 2024/2025 is 965 research participants.

The shift in approach and slight change in the culture provides a good foundation to build a refreshed Research strategy. It is evidenced that Organisations that engage in research have high levels of patient satisfaction, reduced staff turnover and increased staff satisfaction (Harding, et al., 2016 Organisational benefits of a strong research culture in a health service: a systematic review). To maximise the stakeholder engagement required to develop the Research strategy, consideration is being made to use a stakeholder engagement strategic framework development process. This process uses scenario planning techniques as a potential tool to formulate the updated strategy. The refresh of the strategy will be initiated in Q3 of 2024/25.

Appendix A - Strategic Objectives - Highlights

Patient Safety

Patient safety Ambition: We will reduce waiting times and harm risk for our patients.

Reducing waiting times and harm risk for our patients

We support services to utilise research and development to address the patient safety ambition. Evidence-based practice is used to ensure services are providing safe and effective services. In-house research projects are being designed by our clinicians that address gaps in NICE guidance and address clinical concerns.

We support services across all clinical divisions to perform local, regional, and national searches for Clinical Research projects and Health Services Research projects to host research projects that address patient safety. Searches are performed on a weekly basis. We continuously seek out studies which service can host that can support patients during their time waiting to access services. The below studies are examples of the Research projects that are being offered to support patients.

Title and link	Summary
BLACK ARTS	The Usage of Creative Arts Therapies for African and Caribbean Children and Adolescents with Psychiatric Disorders This project aims to understand how creative arts therapies, like music, dance, art, and drama, can help improve the mental well-being of Black young people in the UK.
IACT4CARERS	An online psychological training programme to support family carers of people living with dementia. This online programme is based on a psychological approach called Acceptance and Commitment Therapy.
iPOF	A project, funded by the National Institute for health and care Research (NIHR) and hosted by Berkshire Healthcare, which aims to understand and improve online peer support forums. As part of this project, the team in Lancaster hope to look at how online forums work as a support community. They will examine the interactions between people in posts and threads in the various online platforms to see what kinds of issues are raised and how other people respond to them. Users are then invited to volunteer to take part in an online survey, and/or one-to-one interviews to share why they use forums, and what they offer.

Clinical services discuss the use of research and publications from research projects at the Patient Safety and Quality meetings. This enables clinical services to identify pressure points and seek research projects that will actively support with these needs. Our Community Nursing services expressed the concern around catheter blockages and the time spent supporting this patient population, an application has been submitted to UroShield for a research project. One of our Clinical Development Leads has taken an academic education project following an expression of concern with regards to reading the ankle-brachial pressure index, representatives from with the research and development service have provided support in the development of this.

In 2023/24, the Trust hosted a research study sponsored by Canterbury Christ Church University that explored psychological staff team decision-making concerning clients with personality disorders. NICE guidance recommends 'when managing the risks posed by people with borderline personality disorder, risks should be managed by the whole team with good supervision arrangements' (NICE, 2009). The study aimed to develop a theoretical framework of understanding how psychological therapists make team decisions around client risk. The research aimed to identify both clinical and non-clinical factors that clinicians consider during the decision-making process around client risk within specialist psychological therapy teams working with Emotionally Unstable Personality Disorder (EUPD). The research was conducted by interviewing eight individual psychological therapists, who had experiences

of team risk decision-making with this client group. The research identified key processes involved in team decision-making, including therapists' relationships with clients, emotional responses brought up, and the value and challenges of shared responsibility and diverse perspectives within teams. The findings were conceptualised in a developed model that highlighted the interplay between individual, team, and wider contextual factors. This research provided insights for clinical practice and future research to address implicit processes and promote effective decision-making strategies. The findings will be shared with the services involved in supporting the study once published.

Providing Safe Services – Compliance to Research Governance 2023/24
The full report included within the Main R&D Annual Report 2023/24 covers the period from 1 April 2023 to 31 March 2024 and examines data and activity in relation to the Clinical Research activity across the Trust, compliance to the UK Policy for Health and Social Care Research and how the Trust discharges its statutory duties and responsibilities applicable to Clinical Research.

Patient experience and voice
Patient experience and voice Ambition: We will leverage our patient experience and voice to inform improvement.

Improving outcomes
In 2023/24, publications from 8 externally sponsored studies were shared with the Mental Health Services who hosted the research projects. One example of this is the Nidus Family- Intervention for people with dementia to live independently. This was an individually randomised single-masked multi-site clinical trial with people living with dementia and their family carers (dyads). This study offered an intervention that would enable people with dementia to live more independently at home. This was hosted by the Older Adult Memory and Cognition Unit. The findings demonstrated that the NIDUS-Family intervention was effective in increasing attainment of dyads' goals and is the first intervention to improve goal attainment in people living with dementia that is potentially scalable, can be delivered by people without clinical training, and can be delivered remotely. A full list of the external publications can be found in Appendix 4 of the Research and Development main annual Report 2023/24.

Using patient experience and voice
The learning disability service carried out a coproduction project with Kids charity called making participation work. The workshop was created to ask young adults with learning disabilities what was important to their health, how do they like to be communicated with, how can we as a Trust make things better for them. A workshop was co-produced with Kids Bracknell day services and in November 2023 and these took place at Langley College, BCA College, Bracknell and Wokingham College and Reading College. Kids have been jointly commissioned with the Council for Disabled Children (CDC), Contact, and the National Network of Parent Carer Forums (NNPCF) to deliver a national contract called Participation, Information and Advice (PIA). Kids are funded by the Department for Education (DfE) to carry out this supportive work for organisations. Kids provided Berkshire Healthcare with a report detailing recommendations which will be used in FY 2024/25 to shape the principles of coproduction for services. Kids co-produced a video that highlights what research is and how to get involved and an easy read guide that can be shared amongst young adults with Special educational needs and disabilities (SEND) to help encourage more young adults to get involved in research. The video will be released in 2024/25 for services to use.

Health Inequalities
Ambition: We will reduce health inequalities for our most vulnerable patients and communities

The research team continue to support the Trust in their focus on health inequalities, through planning and delivery of research studies. Services across all clinical divisions are performing local, regional, and national searches for Clinical Research projects and Health Services Research projects aligned with the health inequalities priorities of the service and location.

Trust sponsorship was granted for one study this year that aims to test a co-designed mental imagery anxiety intervention for people with mild to moderate intellectual disabilities.

Research tools are being used within the Mental Health Act Detention work, where the ambition is to secure National funding for a larger Research project to support the aim to decrease the absolute number of people detained under Mental Health Act Section 2 in Berkshire. Supporting this piece of work the team is seeking to explore community-based support for rehabilitation and reintegration, with the goal of preventing repeat detention.

The Head of Inclusion, OD & Organisational Experience participated in a Research project led by the Public Mental Health Implementation Centre (PMHIC). This was a mapping and scoping project used to provide Oxford Health Biomedical Research Centre partners, of which Berkshire Healthcare is one, with insights into data collection for EDI purposes at local level and how to identify challenges and opportunities. The findings from this Research have been published and can be found here.

Workforce
Ambition: We will make the Trust a great place to work for everyone

Aligning with the Trusts strategy to make the Trust a great place to work for everyone, **supporting our people,** Research visibility initiatives are used to support the efforts to make our Trust an attractive place to work. Including Research into the **Leading with Impact programme** under the Evidence-based practice session has provided inspiring leaders from clinical and non-clinical backgrounds to gain their knowledge and confidence to build the use of Research and evidence into their daily practice. The Lead Clinical Research Nurse is working with Human Resources and the People's Directorate to raise the profile of research as well as inclusion in generic job descriptions and competency sets across the Trust, to enable the staff the permissions to become research active. This is evidenced to improve staff satisfaction within their roles and enhance retention.

Research is included in the **Stepping Forward training** for Health Care Professionals. This will ensure that they should be able to articulate more clearly what their role is in research.

The **Clinical Director for Community Scheduled Care Services** was successful in obtaining green shoots funding to raise the profile of Research within the Community Physical Health Services. This has increased visibility and engagement for Research within all the services. Research has been included on the divisions plan on a page and incorporated into services plan on a page. The protected time also provided space to facilitate a shared-learning event which was successfully held in September 2023. Another has been planned for October 2024 and will be open to all services across all divisions.

During 2023/24, the Trust has **supported research that has engaged the workforce**. The Thames Valley Cost of Living research project was a collaboration with Buckinghamshire, Oxfordshire, and Berkshire West (BOB) and Frimley Health and Care Integrated Care Systems. The project was "How to attract, retain and deploy health and care staff in the light of high living costs". The publications of this project will be released in Q1 of FY 2023/24.

Another example of how Research has been used to support the workforce is **The Experiences of Self-Harm and Suicide Attempts by Nurses:** A Qualitative Study aimed to explore the experiences of nurses and midwives who had lived experience of a suicide attempt or self-harm during nursing training or practice. This is an incredibly important piece of research as no previous research explored the experience of nursing professionals. The research provided staff within Berkshire Healthcare the opportunity to inform the development of preventive resources.

Efficient use of resources
Ambition: We will use our resources efficiently and focus investment to increase long term value

The R&D department are predominantly funded by the National Institute for Health and Care Research (NIHR). The majority of this is Activity Based Funding (ABF) and is received via the Local Clinical Research Network (CRN) Thames Valley and South Midlands.

Funding is supplemented by NIHR Research Capability Funding (RCF), a small commercial and non-commercial stream of income and trust finance. Funding is allocated annually; several team members hold short term contracts as funding is based on previous years' research activity.

Ensuring we are a financially sustainable organisation; the aim is to have a minimum of three National Institute for Health and Care Research (NIHR) grant funded projects hosted by Berkshire Healthcare at any time. The Trust has seen an increase in the number of services where research funding flows through to support ongoing research activities in the services, with the intention to continue increasing research capacity for all. The focus for the 2024/25 is to ensure that we are aligned with Trust priorities and maximise grant funding opportunities, increase the capacity and capability for industry (commercially sponsored research) and to continue to support Internship applications.

We continue to build and support collaborations with university partners to develop NIHR grant applications. 8 grant applications are awaiting decision from the following funders: National Institute for Health and Care Research (NIHR) to Research for Patient Benefit, NHS charities, National Institute for Health and Care Research (NIHR) Insight award and National Institute for Health and Care Research (NIHR) Pre-doctoral fellowship.

Research funded posts*

Role	Whole Time Equivalent	Area	Role	Whole Time Equivalent	Area
R&D Operations manager	1	Research Governance	Research Nurse (General)	3.12	Clinical Research Delivery (Partner Study Support Service)
Research Officers	2	Research Governance	Research Nurse (Mental Health)	2	Clinical Research Delivery (Partner Study Support Service)
Business Apprentices	2	Research Governance	Clinical Research Practitioners	5.8	Clinical Research Delivery (Partner Study Support Service)
Clinical Trial Pharmacist	0.2	Pharmacy Services	Assistant Research Practitioners	2.31	Clinical Research Delivery (Partner Study Support Service)
Accountant	0.2	Finance	Researcher (Dementia)	1	Clinical Research Delivery (Partner Study Support Service)
Lead Research Nurse	1	Clinical Research Delivery (Partner Study Support Service)	Speech and Language Therapist	0.8	Clinical Research Delivery (Partner Study Support Service)

*Equates to 42 Berkshire Healthcare employees who are funded, through part funding or whole time equivalent, that support the delivery of Research across the Trust.

Funded Posts		
Service	Posts Funded	Funding Source
OPMH - Wokingham, Newbury, Reading, Slough and Bracknell	0.2 wte funded in each (1 wte in total)	Clinical Research Network
Sexual Health	0.21 wte funded (0.1 wte of consultant)	Clinical Research Network & Capacity Funding
Psychology Trauma	0.2 wte funded	Oxford Health PTSD & BRC projects
Web Services SHaRON	0.55 wte funded	Clinical Research Network/ iPOF project
Physiotherapy WAM MSK	Salary backfill for Internship £9.2k	ARC-OxTV and Oxford Brookes University
LD Psychology	0.8 wte funded (maternity leave in 2022/23)	NIHR Fellowship
LD Management	0.3 wte band 6 for 4 months funded	Clinical Research Network
Administration	0.2 wte band 5 for 4 months funded	Clinical Research Network
Locality Management Childrens Services	0.06 wte band 8C for 4 months funded	Clinical Research Network

Research and Development Income 2018-2024

R&D External Income Sources						
Source	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Clinical Research Network Core Funding	400,000	420,000	445,000	463,000	477,000	495,500
Clinical Research Network Contingency Funding	39,413	5,000	0	35,424	52,158	18,727
Greenshoots Funding	0	13,358	0	0	0	6,069
Excess Treatment Cost Payments	0	3,106	352	9,293	3,807	0
Research Capability Funding	20,000	20,000	52,960	48,054	29,073	71,660
Commercial Income	1,500	0	0	7,102	26,508	17,879
Non-commercial Research project income	8,953	2,414	3,457	28,021	20,456	21,107
Hosted Grants						
National Institute for Health and Care Research Grant (IBER)	5,258	150,353	63,279	26,555	0	0
National Institute for Health and Care Research Grant (ASCEND)	0	2,755	151,125	117,133	0	0
National Institute for Health and Care Research Grant (iPOF)	0	0	0	0	337,801	301,951
National Institute of Health and care Research Doctoral Research Fellowship (LD serv	0	0	3,171	109,273	0	15,753
Direct income* via external collaborations/hosted Research project						
STADIA Research Grant (National Institute for Health and Care Research Grant Health Technology Assessment Programme)	0	7,003	11,554	6,420	15,338	2,243
R&D Services provided to Wiltshire Health & Care LLP	0	0	0	0	0	33,588
Applied Research Collaboration Internship funding (MSK Physio service)	0	0	0	0	9,219	7,800
Applied Research Collaboration (Mental Health Act Detention project)						10,237
Biomedical Research Centre (Oxford Health NHS Foundation Trust)						15,291
Complex PTSD study (Queens University Belfast via Oxford Health Biomedical Research Centre)						22,272
Totals	475,124	623,989	730,898	850,276	971,360	1,040,078

*Direct income to Berkshire Healthcare for Staff & Research costs

Hosted Grants Usage						
IBER Grant Funding						
University of Exeter	2,485	13,432	7,895			
University of Reading		99,749	32,292	17,500		
Devon Partnership NHS Trust		23,671	15,364			
Oxford University Innovation Ltd		6,600				
University of Glasgow				9,055		
Other Participant Expenses	2,772	6,900	7,728			
	5,258	150,353	63,279	26,555	0	0
ASCEND Grant Funding						
Oxford Health NHS Foundation Trust		2,755	1,873	922		
University of Reading			149,252	96,819		
University College London				7,528		
University of Essex				11,864		
	0	2,755	151,125	117,133	0	0
iPOF Online Mental Health Communities Grant Funding						
Lancaster University					303,373	265,130
University of Manchester					29,843	28,236
Other Participant Expenses					1,588	5,010
Berkshire Healthcare Staff Costs					2,997	3,575
	0	0	0	0	337,801	301,951
National Institute of Health and care Research Doctoral Research Fellowship (LD service)						
Berkshire Healthcare Staff & Research Costs	0	0	3171	109273	0	15753

Research and Development 2023/24 annual report

At Berkshire Healthcare, our **mission** is to:

Maximise independence and quality of life

Our mission is to support people to live as independent and full a life as possible for their individual circumstance. Whether providing beginning to end of life healthcare, our purpose is to support the best possible quality of life outcome for our patients.

Our **vision** is to be:

A great place to **get care**, a great place to **give care**

Author: Kate Penhaligon - Head of Research and Development
Date: 20-Jun-2024

Contents

This report serves to provide assurance to the board compliance to the UK Policy Framework for Health and Social Care Research and applicable statuary obligations.

It also serves to evidence our delivery of the Research and Development strategy.

Data and evidence is available to support key research questions arising from CQC inspections or audits.

Executive Summary

The Research portfolio at Berkshire Healthcare NHS Foundation Trust is predominantly hosted research projects that are sponsored by other organisations and pharmaceutical industry companies. The Research portfolio is both observational and interventional research.

In 2023/24 we hosted 68 research projects; this compares to 73 research projects in 2022/2023. This includes 38 National Institute of Health and Care Research (NIHR) Portfolio studies and 30 non-NIHR Portfolio studies. Most participants recruited to the NIHR Portfolio projects were recruited into non-commercial observational studies. We were ranked joint 14th out of 46 similar Trusts (Mental Health and Community Trusts) for the number of national studies and were 18th out of 46 similar Trusts for the number of participants that we have recruited. We recruited 1014 participants (1000 recruited into non-commercial trials and 14 into commercial trials) 865 to Portfolio and 149 to non-portfolio studies of which 3 of these were Trust Sponsored studies. This compares to 690 participants recruited in 2022/23. Our pledge for 2024/25 is to recruit 965 participants.

This last year Health and Care research has been changing at pace. There have been opportunities and challenges for the research industry, research teams across services have driven improvements in patient participation, coproduction and have used Research as a tool to tackle wider health challenges for the population. In 2023/24 the Trust sponsored 4 Clinical Research projects across 3 services: Learning Disabilities (2 projects), Adult Mental Health inpatients and Child and Adolescent Mental Health Service (CAMHS).

Service	Title	Status
Adult Mental Health Inpatients	Experiences of people from BME patients What are the _experiences_ of people from Black African, Afro- Caribbean and Asian individuals with a diagnosis of _psychosis_ leading up to their _recovery_?	Open and recruiting
Child and Adolescent Mental Health Service (CAMHS)	Intensive Community Treatment as an alternative to inpatient admission: a thematic analysis of the experiences of adolescents with severe psychiatric disorders and their parents/ carers	Data analysis
Learning Disabilities	The Experiences of the COVID-19 Pandemic for People with Intellectual Disabilities	Open and recruiting
Learning Disabilities	Testing a co-designed mental imagery anxiety intervention for people with mild to moderate intellectual disabilities (Co-MAID)*	Open and recruiting

*The Co-Maid Research study is supported by the National Institute for Health (NIHR) and Care Research. This research is supported through an NIHR Clinical Doctoral Fellowship (Grant Award Number: NIHR300501) for a Clinical Doctoral Fellowship. This protocol has been co-designed with people with lived experiences and Patient and Public Involvement (PPI) through the STAR PPI groups. The co-designed project was initiated as further work was required to establish the phenomenology of mental imagery in people with intellectual disabilities. The development of tailored and accessible mental imagery interventions for people with mild to moderate intellectual disabilities by co-producing a new mental imagery intervention for people with mild to moderate intellectual disability (ID) alongside people with intellectual disabilities, their families, carers and professionals. This co-produced approach ensured the intervention was appropriate and accessible for people with intellectual disabilities. People with intellectual disabilities and their stakeholders have been integral to each part of the Co-Maid research study and will continue to shape the intervention through the project. Part of their involvement will be with the data analysis, creating the research materials, recruitment, and dissemination of the results. The study is a good example of how to conduct co-production in a way that involves people with lived experiences and their carers in equal partnership.

At the national UKRD summit in March 2024, Professor Lucy Chappell, the Department of Health and Social Care (DHSC), Chief Scientific Advisor, highlighted that the UK research portfolio remains disproportionate with 70% of participants enrolled in Research being white and English speaking, a statistic that has been highlighted and quoted as part of the Reducing Health Inequalities steering group and the Diversity Steering Group. Our aim in response to this is to ensure, where possible that we challenge the Sponsors of hosted Research projects where the inclusion criteria is restricted and that we support the services to carry out a

range of recruitment strategies that take into consideration the barriers to engagement (language, structural barriers, access, location, approach). The Research and Development team are conducting a service evaluation to review the breadth of the Research portfolio and the variation in participants recruited to Clinical Research Projects. The service evaluation will continue through the FY 2024/25, the outcome of which will demonstrate gaps in our Research Portfolio.

Although Research is not yet considered to be a core service to be included in all the Trust initiatives and programmes of work, there has been a shift in approach from key influencers across the Trust who have recognised the benefits of using a combination of various quality tools such as Quality Improvement, Research, Audit and Evaluation. As a Trust we are fairly early adopters of approaching the use of Research in this sense. The notable change in this approach has provided benefit to the Trust with Research being used to assist in the delivery of Trust strategic objectives.

The shift in approach and slight change in the culture provides a good foundation to build a refreshed Research strategy. It is evidenced that Organisations that engage in research have high levels of patient satisfaction, reduced staff turnover and increased staff satisfaction (Harding, et al., 2016 Organisational benefits of a strong research culture in a health service: a systematic review). To maximise the stakeholder engagement required to develop the Research strategy, consideration is being made to use a stakeholder engagement strategic framework development process. This process uses scenario planning techniques as a potential tool to formulate the updated strategy. The refresh of the strategy will be initiated in Q3 of 2024/25.

Dr Minoo Irani – Medical Director and Executive Lead for Research

Patient safety

Providing Safe Services

Summary

This report covers the period from 1 April 2023 to 31 March 2024 and examines data and activity in relation to the Clinical Research activity across the Trust, compliance to the UK Policy for Health and Social Care Research and how the Trust discharges its statutory duties and responsibilities applicable to Clinical Research.

Research and Development (R&D) is part of Central Services in Berkshire Healthcare NHS Foundation Trust, reporting via the Medical Director, who is an Executive member of the Board. The Research and Development Committee is accountable to the Trust Board through the Clinical Effectiveness Group (CEG). It is chaired by the Head of Research and Development; it meets every 2 months and was quorate for three of the five meetings in 2023/24. No decisions were made in meetings that were not quorate. The December committee meeting was cancelled due to member availability. R&D is also represented as an invited member of the Quality & Performance Executive Group (QPEG).

Berkshire Healthcare conducts community-based health and social care research across a range of specialty areas including Physical Health, Mental Health, Children and Young People, Learning Disabilities, Health Services Research and Ageing.

There has been research activity across all our divisions and services with the Mental Health division being our most research active. We host grants and lead trials as well as contributing to research studies being led by other NHS trusts and universities.

The research portfolio consists of 68 research projects: 38 National Institute of Health and Care Research (NIHR) Portfolio studies and 30 non-NIHR Portfolio studies. A full list of projects can be found in Appendix 1.

UK Policy for Health and Social Care Framework

Research is delivered across all divisions within the Trust. Research relevant policies and Standard Operating Procedures (SOPs) are continuously reviewed to ensure compliance with UK Policy Framework for Health and Social Care Research. Representatives from within the Research Governance team attend the Policy Scrutiny Group as a core member. Their role is to ensure that Research Governance and applicable statutory obligations are incorporated into Trust Policies and guidance where applicable. There are five Trust policies specific to Research:

1.   ORG026 Research Governance
2.   ORG027 Intellectual Property Policy for Research
3.   ORG064 Honorary Research Contract, Letters of Access/Assurance
4.   ORG074 Research Related Adverse Event Reporting
5.   ORG078 Research Fraud & Misconduct

In the year 2023/24 all 5 policies were reviewed in Q4 of 2023/24 and updated in line with national guidance. These policies were ratified in Q1 of FY 2024/25, the details of which will be reported in the annual report for 2024/25.

Research governance refers to the framework to manage the research process from end to end. The Health Research Authority provides assurance to the NHS that study complies with required standards and criteria. They assess the governance, legal compliance and the ethics review and will issue approval once all other regulatory approvals, i.e.Research Ethics Committee Medicine Health Regulatory Agency, Confidentiality Advisory Group, are in place.

The Health Research Authority approval provides assurance to the NHS that study complies with required standards and criteria to free up NHS sites to concentrate on putting arrangements in place to deliver the study.

We have robust processes which are in line with the Health Research Authority guidance of assessing, arranging, and confirming capacity to deliver research. Assessment is captured within our quality management system and workflows are used to capture processes and evidence/information for in-depth reporting. We are responsible for assuring the framework is adhered to and the roles and responsibilities of individuals at the site, and any collaborating parties, are agreed and documented.

Research related Standard Operating Procedures (SOPs) are continuously reviewed to ensure compliance with national guidance and operational changes both at local, service, regional and national levels. SOPs are used by staff across the Trust and access to these is important, currently access to SOPs is restricted and facilitated by the Research Governance team, this is not a supportive mechanism. Through using the Trust Quality Improvement tools an Improvement idea has been proposed for FY 2024/25 to publish the SOPs on the Research and Development web page and Nexus page for all services to refer to. Expected timeline for this Q2 of FY 2024/25.

The national HR Good Practice Resource Pack provides the expectations for the study and the pre-engagement checks that should and should not be undertaken. To ensure appropriate access for research purposes to our patients, staff and/or Trust premises, all researchers must have the relevant access, either a substantive/Honorary research contract (HRC) or be issued with a letter of access (LoA) accompanied by a complete Research Passport. The level of access is determined by the activity the Researcher is undertaking. In 2023/24 the department issued access to 34 non-BHFT researchers. Local services have oversight and operational management for the individuals requesting the access.

All research falling under the remit of the Secretary of State for Health must have a formal Sponsor. This includes all research in health and social care that involve NHS patients, their tissue or information. The Trust sponsors home-grown research projects and hosts national projects and student research projects. In 2023/24, Berkshire Healthcare received 5 applications for sponsorship from 5 services areas (Speech and Language Therapy, Veterans Complex Treatment, Eating Disorders, Learning Disabilities and Children and Young People) and two of these were collaborative projects with the University of Reading. We have governance processes in place that evidences our compliance to sponsorship activity. The Research & Development committee have oversight of all sponsored studies and are involved in assessing the risk for interventional clinical research projects prior to Trust sponsorship approval.

Reducing harm risk for our patients

Research is used as tool to ensure our services are safe, effective, caring, responsive, and well-led.
We support services to utilise research and development to address the patient safety ambition. Evidence-based practice is used to ensure services are providing safe and effective services. In-house research projects are being designed by our clinicians that address gaps in NICE guidance and address clinical concerns. 31 enquiries into the In-House Research service. These enquiries have been a mixture of home-grown Research ideas, request to collaborate with a university or an Industry partner and has resulted in 7

4

projects seeking Trust sponsorship approval and 3 projects receiving Trust sponsorship approval in 2023/24.

Study Name	Description	Service	Strategic Alignment
Investigating the acceptability and effectiveness of developing compassionate resilience as part of a phased based approach to treat Complex PTSD: A pilot study	Evaluate the efficacy of compassion focused therapy within a phase-based treatment for Complex PTSD To evaluate long term outcomes	Veterans Complex Treatment	Patient Experience and voice; Harm Free Care, Good Quality Safe Services, Improving Outcomes
A Novel Outcome Measure for Anorexia Nervosa and Subtypes (RCANS)	A novel patient centred outcome measure of patient recovery that more accurately reflects what patients deem recovery to be-Multi Site	Eating Disorders	Patient Experience and Voice, Harm Free Care, Working Together Innovative Solutions, Improving Outcomes
Exploring the effects of early memories of warmth & safeness and self-compassion on trauma-related shame in adults with CPTSD	Aims to understand factors that account for the variance in trauma-related shame in adults experiencing Complex Post-Traumatic Stress Disorder (CPTSD).	Veterans Complex Treatment	Patient Experience and Voice, Harm Free Care, Improving outcomes
Investigating Tic Management in Children: HRT & Racket Sports (Table Tennis)	Aims to explore potential benefits of racket-based sports (specifically table tennis) on the clinical outcomes of Habit Reversal Therapy as a non-pharmaceutical tic management intervention.	Children and Young People (CYP)	Improving Outcomes, Harm Free Care, Innovative solutions
Change mechanisms within a Compassionate Resilience Group for Complex Post-Traumatic Stress Disorder: a single case experimental design.	Single case experimental design exploring the change mechanisms with a compassionate resilience group. Sponsorship is being transferred to Berkshire Healthcare; further details will be supplied upon application	Veterans Complex Treatment	Improving Outcomes, Harm free Care, Efficient Use of Resources
Topical Analgesia Options for Pain Management of Fungating Tumours	Aims to evaluate the efficacy of local analgesia for fungating tumours	Tissue viability Service	Improving Outcomes, Harm Free Care, Efficient Use of Resources, Good Quality Safe Services
Self-Efficacy as a determinant of successful outcomes after surgery-Psychology Services Bariatric Surgery support	Questionnaire study evaluating levels of self-efficacy after surgery	Clinical Health Psychology Service	Improving Outcomes, Patient Experience and Voice, Good Quality, Safe Services

Services performed 126 evidence searches in 2023/24. The majority of searches were conducted for the purpose of clinical decision-making including patient care. Refer to Appendix 3 for a breakdown in searches by topic and role.

Berkshire Healthcare staff featured in 28 publications in FY 2023/24. 4 publications are from Clinical Research Projects which have been sponsored by Berkshire. The iPOF study A project, funded by the National Institute for health and care Research (NIHR) and hosted by Berkshire Healthcare, which aims to understand and improve online peer support forums, have published a video for people with mental health difficulties, referrers, and commissioners. The SHaRON team have worked with the University of Lancaster to develop a tool for community moderators to use as a e-learning package. The E-learning curricula will train and support moderators in reflexive practice including: understanding the moderator role; ethics of moderation; encouraging activity; understanding mental health; spotting moments of change (introductory linguistic analysis); managing challenging situations; widening access and welcoming diversity; identifying and managing risks; looking after yourself; role of supervision & peer support; signposting; continuing professional development (CPD). The content will draw on challenges described by moderators during our interviews, and practical case examples of ways to manage these. Suggested strategies will be piloted in a "sandpit" community by our co-design team, and Community of Practice moderators.

We support services across all clinical divisions to perform local, regional and national searches for Clinical Research projects and Health Services Research projects to host research projects that address patient safety. Searches are performed on a weekly basis. We continuously seek out studies which service can host that can support patients during their time waiting to access services. The below studies are examples of the Research projects that are being offered to support patients.

Title and link	Summary
BLACK ARTS	The Usage of Creative Arts Therapies for African and Caribbean Children and Adolescents with Psychiatric Disorders This project aims to understand how creative arts therapies, like music, dance, art, and drama, can help improve the mental well-being of Black young people in the UK.
IACT4CARERS	An online psychological training programme to support family carers of people living with dementia. This online programme is based on a psychological approach called Acceptance and Commitment Therapy.
iPOF	A project, funded by the National Institute for health and care Research (NIHR) and hosted by Berkshire Healthcare, which aims to understand and improve online peer support forums. As part of this project, the team in Lancaster hope to look at how online forums work as a support community. They will examine the interactions between people in posts and threads in the various online platforms to see what kinds of issues are raised and how other people respond to them. Users are then invited to volunteer to take part in an online survey, and/or one-to-one interviews to share why they use forums, and what they offer.

For further examples please refer to studies captured under disease/condition area in Appendix 1

Patient experience and voice

Using patient experience and voice, we continue work to establish strong links with our local communities by gaining patient and carer feedback. Co-production and Co-design for research projects has been a national research focus since 2016 with the National Institute for Health and care Research mandating evidence of Patient Public Involvement in all funding applications.

Patients with the opportunity to receive assessments, treatments, therapies, and interventions that they would not otherwise have received as part of standard care	Carers with the opportunity to share their experiences and support their loved ones to participate in research.
	As a Research active trust, we are providing
Staff with the opportunity to share their experiences, preferences, training needs and barriers re: the delivery of current services and interventions as research participants.	All research participants (including the public for some studies) the chance to contribute to the evidence base to the NHS on topics that are important to them.

Carers

Research active staff continue to be member of the Carers Hub – Friends, Family and Carer network (Teams channel). Research engagement opportunities have been shared on this channel and carers and families have been actively involved in raising Research awareness amongst their communities. The Research Engagement Network, which is a network that covers the

Patient and staff experience

Patient experience/co-production

The learning disability service carried out a coproduction project with Kids charity called making participation work. The workshop was created to ask young adults with learning disabilities what was important to their health, how do they like to be communicated with, how can we as a Trust make things better for them. A workshop was co-produced with Kids Bracknell day services and in November 2023 and these took place at Langley College, BCA College, Bracknell and Wokingham College and Reading College. Kids have been jointly commissioned with the Council for Disabled Children (CDC), Contact, and the National Network of Parent Carer Forums (NNPCF) to deliver a national contract called Participation, Information and Advice (PIA). Kids are funded by the Department for Education (DfE) to carry out this supportive work for organisations and have over 7 years' experience working on participation with local authorities across England.

Kids provided Berkshire Healthcare with a report detailing recommendations:

1. Berkshire Healthcare to continue building connections and relationships with staff and young adults across the colleges.
2. Berkshire healthcare to use this information to guide prioritisation of future research projects.
3. Berkshire Healthcare should develop a communication matrix based on the young adult's preferences.

7

4. Berkshire Healthcare to consider the feedback from young adults and make changes to previous and future handouts where appropriate.
5. To use and share the video and easy read guide created about research on the relevant platforms.
6. Feedback to young adults on impact this and future work they are involved in has.

The report will be used in FY 2024/25 to shape the principles of coproduction for services.

Kids co-produced a video that highlights what research is and how to get involved and an easy read guide that can be shared amongst young adults with SEND to help encourage more young adults to get involved in research. The video will be released in 2024/25 for services to use.

Staff voice
The Head of Inclusion, OD & Organisational Experience participated in a Research project led by the Public Mental Health Implementation Centre (PMHIC). This was a mapping and scoping project used to provide Oxford Health Biomedical Research Centre partners, of which Berkshire Healthcare is one, with insights into data collection for Equality Diversity and Inclusion (EDI) purposes at local level and how to identify challenges and opportunities. The findings from this Research have been published. The project showed that views on collecting or accessing protected characteristics data remains a complex ethical and practical issue. In the context of the Biomedical Research Centre (BRC), it is further complicated by variations in the systems, structures and processes of organisations involved. Meaningful collaboration, effective communication and adequate resourcing were all found to be enablers of implementing Oxford Health BRC's EDI strategy and for collecting data on protected characteristics. Co-production would help with alleviating concerns among marginalised communities. The full report can be found here

Patient Research Experience Survey (PRES)
The Patient Research Experience Survey PRES is a mechanism to gain feedback regarding participant experience in taking part in research. This enables us to improve our service and incorporate feedback to aid in service development. We have a robust strategy in place to ensure that the survey is sent to all patients approached regarding research and all participants who enrol into projects.

Thames Valley and South Midlands have an ambition to receive 1,164 PRES returns in 2023/24. Berkshire Healthcare has distributed a total of 9,125 PRES and 'it's ok to say no' surveys in 2023/24. 40 PRES were received in 2023/24 and 19 'it's ok to say no' responses have been returned. The data is analysed by the central coordinating centre who will distribute an annual report for the region in Q1 of FY 24/25.
The Trust supported the move to an 'opt-out' approach to Research. This is an organisational change that is being supported by the Information Governance team. The Information Commissioner's office has provided the Trust with the guidance around research provisions from within the UK GDPR and the DPA 2018. The UK RD community are sharing implementation plans with Trusts who are currently hold a "op-in" status. NHS England are supporting this piece of work as they are able to provide more information regarding what other NHS trusts are doing. As the trust is changing from an opt-in policy to an opt-out policy the lawful basis will be changing and there are fundamental steps to consider for patients that have been or open to our service before the change is implemented. Consent is still required for individual Research projects regardless of the change. An action-plan is being utilised to ensure a smooth implementation and to populate a Data Protection Impact Assessment Form.

The opt-in approach has significant advantages for both patients and researchers. Patients consider research to be important and that they want to be made aware of opportunities to participate in research. Research evidence has shown that an 'opt-out' approach to research recruitment could benefit both clinical research and patient care.

Health inequalities

The research team continue to support the Trust in their focus on health inequalities, through planning and delivery of research studies. The department approved sponsorship for one study this year that aims to test a co-designed mental imagery anxiety intervention for people with mild to moderate intellectual disabilities. Research tools are being used within the Mental Health Act Detention work, where the ambition is to secure National funding for a larger Research project to support the aim to decrease the absolute number of people detained under Mental Health Act Section 2 in Berkshire. Supporting this piece of work the team is seeking to explore community-based support for rehabilitation and reintegration, with the goal of preventing repeat detention.

Berkshire Healthcare is a member of the NHSE Research Engagement Network Development Programme. This programme aims to increase diversity in research participation through the development of community engagement. Representatives from Berkshire Healthcare are working with the Buckinghamshire, Oxfordshire and Berkshire Integrated Care System and Voluntary Sectors Community Enterprise alliance partners to ensure existing forums and organisational processes are used to create a unified and coordinated approach. By using evidence from research engagement projects, the principles and hallmarks of people-centred clinical research and collaborating with stakeholders, a unified and coordinated approach can be shared and used Trust wide for all engagement activities.

The research team continue to support the Trust in their focus on health inequalities through planning and delivery of research studies. Services across all clinical divisions are performing local, regional and national searches for Clinical Research projects and Health Services Research projects aligned with the health inequalities priorities of the service and location.

The Sexual Health Clinic hosted the HIS-UK study. This study was sponsored by the university of Southampton and was part of the National Institute for Health and social care Research for Public Health Research Programme study. The study evaluated the Home-Based Intervention Strategy to reduce new chlamydia infection among young men aged 16-25 years by promoting correct and consistent condom use. The HIS-UK study found that the intervention induced a positive change in condom use behaviour over the observed period. It also showed that there was a robust positive effect on condom-related beliefs and perceptions. The summary report has been circulated with the committee papers.

The Research and Development team have embedded staff within the Diabetes service who are working to develop a Research strategy for the service. The strategies aim will be to increase patient access to research in diabetes through increasing engagement with the community diabetes team and other healthcare professionals in order for them to host industry research projects that align with the priorities of our patients. The service has started working with the University of Reading with an aim to develop patient centred research studies that will support rapid translation into new treatments and improvements to care. Increase the workforce, capacity and capability within the diabetes service.
The strategy will help to ensure the staff members, patients, carers and partners know the benefits and impacts of the research we are involved in and will help to embed Research into the clinical service.

Workforce

Aligning with the Trusts strategy to make the Trust a great place to work for everyone supporting our people and encouraging partnership working is of paramount importance to the research that we deliver in Berkshire Healthcare.

We collaborate with health and social care partners, including Integrated Care Boards (ICBs); these partnerships allowed us to work with 23 universities, 6 NHS organisations and several commercial and small technology companies. This brought research opportunities to patients, staff, and carers aiming to address Health Inequalities and provide better, more efficient care. Through collaboration our local communities strengthen the opportunities and deliver research projects that respond to local community needs.

Our aim is to attract and retain research interested, skilled and experienced staff who feel that their skillsets are valued. That they are empowered to progress research interests and careers at Berkshire Healthcare. Recruiting and retaining a consistent workforce continues to be one of the biggest challenges we face at Berkshire Healthcare. There are 42 Berkshire Healthcare employees who are funded, through part funding or whole time equivalent, that support the delivery of Research across the Trust.

Embedded

Berkshire Healthcare's research culture demonstrates clear benefits for the development of staff skills. It is our vision to ensure all staff can articulate the role they play in research. Clinical research increases staff engagement and retention by ensuring that innovations and advancements of clinical practice can be adopted into departmental practices, whilst also contributing to evidence-based practice and enabling skill and knowledge development for staff. The ambition is to support research development opportunities akin to the internship/clinical academic role, across several disciplines.

Evidence demonstrates that Trusts active in clinical research have better patient care outcomes. Delivering innovative ways of working and care initiatives aids the development of research skills and supports development of staff across the organisation ensuring that we can build and sustain teams fit for the future. Wherever possible externally research generated funds have enabled us to invest in clinicians based within clinical services. They support the development and delivery of research rather than this sitting within the core R&D team. This helps to provide embedded access to opportunities which are relevant to local populations and develops research knowledge and skills within the clinical services.

A member of staff within our Mental Health Division applied for the National Institute for Health and social care Research (NIHR) Pre-doctoral Fellowship Round 6. With another member of staff successfully applying for the Applied Research Collaboration Oxford Thames Valley Social Care Internship to support Older Adult Mental Health services. These internships aim to develop the research skills of health and social care professionals and researchers through supporting growth in applied health and care research, supporting career development across professions and disciplines, and supporting the development of the next generation of applied health and care researchers.

Capacity and capability for Research has increased within the Community Physical Health Division. A member of the nutrition and dietetic team applied for the Oxford Institute of Applied Health Research Integrated Clinical Academic (ICA) Internship Programme (2024-2025). This programme provides an introduction to a range of concepts and approaches relating to applied health research aimed at supporting Nursing, Midwifery and Allied Health Professional interns develop research skills further. Green shoots funding provided by the Clinical Research Network provided the Clinical Director for Community Scheduled Care Services with protected time to raise the profile of Research within the division. There is an increased visibility and engagement. Research is included as an objective for the division and services. The protected

time was used to encourage research in staff student projects, arrange a successful show-and-tell event with another one arranged for October 24, for those staff who have participated or run their own research projects to share amongst the division. The funding achieved the objective to raise the profile and has provided the research and development department with the research interests of the services and support required across the division. Further collaborations to demonstrate shared learning and using research within the service is planned for FY 24/25, this is specifically with the Applied Research Collaboration and the clinical director for Oxford Health's Community Directorate. There is also work ongoing to develop research to reduce the pressures on these services and to contribute to the evidence base where there are significant gaps.

Refer to Appendix 5 for further examples of initiatives that support embedding Research across the Trust and the core Research team structure.

Efficient use of resources

The R&D department are predominantly funded by the National Institute for Health and Care Research (NIHR). The majority of this is Activity Based Funding (ABF) and is received via the Local Clinical Research Network (CRN) Thames Valley and South Midlands.

Funding is supplemented by NIHR Research Capability Funding (RCF), a small commercial and non-commercial stream of income and some trust finance. Funding is allocated annually; several team members hold short term contracts as funding is based on previous years' research activity.

Research External Income Sources

Ensuring we are a financially sustainable organisation; the aim is to have a minimum of three National Institute for Health and Care Research (NIHR) grant funded projects hosted by Berkshire Healthcare at any time.

We currently host two National Institute for Health and Care Research (NIHR) grant with 3 applications pending for awards in the following categories: Research for Patient Benefit and Health Services Research.

Integrated Clinical and Practitioner Academic (ICA)
We host an Integrated Clinical and Practitioner Academic (ICA) grant award through the NIHR for a Doctoral Research Fellowship award. This award is to facilitate the educational award through the study "Developing a novel, co-produced, mental imagery intervention with people with mild to moderate intellectual disability".

Health Services and Delivery Research Programme
We host a Health Services and Delivery Research Programme grant through the NIHR with the University of Lancaster for the delivery of the iPOF study "Realist evaluation of online mental health communities to improve policy and practice".

We continue to build and support collaborations with university partners to develop NIHR grant applications. 8 grant applications are awaiting decision from the following funders: National Institute for Health and Care Research (NIHR) to Research for Patient Benefit, NHS charities, National Institute for Health and Care Research (NIHR) Insight award and National Institute for Health and Care Research (NIHR) Pre-doctoral fellowship.

Research and Development Income 2018-2024

R&D External Income Sources						
Source	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Clinical Research Network Core Funding	400,000	420,000	445,000	463,000	477,000	495,500
Clinical Research Network Contingency Funding	39,413	5,000	0	35,424	52,158	18,727
Greenshoots Funding	0	13,358	0	0	0	6,069
Excess Treatment Cost Payments	0	3,106	352	9,293	3,807	0
Research Capability Funding	20,000	20,000	52,960	48,054	29,073	71,660
Commercial Income	1,500	0	0	7,102	26,508	17,879
Non-commercial Research project income	8,953	2,414	3,457	28,021	20,456	21,107
Hosted Grants						
National Institute for Health and Care Research Grant (IBER)	5,258	150,353	63,279	26,555	0	0
National Institute for Health and Care Research Grant (ASCEND)	0	2,755	151,125	117,133	0	0
National Institute for Health and Care Research Grant (iPOF)	0	0	0	0	337,801	301,951
National Institute of Health and care Research Doctoral Research Fellowship (LD serv	0	0	3,171	109,273	0	15,753
Direct income* via external collaborations/hosted Research project						
STADIA Research Grant (National Institute for Health and Care Research Grant Health Technology Assessment Programme)	0	7,003	11,554	6,420	15,338	2,243
R&D Services provided to Wiltshire Health & Care LLP	0	0	0	0	0	33,588
Applied Research Collaboration Internship funding (MSK Physio service)	0	0	0	0	9,219	7,800
Applied Research Collaboration (Mental Health Act Detention project)						10,237
Biomedical Research Centre (Oxford Health NHS Foundation Trust)						15,291
Complex PTSD study (Queens University Belfast via Oxford Health Biomedical Research Centre)						22,272
Totals	475,124	623,989	730,898	850,276	971,360	1,040,078

*Direct income to Berkshire Healthcare for Staff & Research costs

Hosted Grants Usage						
IBER Grant Funding						
University of Exeter	2,485	13,432	7,895			
University of Reading		99,749	32,292	17,500		
Devon Partnership NHS Trust		23,671	15,364			
Oxford University Innovation Ltd		6,600				
University of Glasgow				9,055		
Other Participant Expenses	2,772	6,900	7,728			
	5,258	150,353	63,279	26,555	0	0
ASCEND Grant Funding						
Oxford Health NHS Foundation Trust		2,755	1,873	922		
University of Reading			149,252	96,819		
University College London				7,528		
University of Essex				11,864		
	0	2,755	151,125	117,133	0	0
iPOF Online Mental Health Communities Grant Funding						
Lancaster University					303,373	265,130
University of Manchester					29,843	28,236
Other Participant Expenses					1,588	5,010
Berkshire Healthcare Staff Costs					2,997	3,575
	0	0	0	0	337,801	301,951
National Institute of Health and care Research Doctoral Research Fellowship (LD service)						
Berkshire Healthcare Staff & Research Costs	0	0	3171	109273	0	15753

www.berkshirehealthcare.nhs.uk

R&D Annual Report (Main) FY 23/24

Research funded posts

Embedded*

Funded Posts		
Service	**Posts Funded**	**Funding Source**
OPMH - Wokingham, Newbury, Reading, Slough and Bracknell	0.2 wte funded in each (1 wte in total)	Clinical Research Network
Sexual Health	0.21 wte funded (0.1 wte of consultant)	Clinical Research Network & Capacity Funding
Psychology Trauma	0.2 wte funded	Oxford Health PTSD & BRC projects
Web Services SHaRON	0.55 wte funded	Clinical Research Network/ iPOF project
Physiotherapy WAM MSK	Salary backfill for Internship £9.2k	ARC-OxTV and Oxford Brookes University
LD Psychology	0.8 wte funded (maternity leave in 2022/23)	NIHR Fellowship
LD Management	0.3 wte band 6 for 4 months funded	Clinical Research Network
Administration	0.2 wte band 5 for 4 months funded	Clinical Research Network
Locality Management Childrens Services	0.06 wte band 8C for 4 months funded	Clinical Research Network

Core Research team*

Role	Whole Time Equivalent	Area	Role	Whole Time Equivalent	Area
R&D Operations manager	1	Research Governance	Research Nurse (General)	3.12	Clinical Research Delivery (Partner Study Support Service)
Research Officers	2	Research Governance	Research Nurse (Mental Health)	2	Clinical Research Delivery (Partner Study Support Service)
Business Apprentices	2	Research Governance	Clinical Research Practitioners	5.8	Clinical Research Delivery (Partner Study Support Service)
Clinical Trial Pharmacist	0.2	Pharmacy Services	Assistant Research Practitioners	2.31	Clinical Research Delivery (Partner Study Support Service)
Accountant	0.2	Finance	Researcher (Dementia)	1	Clinical Research Delivery (Partner Study Support Service)
Lead Research Nurse	1	Clinical Research Delivery (Partner Study Support Service)	Speech and Language Therapist	0.8	Clinical Research Delivery (Partner Study Support Service)

*Equates to 42 Berkshire Healthcare employees who are funded, through part funding or whole time equivalent, that support the delivery of Research across the Trust.

Conclusion

In the last year Berkshire Healthcare are represented on national forums addressing capacity and capability within Community and Mental Health Hospitals. There has been significant progress made across the Trust to increase Research capacity and capability, this will inevitably increase the integration of Research into business as usual. The creation of the Mental Health Clinical Research Centres has benefited the Research community as the creation of the [Mental Health Incubator](#) has provided support (and highlights opportunities) to aspiring researchers in mental health.

Although Research is not yet considered to be a core service to be included in all the Trust initiatives and programmes of work, there has been a shift in approach from key influencers across the Trust who have recognised the benefits of using a combination of various quality tools such as Quality Improvement, Research, Audit and Evaluation. As a Trust we are fairly early adopters of approaching the use of Research in this sense. The notable change in this approach has provided benefit to the Trust with Research being used to assist in the delivery of Trust strategic objectives. The recruitment pledge for 2024/2025 is 965 research participants.

The shift in approach and slight change in the culture provides a good foundation to build a refreshed Research strategy. It is evidenced that Organisations that engage in research have high levels of patient satisfaction, reduced staff turnover and increased staff satisfaction (Harding, et al., 2016 Organisational benefits of a strong research culture in a health service: a systematic review). To maximise the stakeholder engagement required to develop the Research strategy, consideration is being made to use a stakeholder engagement strategic framework development process. This process uses scenario planning techniques as a potential tool to formulate the updated strategy. The refresh of the strategy will be initiated in Q3 of 2024/25.

Appendix 1 - Summary of all Clinical Research studies FY 2023/24

Older Adult projects				
Study title and lead	**Summary**	**Reference**	**Portfolio Status**	**Study end date**
Falls and Dancing	There is some evidence that dance may reduce the number of falls that a person has. However, no one has previously looked at whether dancing with a partner or without a partner has any advantage over receiving general physiotherapy advice for improving strength and balance. We plan to randomly allocate people who recently had a fall to undertake regular movement exercises by either dancing in a group, dancing with a partner or by standard physiotherapy over a period of 12 weeks. We will be measuring muscle strength, balance and confidence in everyday activities and fear of falls before, during and after the start of the project to see which of the various treatments has benefited the patient most.	2022-21	Non-Portfolio	31/05/2024
iACT4CARERS	This study is a large trial testing if internet-delivered self-help Acceptance and Commitment Therapy for family carers of people with dementia (iACT4CARERS) is helpful in improving psychological well-being.	23MHSN3 24157	Portfolio	01/08/2025
FAST	This study is designed to determine the feasibility and acceptability of collecting and analysing blood samples as well as cognitive data relevant to dementia risk from three sources of participants	23MHSN3 01319	Portfolio	24/05/2024
DiSCOVERY WP2-4	Survey to understand people's cultural needs in relation their experience of post-diagnostic support and through Recovery College dementia courses, we want to hear from people living with dementia including family and friend supporters, from Black, Asian or other cultural or ethnic minority backgrounds who attend Recovery College dementia courses or would like to.	23MHSN3 15262	Portfolio	31/03/2024

Mental Health projects					
Study title and lead		**Summary**	**Reference**	**Portfolio Status**	**Study end date**
Bipolar					
IBPI		PIC. We are recruiting paid participants to test how helpful online parenting support is for parents with bipolar disorder.	23MHSN309190	Portfolio	01/10/2025
Depression					
Genetic Links to Anxiety and Depression (GLAD)		Kings College London will explore genetic and environmental factors associated with risk for depression and anxiety disorders in the UK, to understand these common disorders and help develop better treatments. The participants will be recruited into an existing biobank, the NIHR BioResource for Translational Research in Common and Rare Diseases, a re-contactable biobank. Our recruitment will help towards forming the largest re-contactable biobank of participants diagnosed with or suffering from two very common disorders, depression and anxiety, who will be primarily recruited through an online platform.	2019-13	Portfolio	01/09/2028
iPOF		We aim to find out: how online mental health forums work; why some work better than others; and why some people find them helpful, and others do not. Based on what we find, we will work with stakeholders to develop tools to improve the design and support from online mental health forums	2022-26	Portfolio	31/12/2024
Pharmacogenetics		We are researching whether genetic testing is beneficial for people who take antipsychotic medications.	2023-05	Portfolio	30/11/2024
IMPase		PIC. This study is testing if ebselen can alter the way that people react to emotional material delivered by a range of computer tasks. We are recruiting healthy participants as a baseline measurement of emotional processing to compare with patients with treatment-resistant depression. Healthy participants do not need to take the medication	23MHSN276211	Portfolio	31/05/2024

16

	Eating Disorders			
Eating Disorders Genetics Initiative	Online questionnaire and saliva sample looking at environmental and biological factors in those with an eating disorder.	2023-08	Portfolio	01/09/2024
	Learning Disabilities			
The Experiences of COVID-19 for People with ID and their Supporters	The research question is: What are the experiences of people with ID and their relatives, carers, GP's and other health and social care professionals working with them during the COVID-19 pandemic? For relatives, carers, GP's and other health and social care professionals, the follow up aim is to explore how their experiences has impacted their role in caring/supporting the person/people with ID. The aim is to conduct short video interviews (up to 5-15 minute) and focus groups (20-60 mins) with participants (3-4 participants in each group), transcribe interviews verbatim and analyse using thematic analysis.	2022-02	Non-Portfolio	31/03/2026
	Psychosis			
Molecular Genetics of Adverse Drug Reactions (MolGen)	A biomarker study that aims to define the genetic and non-genetic risk factors predisposing to adverse drug reactions to clozapine.	2013-04	Portfolio	30/04/2026 (Paused)
PPiP2	A study that aims to establish the prevalence of pathogenic antibodies in patients with first episode psychosis.	2017-44	Portfolio	30/11/2027
What are the experiences of people from black and minority ethnic groups with a diagnosis of psychosis leading up to their recovery?	The intent of the study is to learn about patients' experiences with a diagnosis of psychosis from different ethnic backgrounds who has attained recovery.	2019-18	Non-Portfolio	31/03/2024
STAR	Our aim is to look at whether a specific talking therapy to help with the extreme psychological aftermath of having experienced a trauma (Post-Traumatic Stress Disorder; PTSD) is effective in people with psychosis (whose symptoms include hearing voices and having unusual beliefs). Many such individuals have had multiple traumatic experiences, both in childhood and adulthood. Around 15% develop PTSD as a result, for instance	2022-20	Portfolio	30/11/2024

	constantly feeling fearful or on edge, having nightmares and 'flashbacks', where the event is relived in the here and now. Recent small studies, including by our group, have shown that therapies focusing on the trauma can be safe and helpful in people with psychosis symptoms. We aim to find out in a definitive study whether this therapy reduces PTSD and other symptoms, is safe and acceptable, and how much it costs			
The Phoenix VR Trial	The purpose of the study is to find out whether people are satisfied with the new VR therapy, if it is easy to use, and whether it may help increase self-confidence. Phase 1 will assess users' satisfaction with the VR therapy and Phase 2 is a randomised control trial where users will either use the VR therapy or treatment as usual.	2022-31	Non-Portfolio	30/06/2024
PATTERN	In this study we aim to use two non-invasive devices to measure various physical characteristics (e.g. body composition – fat and muscle mass, heart rate, oxygen levels) in people with and without mental illness. We will evaluate any similarities or differences in the measured physical characteristics across different mental health and physical health diagnoses.	23MHSN281457	Portfolio	31/10/2023 (in follow up)
Reasoning biases and paranoia in the context of personality disorder	Many people with a diagnosis of psychosis experience paranoid thoughts and this has been widely researched. However other groups, such as those with a diagnosis of personality disorder, also experience paranoid thoughts. We are interested in whether people with a personality disorder diagnosis also exhibit the reasoning bias 'jumping to conclusions' and we predict they will. Understanding what it is that may contribute to the maintenance of paranoid thoughts may help us target these contributing factors in future treatments and improve outcomes for those experiencing paranoia	23MHSN315977	Non-Portfolio	31/03/2024
Feeling Safer	Persecutory delusions (inaccurate beliefs that others intend to harm you) are very common in mental health conditions such as schizophrenia. Existing treatments often don't work well enough. This is why we developed the Feeling Safe programme. We recently tested Feeling Safe in a clinical trial with 130 patients with persistent persecutory delusions. The treatment was delivered by clinical psychologists over 20 sessions. Half of people achieved large benefits. Another quarter made moderate gains. The challenge now is to make Feeling Safe widely available. So, we have created a six-month guided online version. A range of mental health workers can support the delivery of the treatment. The new programme is called Feeling Safer.	23MHSN330744	Portfolio	30/01/2026

18

PTSD				
Does a phased approach enhance outcomes for CT-PTSD for Complex PTSD?	The study will compare the delivery of Trauma-Focused Cognitive Therapy (TF-CT) with and without a phased element. In one group, the treatment involves the immediate provision of the CT-PTSD protocol, which is adapted individually to each patient, and in the other group CT-PTSD is provided after 8 sessions of compassionate resilience training (phased CT-PTSD). The study will consider whether both approaches work equally well or whether there are advantages in providing a phased approach, or a non-phased approach for some groups of patients.	2023-11	Portfolio	28/02/2026
Change mechanisms within a Compassionate Resilience Group for Complex Post-Traumatic Stress Disorder	Our goal is to find out if the group therapy called Compassionate Resilience Group CRG is an effective treatment for people with Complex PTSD (CPTSD) and how it can help reduce shame and improve self-compassion, social safeness and HRV. This study will improve treatments for people with CPTSD and help them lead happier and healthier lives	23MHSN325647	Non-Portfolio	15/07/2024
Personality Disorders				
Study of psychological staff team decision making regarding risk	The study's objective is to develop a theoretical framework of understanding how psychological clinicians make team decisions around client risk; identifying clinical and non-clinical factors considered during the decision-making process within specialist psychological therapy teams working with EUPD.	23MHSN321366	Non-Portfolio	29/04/2024
Suicide				
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	Establishing and regulating working practices for safeguarding the receipt, disclosure and holding of identifiable patient information	2018-38	Portfolio	31/03/2027
IAPT (Talking Therapies)				
Prolonged Grief Study	(PIC) Prolonged Grief Disorder is a newly recognised mental health problem arising after a bereavement. This study is investigating the acceptability of a new cognitive therapy programme for PGD to bereaved adults. The study involves working through the therapy	23MHSN311815	Portfolio	31/05/2027

	programme online via computer or smartphone app, with guidance from a therapist via secure messaging and telephone/video calls, for three months.			
	Therapeutic Communities			
An Exploration into Therapeutic Community Experiences	The current project aims to understand current and former members' experiences of these modified 'fusion' Therapeutic Communities situated within the National Health Service (NHS)	23MHSN323693	Non-Portfolio	30/09/2024

Children Family and All age services (CFAAS) projects				
Study title and lead	**Summary**	**Reference**	**Portfolio Status**	**Study end date**
Intensive Community Treatment as an alternative to inpatient admission	Berkshire CAMHS is offering a new Day Care, Community and Intensive Home Treatment Service as an alternative to in-patient hospital care. Our research study aims to find out what young people and their parents/ carers think about the Service.	2021-39	Non-Portfolio	30/06/2024
Ways to Wellbeing	This study aims to examine if lifestyle factors, including diet, sleep, and physical activity, are associated with psychological distress and wellbeing in children and young people. This will help inform treatment and service delivery directions, especially within the local and regional contexts.	2022-11	Non-Portfolio	01/01/2024 (to be extended)
Targeting Self-Cognitions in Adolescents with Paranoia	This study aims to examine for the first time the role of negative and positive thoughts about the self (self-cognitions) in the occurrence of state paranoia in adolescents using an experimental design known as a causal interventionist paradigm	23MHSN3 26269	Non-Portfolio	30/09/2024
The Anhedonia Scale for Adolescents (ASA)	The aim of the study is to help better understand the way in which we measure anhedonia in adolescents and whether more focus needs to be on this feature when assessing and treating depression in adolescents.	23CYPFLD N249848	Non-Portfolio	04/06/2024

20

Physical Health Service projects

Study title and lead	Summary	Reference	Portfolio Status	Study end date
Diabetes service				
ADDRESS II	The project aims to establish a support system to facilitate future research into type 1 diabetes. The system will consist of a database of individuals with new−onset type 1 diabetes and their siblings who will have consented to be contacted by the study team about future diabetes research. Some participants will have agreed to provide in addition a blood sample for DNA and specific antibody tests.	2020-37	Portfolio	30/04/2024
EQUIP D	The purpose of this study is to explore how people engage with, and respond to, the National Diabetes Audit Quality Improvement Collaborative. To achieve this, the study will interview both people who are involved with the Collaborative and people who have not yet joined.	23CPHSN318824	Portfolio	01/07/2024
Stroke				
INSPIRES-2	This study will test whether the Sleepio programme improves sleep quality after stroke in comparison to usual care	23CPHSN306291	Non-Portfolio	31/12/2024
Tissue Viability				
Silver II	Commercial. This is a Post Market Clinical Follow Up Study and the performance data from this study aims to show successful improvement in the signs and symptoms of infection, without re-infection during 6-week treatment and follow up period in certain wound types. It also aims to show product safety, wound healing progression, decrease in participant pain and clinician satisfaction with the Silver II Non-Woven Dressing.	2022-10	Portfolio	31/07/2024

Non-health related studies				
Study title and lead	**Summary**	**Reference**	**Portfolio Status**	**Study end date**
Staff				
Religious identities in healthcare groups	A survey to investigate how the religious identities of medical professionals working for the NHS influence group mood, performance and satisfaction and understand the religious and professional identities of medical professionals and how they are negotiated and interact with each other within the context of the NHS.	2022-33	Non-Portfolio	15/03/2024
Restorative Just Culture interventions	The purpose of the study is to better understand the implementation and effectiveness of restorative just culture interventions in NHS Trusts and any barriers and enablers encountered in this process.	23TWON331402	Non-Portfolio	31/08/2024

Appendix 2 – BHFT Staff Research & Publications

April 2023 – March 2024

BHFT staff featured:
1. Olivia Hewitt
2. Sarah Sollesse and Judith Chapman
3. Emma Donaldson, Jade Haines, Kate Penhaligon and Sara Wise
4. Olivia Hewitt
5. Rebecca Chester
6. Holly Eve Dale
7. Thuthirna Jebarsan and Viviane Ghuys
8. Jovanka Tolmac
9. Hope Blocksidge, Lara Willis and Jon Codd
10. Jennie Parker
11. Helen Phillips, Tichaona Mubaira, Angela Childs, Lucy Saunders, Daren Bailey, Reuben Pearce, Helen Robson, Jemma-Louise McCann and Sara Sinclair
12. Alice Farrington
13. Laura Johnsen
14. Ana Popa
15. Guy Northover
16. Rebecca Chester
17. Olivia Hewitt, Jon Codd and Karla Maguire
18. Rebecca Chester
19. Tamsin Marshall
20. Tim Smith
21. James E.G. Charlesworth, Omar Ghosn, Noor Hussain, Rafi Mahmoud, Virginia Goncalves and Meghana Godbole
22. Florence Genis
23. Laura Johnsen
24. Rebecca Chester
25. Amy Wire
26. Esther Rowland
27. Tauseef Mahdi
28. Katie Wise

Record 1:

Tapp, K., Vereenooghe, L., Hewitt, O., Scripps, E., Gray, K.M. And Langdon, P.E., 2023. Psychological therapies for people with intellectual disabilities: An updated systematic review and meta-analysis. *Comprehensive psychiatry,* 122, pp. 152372.

Abstract: OBJECTIVE: The aim of this systematic review and meta-analysis (PROSPERO 2020 CRD42020169323) was to evaluate the efficacy of psychological therapy for people with intellectual disabilities.

METHOD: A comprehensive literature search yielded 22,444 studies which were screened for eligibility. Studies were eligible for inclusion if a psychological therapy was delivered to people with intellectual disabilities compared to a group who did not receive the therapy. Thirty-three controlled trials were eligible for inclusion in the review, with 19 included within a DerSimonian-Laird random effects meta-analysis. Subgroup analysis was completed by clinical presentation, and by comparing randomised trials to non-randomised trials, and group-based to individually delivered psychotherapy. RESULTS: Following the removal of outliers, psychological therapy for a range of mental health problems was associated with a small and significant effect size, g = 0.43, 95% CI [0.20, 0.67], N = 698. There was evidence of heterogeneity and bias due to studies with small sample sizes and a lack of randomisation. Non-randomised studies were associated with a large effect size, g = 0.90, 95% CI [0.47, 1.32], N = 174, while randomised studies were associated with a small effect size, g = 0.36, 95% CI [0.17, 0.55], N = 438, excluding outliers. Individually delivered psychological therapy was associated with a small and non-significant effect size, g = 0.32, 95% CI [-0.01, 0.65], N = 146, while group-based interventions were associated with a small and significant effect size, g = 0.37, 95% CI [0.05, 0.68], N = 361, again, excluding outliers. Psychological therapy for anger was associated with a moderate effect size, g = 0.60, 95% CI [0.26, 0.93], N = 324, while treatment for depression and anxiety was associated with a small and non-significant effect size, g = 0.38, 95% CI [-0.10, 0.85], N = 216, after outliers were removed. CONCLUSIONS: Studies are fraught with methodological weaknesses limiting the ability to make firm conclusions about the effectiveness of psychological therapy for people with intellectual disabilities. Improved reporting standards, appropriately powered and well-designed trials, and greater consideration of the nature and degree of adaptations to therapy are needed to minimise bias and increase the certainty of conclusions. **Access or request full text:** https://libkey.io/10.1016/j.comppsych.2023.152372

Record 2:
Palacios, J., Adegoke, A., Wogan, R., Duffy, D., Earley, C., Eilert, N., Enrique, A., Sollesse, S., Chapman, J. And Richards, D., 2023. Comparison of outcomes across low-intensity psychological interventions for depression and anxiety within a stepped-care setting: A naturalistic cohort study using propensity score modelling. *British journal of psychology (London, England: 1953),* 114(2), pp. 299-314.

   Abstract: Low-intensity interventions for common mental disorders (CMD) address issues such as clinician shortages and barriers to accessing care. However, there is a lack of research into their comparative effectiveness in routine care. We aimed to compare treatment effects of three such interventions, utilizing four years' worth of routine clinical data. Users completing a course of guided self-help bibliotherapy (GSH), internet-delivered cognitive behavioural therapy (iCBT) or psychoeducational group therapy (PGT) from a stepped-care service within the NHS in England were included. Propensity score models (stratification and weighting) were used to control for allocation bias and determine average treatment effect (ATE) between the interventions. 21,215 users comprised the study sample (GSH = 12,896, iCBT = 6862, PGT = 1457). Adherence-to-treatment rates were higher in iCBT. All interventions showed significant improvements in depression (PHQ-9), anxiety (GAD-7) and functioning (WSAS) scores, with largest effect sizes for iCBT. Both propensity score models showed a significant ATE in favour of iCBT versus GSH and PGT, and in favour of GSH versus PGT. Discernible differences in effectiveness were seen for iCBT in comparison with GSH and PGT. Given variance in delivery mode and human resources between different low-intensity interventions, building on these findings would be valuable for future service provision and policy decision making. **Access or request full text:** https://libkey.io/10.1111/bjop.12614

Record 3:
Lobban, F., Coole, M., Donaldson, E., Glossop, Z., Haines, J., Johnston, R., Jones, S.H., Lodge, C., Machin, K., Marshall, P., Meacock, R., Penhaligon, K., Rakić, T., Rawsthorne, M., Rayson, P., Robinson, H., Rycroft-Malone, J., Semino, E., Shryane, N. And Wise, S., 2023. Improving Peer Online Forums (iPOF): protocol for a realist evaluation of peer online mental health forums to inform practice and policy. *BMJ open,* 13(7), pp. e075142-075142.

Abstract: INTRODUCTION: Peer online mental health forums are commonly used and offer accessible support. Positive and negative impacts have been reported by forum members and moderators, but it is unclear why these impacts occur, for whom and in which forums. This multiple method realist study explores underlying mechanisms to understand how forums work for different people. The findings will inform codesign of best practice guidance and policy tools to enhance the uptake and effectiveness of peer online mental health forums. METHODS AND ANALYSIS: In workstream 1, we will conduct a realist synthesis, based on existing literature and interviews with approximately 20 stakeholders, to generate initial programme theories about the impacts of forums on members and moderators and mechanisms driving these. Initial theories that are relevant for forum design and implementation will be prioritised for testing in workstream 2. Workstream 2 is a multiple case study design with mixed methods with several online mental health forums differing in contextual features. Quantitative surveys of forum members, qualitative interviews and Corpus-based Discourse Analysis and Natural Language Processing of forum posts will be used to test and refine programme theories. Final programme theories will be developed through novel triangulation of the data. Workstream 3 will run alongside workstreams 1 and 2. Key stakeholders from participating forums, including members and moderators, will be recruited to a Codesign group. They will inform the study design and materials, refine and prioritise theories, and codesign best policy and practice guidance. ETHICS AND DISSEMINATION: Ethical approval was granted by Solihull Research Ethics Committee (IRAS 314029). Findings will be reported in accordance with RAMESES (Realist And MEta-narrative Evidence Syntheses: Evolving Standards) guidelines, published as open access and shared widely, along with codesigned tools. TRIAL REGISTRATION NUMBER: ISRCTN 62469166; the protocol for the realist synthesis in workstream one is prospectively registered at PROSPERO CRD42022352528. **Access or request full text:** https://libkey.io/10.1136/bmjopen-2023-075142

Record 4:

Hewitt, O., Langdon, P.E., Tapp, K. And Larkin, M., 2023. A systematic review and narrative synthesis of inclusive health and social care research with people with intellectual disabilities: How are co-researchers involved and what are their experiences? *Journal of applied research in intellectual disabilities: JARID,* **36(4), pp. 681-701.**

Abstract: BACKGROUND: Using inclusive research methods with people with intellectual disabilities is increasingly common. A recent consensus statement identified key elements when conducting and reporting inclusive research with people with intellectual disabilities. This review identifies the range of health and social care research topics using inclusive research methodologies, systematically appraises the involvement of researchers with intellectual disabilities, and identifies facilitators and barriers to inclusive research. Researchers' experiences of engaging with inclusive research are synthesised. METHOD: Seventeen empirical studies focused upon inclusive health and social care research were identified. The associated inclusive research methodologies employed, and the stages in which researchers with intellectual disabilities were involved, along with the experiences of researchers with and without intellectual disabilities were synthesised. RESULTS: Papers focused on a broad range of health and social care topics and largely employed qualitative or mixed methods designs. Researchers with intellectual disabilities were frequently involved with data collection, analysis and dissemination. Facilitators of inclusive research comprised sharing power, team working, having sufficient resources and making research methodologies accessible. CONCLUSIONS: Researchers with intellectual disabilities are involved in a wide range of methodologies and research tasks. How the added value of inclusive research is measured and its impact on outcomes, require consideration. **Access or request full text:** https://libkey.io/10.1111/jar.13100

Record 5:

Mafuba, K., Kiernan, J., Kudita, C., Chapman, H.M., Kupara, D. And Chester, R., 2023b. Understanding the contribution of intellectual disabilities nurses: Paper 3 of 4 - evaluation. *Journal of intellectual disabilities: JOID,,* **pp. 17446295231196588.**

Abstract: The overall objective of this research was to identify intellectual disability nursing interventions and their impact on the health and healthcare of people with intellectual disability. This is part 3 of a 4-part series. In this paper we report the findings from quantitative questions from an online survey of intellectual disability nurses. The objective of this part of the study was to a evaluate intellectual disability nurses' confidence in their understanding of the interventions they undertook. Quantitative data was collected using an online survey questionnaire from a voluntary response and snowball sample of 230 participants from 7 countries. Thematic, descriptive statistical, and inferential statistical analyses were undertaken. The evaluation data suggest and demonstrate a lack of clarity among intellectual disability nurses of the interventions they can effectively undertake. There appears to be correlations between lack of role clarity and the types of employer organisations and countries. Further work needs to be undertaken by nurse leaders ascertain and address this lack of clarity.
Access or request full text: https://libkey.io/10.1177/17446295231196588
URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37611566&custid=ns082845

Record 6:
Richardson, R., Dale, H.E., Robertson, L., Meader, N., Wellby, G., Mcmillan, D. And Churchill, R., 2023. Mental Health First Aid as a tool for improving mental health and well-being. *The Cochrane database of systematic reviews,* **8(8), pp. CD013127.**

Abstract: BACKGROUND: The prevalence of mental health problems is high, and they have a wide-ranging and deleterious effect on many sectors in society. As well as the impact on individuals and families, mental health problems in the workplace negatively affect productivity. One of the factors that may exacerbate the impact of mental health problems is a lack of 'mental health literacy' in the general population. This has been defined as 'knowledge and beliefs about mental disorders, which aid their recognition, management, or prevention'. Mental Health First Aid (MHFA) is a brief training programme developed in Australia in 2000; its aim is to improve mental health literacy and teach mental health first aid strategies. The course has been adapted for various contexts, but essentially covers the symptoms of various mental health disorders, along with associated mental health crisis situations. The programmes also teach trainees how to provide immediate help to people experiencing mental health difficulties, as well as how to signpost to professional services. It is theorised that improved knowledge will encourage the trainees to provide support, and encourage people to actively seek help, thereby leading to improvements in mental health. This review focuses on the effects of MHFA on the mental health and mental well-being of individuals and communities in which MHFA training has been provided. We also examine the impact on mental health literacy. This information is essential for decision-makers considering the role of MHFA training in their organisations. OBJECTIVES: To examine mental health and well-being, mental health service usage, and adverse effects of MHFA training on individuals in the communities in which MHFA training is delivered. SEARCH METHODS: We developed a sensitive search strategy to identify randomised controlled trials (RCTs) of MHFA training. This approach used bibliographic databases searching, using a search strategy developed for Ovid MEDLINE (1946 -), and translated across to Ovid Embase (1974 -), Ovid PsycINFO (1967 -), the Cochrane Central Register of Controlled Trials (CENTRAL) and the Cochrane Common Mental Disorders Group's Specialised Register (CCMDCTR). We also searched online clinical trial registries (ClinicalTrials.gov and WHO ICTRP), grey literature and reference lists of included studies, and contacted researchers in the field to identify additional and ongoing studies. Searches are current to 13th June 2023. SELECTION CRITERIA: We included RCTs and cluster-RCTs comparing any type of MHFA-trademarked course to no intervention, active or attention control (such as first aid courses), waiting list control, or alternative mental health literacy interventions. Participants were individuals in the communities in which MHFA training is delivered and MHFA trainees. Primary outcomes included mental health and well-being of individuals, mental health service usage and adverse effects of MHFA training. Secondary outcomes related to individuals, MHFA trainees, and communities or organisations in which MHFA training has been delivered DATA COLLECTION AND ANALYSIS: We used standard Cochrane methods. We analysed categorical outcomes as risk ratios (RRs) and odds ratios (ORs), and continuous outcomes as mean differences (MDs) or standardised mean differences (SMDs), with 95% confidence intervals (CIs). We pooled data using a random-effects model. Two review authors

26

independently assessed the key results using the Risk of Bias 2 tool and applied the GRADE criteria to assess the certainty of evidence MAIN RESULTS: Twenty-one studies involving a total of 22,604 participants were included in the review. Fifteen studies compared MHFA training with no intervention/waiting list, two studies compared MHFA training with an alternative mental health literacy intervention, and four studies compared MHFA training with an active or an attention control intervention. Our primary time point was between six and 12 months. When MHFA training was compared with no intervention, it may have little to no effect on the mental health of individuals at six to 12 months, but the evidence is very uncertain (OR 0.88, 95% CI 0.61 to 1.28; 3 studies; 3939 participants). We judged all the results that contributed to this outcome as being at high risk of bias. No study measured mental health service usage at six to 12 months. We did not find published data on adverse effects. Only one study with usable data compared MHFA training with an alternative mental health literacy intervention. The study did not measure outcomes in individuals in the community. It also did not measure outcomes at our primary time point of six to 12 months. Four studies with usable data compared MHFA training to an active or attention control. None of the studies measured outcomes at our primary time point of six to 12 months. AUTHORS' CONCLUSIONS: We cannot draw conclusions about the effects of MHFA training on our primary outcomes due to the lack of good quality evidence. This is the case whether it is compared to no intervention, to an alternative mental health literacy intervention, or to an active control. Studies are at high risk of bias and often not sufficiently large to be able to detect differences. **Access or request full text:** https://libkey.io/10.1002/14651858.CD013127.pub2

Record 7:

Viljoen, D., King, E., Harris, S., Hollyman, J., Costello, K., Galvin, E., Stock, M., Schmidt, U., Downs, J., Sekar, M., Newell, C., Clark-Stone, S., Wicksteed, A., Foster, C., Battisti, F., Williams, L., Jones, R., Beglin, S., Anderson, S., Jebarsan, T., Ghuys, V. And Ayton, A., 2023. The alarms should no longer be ignored: survey of the demand, capacity and provision of adult community eating disorder services in England and Scotland before COVID-19. *BJPsych bulletin,* **pp. 1-9.**

Abstract: AIMS/METHOD: This national pre-pandemic survey compared demand and capacity of adult community eating disorder services (ACEDS) with NHS England (NHSE) commissioning guidance. RESULTS: Thirteen services in England and Scotland responded (covering 10.7 million population). Between 2016-2017 and 2019-2020 mean referral rates increased by 18.8%, from 378 to 449/million population. Only 3.7% of referrals were from child and adolescent eating disorder services (CEDS-CYP), but 46% of patients were aged 18-25 and 54% were aged >25. Most ACEDS had waiting lists and rationed access. Many could not provide full medical monitoring, adapt treatment for comorbidities, offer assertive outreach or provide seamless transitions. For patient volume, the ACEDS workforce budget was 15%, compared with the NHSE workforce calculator recommendations for CEDS-CYP. Parity required £7 million investment/million population for the ACEDS. CLINICAL IMPLICATIONS: This study highlights the severe pressure in ACEDS, which has increased since the COVID-19 pandemic. Substantial investment is required to ensure NHS ACEDS meet national guidance, offer evidence-based treatment, reduce risk and preventable deaths, and achieve parity with CEDS-CYP. **Access or request full text:** https://libkey.io/10.1192/bjb.2023.57

Record 8:

Wong, B.H., Cross, S., Zavaleta-Ramírez, P., Bauda, I., Hoffman, P., Ibeziako, P., Nussbaum, L., Berger, G.E., Hassanian-Moghaddam, H., Kapornai, K., Mehdi, T., Tolmac, J., Barrett, E., Romaniuk, L., Davico, C., Moghraby, O.S., Ostrauskaite, G., Chakrabarti, S., Carucci, S., Sofi, G., Hussain, H., Lloyd, A.S.K., Mcnicholas, F., Meadowcroft, B., Rao, M., Csábi, G., Gatica-Bahamonde, G., Öğütlü, H., Skouta, E., Elvins, R., Boege, I., Dahanayake, D.M.A., Anderluh, M., Chandradasa, M., Girela-Serrano, B.M., Uccella, S., Stevanovic, D., Lamberti, M., Piercey, A., Nagy, P., Mehta, V.S., Rohanachandra, Y., Li, J., Tufan, A.E., Mirza, H., Rozali, F., Baig, B.J., Noor, I.M., Fujita, S., Gholami, N., Hangül, Z., Vasileva, A., Salucci, K., Bilaç, Ö, Yektaş, Ç, Cansiz, M.A., Aksu, G.G., Babatunde, S., Youssef, F., Al-Huseini, S., Kiliçaslan, F., Kutuk, M.O., Pilecka, I., Bakolis, I.

And Ougrin, D., 2023. Self-Harm in Children and Adolescents Who Presented at Emergency Units During the COVID-19 Pandemic: An International Retrospective Cohort Study. *Journal of the American Academy of Child and Adolescent Psychiatry,* **62(9), pp. 998-1009.**

Abstract: OBJECTIVE: To compare psychiatric emergencies and self-harm at emergency departments (EDs) 1 year into the pandemic, to early pandemic and pre-pandemic, and to examine the changes in the characteristics of self-harm presentations. METHOD: This retrospective cohort study expanded on the Pandemic-Related Emergency Psychiatric Presentations (PREP-kids) study. Routine record data in March to April of 2019 2020, and 2021 from 62 EDs in 25 countries were included. ED presentations made by children and adolescents for any mental health reasons were analyzed. RESULTS: Altogether, 8,174 psychiatric presentations were recorded (63.5% female; mean [SD] age, 14.3 [2.6] years), 3,742 of which were self-harm presentations. Rate of psychiatric ED presentations in March to April 2021 was twice as high as in March to April 2020 (incidence rate ratio [IRR], 1.93; 95% CI, 1.60-2.33), and 50% higher than in March to April 2019 (IRR, 1.51; 95% CI, 1.25-1.81). Rate of self-harm presentations doubled between March to April 2020 and March to April 2021 (IRR, 1.98; 95% CI, 1.68-2.34), and was overall 1.7 times higher than in March to April 2019 (IRR, 1.70; 95% CI, 1.44-2.00). Comparing self-harm characteristics in March to April 2021 with March to April 2019, self-harm contributed to a higher proportion of all psychiatric presentations (odds ratio [OR], 1.30; 95% CI, 1.05-1.62), whereas female representation in self-harm presentations doubled (OR, 1.98; 95% CI, 1.45-2.72) and follow-up appointments were offered 4 times as often (OR, 4.46; 95% CI, 2.32-8.58). CONCLUSION: Increased paediatric ED visits for both self-harm and psychiatric reasons were observed, suggesting potential deterioration in child mental health. Self-harm in girls possibly increased and needs to be prioritized. Clinical services should continue using follow-up appointments to support discharge from EDs. DIVERSITY & INCLUSION STATEMENT: One or more of the authors of this paper self-identifies as a member of one or more historically underrepresented racial and/or ethnic groups in science. We actively worked to promote inclusion of historically underrepresented racial and/or ethnic groups in science in our author group. While citing references scientifically relevant for this work, we also actively worked to promote inclusion of historically underrepresented racial and/or ethnic groups in science in our reference list. The author list of this paper includes contributors from the location and/or community where the research was conducted who participated in the data collection, design, analysis, and/or interpretation of the work. **Access or request full text:** https://libkey.io/10.1016/j.jaac.2022.11.016

Record 9:
Blocksidge, H., Willis, L. And Codd, J., 2023. Conducting video therapy with adults with an intellectual disability: A qualitative study of qualified and trainee psychologists' experiences. *British Journal of Learning Disabilities,* **51(3), pp. 389-399.**

Abstract: Background: Online therapy is becoming increasingly popular as well as necessary. There is little research regarding the experience of psychologists delivering online therapy to individuals with an intellectual disability. Method: The study used online semi structured interviews and interpretive phenological analysis to explore the experiences of five psychologists delivering online therapy to individuals with an intellectual disability. Findings: Four superordinate themes were generated from the data: Environment: "You can't control the environment"; Person centred: "I do not think it's one size fits all"; Rapport: "slightly trickier to build"; and Clinician ability and experience: "it was a bit of a learning process". Psychologists spoke of prior negative beliefs and a range of challenges to video therapy. Their discomfort with using this technology was noted; however, a motivation to continue offering therapy to clients overweighed this. All participants concluded with benefits to using video therapy, notably increased accessibility. Conclusion: A hybrid model including face-to-face and online therapy appears preferable for future ways of working. Training is recommended for professionals and individuals supporting clients, and an assessment tool for the suitability of online therapy. Further research exploring online therapy experiences of people with intellectual disabilities is required. Accessible summary: During COVID-19, face-to-face therapy was not allowed in England. Psychologists were asked to give therapy on video calls. We wanted to find out what this is like for psychologists working with people who have learning disabilities. We asked five psychologists about their experience in providing video therapy. Psychologists

28

described some things they found hard: It was hard to control the environment online. It was hard to make changes to therapy for people with learning disabilities. It was sometimes hard to communicate. It was hard to build relationships online. Psychologists did not have experience doing video therapy. They were not confident. Some ideas that could help: Training for psychologists and carers or families, an assessment tool to check if someone can do video therapy, and giving information about video therapy to people with learning disabilities All psychologists said there were good things about online therapy. They would like to keep using it. ABSTRACT FROM AUTHOR]; Copyright of British Journal of Learning Disabilities is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.) **Access or request full text:** https://libkey.io/10.1111/bld.12496

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=pbh&AN=169783196&custid=ns082845

Record 10:
Bax, O.K., Chartonas, D., Parker, J., Symniakou, S. And Lee, T., 2023. Personality disorder. *BMJ (Clinical research ed.)*, 382, pp. e050290-050290.

Abstract: Personality disorders are a set of complex emotional difficulties. They are common, often unrecognised, and are associated with mental and physical health comorbidities and reduced life expectancy. Personality disorders are perceived as stigmatising diagnoses. Alternative terms have been proposed. New classification systems help in moving away from rigid use of categorical diagnoses. Assessment and management in primary care require a non-judgmental approach that builds trust through attentiveness, validation, openness, and consistency. Holistic care for people with personality disorders can be improved with reflective practice structures, staff training, collaboration, and team working. **Access or request full text:** https://libkey.io/10.1136/bmj-2019-050290

Record 11:
Mitchell, A. (ed). Hill, B. (ed) Peate, I. (ed). *Long-term conditions in adults*. 2023. Wiley-Blackwell.

Abstract: Long-term Conditions in Adults at a Glance The market-leading at a Glance series is popular among healthcare students and newly qualified practitioners, for its concise, simple approach and excellent illustrations. Each bite-sized chapter is covered in a double-page spread with clear, easy-to-follow diagrams, supported by succinct explanatory text. Covering a wide range of topics, books in the at a Glance series are ideal as introductory texts for teaching, learning and revision, and are useful throughout university and beyond. Everything you need to know about Long-term Conditions in Adults... at a Glance! The go-to textbook for the treatment and management of long-term conditions in adults In Long-term Conditions in Adults at a Glance, a team of distinguished health and social care professionals deliver concise and engaging contemporary knowledge about health and associated disorders. The textbook's format, which includes visually appealing figures and tables, is particularly beneficial for those who prefer a visual approach to understanding complex concepts. Readers will also find: A thorough introduction to the sociological factors associated with long-term conditions, including environmental, housing, and lifestyle factors Comprehensive explorations of patient education and self-management, including behaviour change, health education, and patient responsibility Practical discussions of a variety of long-term conditions, including arthritis, cancer, liver disease, and epilepsy Evaluations of the treatments and management of long-term conditions, including the use of evidence-based practice and chronic pain management Perfect for student nurses, trainee nursing associates and busy healthcare practitioners, Long-term Conditions in Adults at a Glance will also be of value to registered health and care professionals working in acute and primary care.

Record 12:

Chessell, C., Halldorsson, B., Walters, S., Farrington, A., Harvey, K. And Creswell, C., 2023. Therapist guided, parent-led cognitive behavioural therapy (CBT) for pre-adolescent children with obsessive compulsive disorder (OCD): a non-concurrent multiple baseline case series. *Behavioural and cognitive psychotherapy,* pp. 1-19.

Abstract: BACKGROUND: Cognitive behavioural therapy (CBT) including exposure and response prevention (ERP) is an effective treatment for preadolescent children with obsessive compulsive disorder (OCD); however, there is a need to increase access to this treatment for affected children. AIMS: This study is a preliminary evaluation of the efficacy and acceptability of a brief therapist-guided, parent-led CBT intervention for pre-adolescent children (5-12 years old) with OCD using a non-concurrent multiple baseline approach. METHOD: Parents of 10 children with OCD were randomly allocated to no-treatment baselines of 3, 4 or 5 weeks before receiving six to eight individual treatment sessions with a Psychological Wellbeing Practitioner. Diagnostic measures were completed prior to the baseline, 1-week post-treatment, and at a 1-month follow-up, and parents completed weekly measures of children's OCD symptoms/impairment. RESULTS: Seventy percent of children were 'responders' and/or 'remitters' on diagnostic measures at post-treatment, and 60% at the 1-month follow-up. At least 50% of children showed reliable improvements on parent-reported OCD symptoms/impairment from pre- to post-treatment, and from pre-treatment to 1-month follow-up. Crucially, the intervention was acceptable to parents. CONCLUSIONS: Brief therapist-guided, parent-led CBT has the potential to be an effective, acceptable and accessible first-line treatment for pre-adolescent children with OCD, subject to the findings of further evaluations. **Access or request full text:** https://libkey.io/10.1017/S1352465823000450

Record 13:

Johnsen, L., Bird, J.C., Salkovskis, P., James, A.C., Stratford, H.J. And Sheaves, B., 2023. Sleep disruption in adolescent inpatients: prevalence, associations with clinical outcomes, and clinician perspectives. *Journal of sleep research,* pp. e14056.

Abstract: Sleep problems are common for adolescents with psychiatric disorders, and sleep treatment may aid mental health recovery. Inpatient admissions are likely a particularly challenging time for sleep. Despite this little is known about the nature of sleep problems, and how sleep treatments could be optimised for this setting. This mixed-methods study set out to better understand sleep disturbances in adolescent inpatients. Study 1 examined the prevalence of Sleep Condition Indicator-assessed insomnia at admission and associations with psychiatric symptoms and admission length in 100 inpatients (aged 11-17 years) on one unit in Oxford. Data were gathered from admission routine measures and medical records. Associations were analysed using linear regressions. Half of the inpatients (n = 50) screened positive for insomnia at admission. Moderate-large significant associations were observed between more severe insomnia and more severe depression ($\beta = -0.56$), anxiety ($\beta = -0.51$), self-harm ($\beta = -0.49$), psychotic experiences ($\beta = -0.32$), and conduct problems ($\beta = -0.30$), but not admission length. Study 2 gained 12 clinicians' perspectives on sleep problems on the unit via a focus group and semi-structured interviews, analysed using thematic analysis. Ward staff observed insomnia and excessive daytime sleepiness in adolescent inpatients and a reciprocal relationship with mental health symptoms. Ward processes were barriers (e.g., night-time observations) and facilitators (e.g., regular routines) of sleep. Cognitive behavioural therapy for insomnia was not routinely offered but viewed as potentially helpful. Insomnia may be a common problem for adolescent inpatients, associated with greater psychopathology, but not admission length. The possible benefits of psychological sleep interventions for adolescents admitted to psychiatric units now require testing. **Access or request full text:** https://libkey.io/10.1111/jsr.14056

Thew, G.R., Popa, A., Allsop, C., Crozier, E., Landsberg, J. And Sadler, S., 2023. The addition of employment support alongside psychological therapy enhances the chance of recovery for clients most at risk of poor clinical outcomes. *Behavioural and cognitive psychotherapy,* **pp. 1-7.**

Abstract: BACKGROUND: Many people achieve positive outcomes from psychological therapies for anxiety and depression. However, not everyone benefits, and some may require additional support. Previous studies have examined the demographic and clinical characteristics of people starting treatment and identified a patient profile that is associated with poor clinical outcomes. AIMS: To examine whether the addition of employment-related support alongside psychological therapy was associated with a greater chance of recovery for clients belonging to this patient profile. METHOD: We analysed 302 clients across three services, who were offered employment-related support alongside psychological therapy. The rate of clinical recovery (falling below clinical thresholds on measures of both anxiety and depression) was compared between individuals who accepted the offer and those who declined, while adjusting for potential confounders. RESULTS: Logistic regression showed that receiving employment support was significantly associated with clinical recovery after controlling for baseline anxiety and depression scores, the number of psychological treatment sessions, and other clinical and demographic variables. The odds of recovery were 2.54 times greater if clients received employment support; 47% of clients who received employment support alongside psychological therapy were classified as recovered, compared with 27% of those receiving psychological therapy only. CONCLUSIONS: Providing employment support alongside therapy may be particularly helpful for clients belonging to this patient profile, who represent approximately 10% of referrals to NHS Talking Therapies for Anxiety and Depression services. Services could consider how to increase the provision and uptake of employment-focused support to enhance clients' clinical outcomes. **Access or request full text:** https://libkey.io/10.1017/S1352465823000474

Tiffin, P.A. And Northover, G., 2023. Debate: Better use of existing services, not more new pathways, is required for psychosis prevention in young people - Commentary on Salazar de Pablo and Arango: 'Prevention of psychosis in adolescents: does CAMHS have a role?'. *Child and adolescent mental health,* **28(4), pp. 553-555.**

Abstract: BACKGROUND: There has been much academic interest in 'the clinical high-risk state for psychosis' (CHR-P) concept. Whilst early intervention in psychosis (EIP) services have offered input to individuals meeting the CHR-P criteria the involvement of CAMHS clinicians in supporting young people with ideational and perceptual disturbance has been more inconsistent and uncertain. METHOD: We bring together our relevant lived experience, empirical evidence and clinical and research expertise to write this commentary. RESULTS: We assert that the CHR-P paradigm needs to be revised. This should reflect the low transition rates to psychosis and the prevalent general, impairing psychopathology in individuals meeting these criteria. Nevertheless, it is clear that both CAMHS and EIP services have potential roles in meeting the needs of young people affected by distressing ideational and perceptual disturbance. CONCLUSIONS: We suggest that new care pathways and services are not required for young people affected by distressing psychosis-like experiences. Rather more effective joint working between CAMHS, EIP, crisis services and other agencies could meet the needs of these young people more comprehensively. **Access or request full text:** https://libkey.io/10.1111/camh.12676

Mafuba, K., Kiernan, J., Chapman, H.M., Kupara, D., Kudita, C. And Chester, R., 2023a. Understanding the contribution of intellectual disability nurses. Paper 2 of 4 - Survey. *Journal of intellectual disabilities: JOID,* **pp. 17446295231213434.**

Abstract: The objective was to identify ID nursing interventions and their impact on the health and healthcare of people with IDs. Data was collected using an online survey questionnaire from a voluntary response and

snowball sample of 230 participants. Thematic, descriptive statistical, and inferential statistical analyses were undertaken. We identified 878 interventions that could be undertaken by ID nurses from 7 countries. We categorised the interventions into five themes: effectuating nursing procedures, enhancing impact of ID services, enhancing impact of mainstream services, enhancing quality of life, and enhancing ID nursing practice. Findings demonstrate that ID nurses play important roles in improving the health and healthcare experiences of people with IDs.; Competing Interests: Declaration of conflicting interests - The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. **Access or request full text:** https://libkey.io/10.1177/17446295231213434
URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37956695&custid=ns082845

Record 17:
Hewitt, O., Codd, J., Maguire, K., Balendra, M. And Tariq, S., 2023. A mixed methods evaluation of a compassion-focused therapy group intervention for people with an intellectual disability. *British Journal of Learning Disabilities,* **51(4), pp. 522-533.**

   Abstract: Background: This study investigated the use of a Compassion-Focused Therapy (CFT) group as a psychological intervention for a group of adults with an intellectual disability with a range of psychological issues. Method: Four clients attended the group, which was facilitated by three trainee Clinical Psychologists. The group consisted of 8 weekly sessions. Findings: Standardised outcome measures showed an increase in psychological well-being and self-compassion for all participants postintervention. Two participants showed an increase in psychological distress, while two participants reported decreases in this area. Scores on measures of self-criticism fell for two participants, increased for one participant and showed no change for one participant. Qualitative interviews were conducted with post group with all group members (clients and facilitators). Thematic analysis identified two superordinate themes relating to the accessibility of the group content, and interpersonal aspects of the group. Conclusion: The results suggest that clients enjoyed and benefitted from the group. Challenges, such as lack of carer involvement, were identified, and recommendations for future CFT groups are made. Accessible Summary: Some people who find it hard to be kind to themselves can be helped by a therapy called Compassion-Focused Therapy (CFT). Some studies show that CFT might help people with an intellectual disability. We ran a group to see if CFT helped people with intellectual disabilities to feel better and think kinder thoughts about themselves. We asked people what they thought about the group. We asked them to fill in some questionnaires to see if they felt better. The group seemed to help people. People with intellectual disabilities and people running the group enjoyed going to it. CFT might be a useful treatment for people with intellectual disabilities. ABSTRACT FROM AUTHOR];
Access or request full text: https://libkey.io/10.1111/bld.12528
URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=pbh&AN=173368796&custid=ns082845

Record 18:
Mafuba, K., Chapman, H.M., Forster, M., Chester, R., Kiernan, J., Kupara, D. And Kudita, C., 2023. Understanding the contribution of intellectual disabilities nurses. Paper 1 of 4 -Scoping literature review. *Journal of intellectual disabilities: JOID,* **pp. 17446295231220432.**

   Abstract: The objective of this scoping review was to summarise evidence on the contribution of intellectual disabilities nurses to improve the health and well-being of children, adults and older people with intellectual

disability, now and for the future. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (for Scoping Reviews) (PRISMA-ScR) process and Joanna Briggs Institute (JBI) guidance was used. We included 54 publications. We identified 154 interventions undertaken by intellectual disability nurses. We categorised the intellectual disability nursing interventions into three themes: effectuating nursing procedures, enhancing impact of services, and enhancing quality of life. Findings point to high quality research being essential in determining the impact and effectiveness of intellectual disability nursing interventions across the lifespan. We recommend that a searchable online compendium of intellectual disability nurse interventions be established and regularly updated. This will provide opportunities to engage more effectively in evidence-based practice. **Access or request full text:** https://libkey.io/10.1177/17446295231220432

Record 19:

Sayal, K., Partlett, C., Bhardwaj, A., Dubicka, B., Marshall, T., Gledhill, J., Ewart, C., James, M., Lang, A., Sprange, K. And Montgomery, A., 2023. Mental health in clinically referred children and young people before and during the Covid-19 pandemic. *European child & adolescent psychiatry,* **32(12), pp. 2657-2666.**

Abstract: The Covid-19 pandemic and mitigation approaches, including lockdowns and school closures, are thought to have negatively impacted children and young people's (CYP) mental health. However, the impact for clinically referred CYP is less clear. We investigated differences in the mental health of CYP referred to specialist Child and Adolescent Mental Health Services (CAMHS) before and since the onset of the pandemic. Using baseline data (self- and parent- completed Mood and Feelings Questionnaire and Strengths and Difficulties Questionnaire) from an ongoing RCT (STADIA; ISRCTN: 15748675) in England involving 5-17-year-olds with emotional difficulties recently referred to CAMHS (non-urgent referrals), with repeated cross-sectional comparisons of CYP (n = 1028) recruited during 5 different time periods: (1) Before schools were closed (Group 1 (pre-pandemic); n = 308; 27.08.2019-20.03.2020). (2) Early pandemic period until schools fully re-opened, which included the first national lockdown, its easing and the summer holidays (Group 2 (in-pandemic); n = 183; 21.03.2020-31.08.2020). (3) The following school-term-schools fully re-opened and remained open, including during the second national lockdown (Group 3 (in-pandemic); n = 204; 01.09.2020-18.12.2020). (4) Schools closed as part of the third national lockdown (Group 4 (in-pandemic); n = 101; 05.01.2021-07.03.2021). (5) Schools re-opened and remained open, until the school summer holidays (Group 5 (in-pandemic); n = 232; 08.03.2021-16.07.2021). Most CYP scored above cutoff for emotional problems and depression, with three-quarters meeting criteria for a probable disorder ('caseness'). The groups did not differ on parent-rated mental health measures. However, self-rated emotional problems, depression, functional impairment and caseness appeared to be higher amongst participants recruited in the two periods following school re-openings. In particular, functional impairment and caseness were greater in Group 5 compared with Group 2. Although symptom severity or impairment did not change in the initial pandemic period, self-reported difficulties were greater during the periods after schools re-opened. This suggests possible greater stresses in the adjustment to re-starting school following recurrent lockdowns and school closures. **Access or request full text:** https://libkey.io/10.1007/s00787-022-02115-2

Record 20:

Sonigra, K.R., McIvor, L., Payne-Gill, J., Smith, T. And Beck, A., 2023. A preliminary evaluation of Crisis Plus: a model for working with frequent users of psychiatric crisis and inpatient services. *Mental Health Review Journal,* **28(4), pp. 350-361.**

Abstract: Purpose There is a proportion of psychiatric service users whose needs are not met by existing models of care. This can lead to a reliance on acute and crisis services. These service users may be considered high intensity users (HIUs). The purpose of this research is to evaluate the Crisis Plus model, an intervention designed to better support HIUs in the community and reduce dependency on acute and crisis services. Design/methodology/approach Forty-seven HIUs were involved in Crisis Plus. The core intervention of Crisis Plus was an Anticipatory Management Plan (AMP), produced in collaboration with service users, their families

and their care coordinators. AMPs were shared with relevant services and attached to electronic patient notes to ensure a uniform, psychologically informed approach to care. Findings HIU service use was compared pre and post-AMP. On average, number of inpatient admissions, number of days spent on the ward, accepted psychiatric liaison referrals and accepted home treatment team (HTT) referrals decreased significantly. Practical implications Crisis Plus has taken a collaborative, proactive approach to engage HIUs, their families and the services that care for them. Crisis interventions that emphasise collaborative working and service user agency are key. Originality/value the provision of dedicated psychological support to HIUs and their professional and personal network is crucial to reduce reliance on acute and crisis care. Crisis Plus is unique in that it instigates co-production and active consultation with HIUs and services to improve clinical outcomes, in addition to reducing NHS expenditure. **Access or request full text:** https://libkey.io/10.1108/MHRJ-05-2022-0031
URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edsemr&AN=edsemr.10.1108.MHRJ.05.2022.0031&site=eds-live&custid=ns082845

Record 21:
Charlesworth, J.E.G., Ghosn, O., Hussain, N., Mahmoud, R., Goncalves, V. And Godbole, M., 2023. A case report of an unusual presentation of a patient with recurrent idiopathic catatonia. *Psychiatry Research Case Reports,* **2(1).**

Abstract: Background: Catatonia-like presentations can be precipitated by multiple organic and medication-related causes. Psychiatric causes of catatonia are typically associated with underlying psychotic or mood disorders. Recurrent catatonia without other precipitating psychiatric diagnosis is rarely described. Methods: We present the case of a man in his early 30's with idiopathic recurrent catatonia, presented with patient consent. Results: Our case presented in a catatonic state, having recently stopped using cannabis. No organic cause for his presentation was identified following extensive investigation and he was admitted for psychiatric assessment. During admission he slowly improved with benzodiazepine and electroconvulsive therapy (ECT) treatment, alongside psychological support. Despite near complete recovery, he significantly relapsed on 2 occasions requiring psychiatric re-admission over the subsequent 6 months. Thereafter, he had multiple relapsing episodes with decreasing severity during rehabilitative care. During admission we explored extensive differentials including mood disorders, schizophrenia or psychosis, drug abuse or poisoning, as underlying triggers for his catatonia. He had a finding of FIRDA (frontal intermittent rhythmic delta activity) on his second electroencephalogram (EEG), with no clinical correlate of seizure or structural abnormality. We found no evidence of any underlying psychiatric or organic cause for his presentation. Conclusions: In contrast to classical descriptions of catatonia or recurrent catatonia, our case highlights the need for greater recognition of isolated idiopathic catatonia, as a diagnosis independent of mood disorder or schizophrenia. Furthermore, we evidence effective recovery with psychological support, benzodiazepines and ECT.
Access or request full text: https://libkey.io/10.1016/j.psycr.2023.100111
URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edselp&AN=S2773021223000093&site=eds-live&custid=ns082845

Record 22:
Khalafbeigi, M., Yazdani, F., Genis, F., Hess, K.Y. And Kirve, S., 2023. Invisibility and diagnosis stigma: disabling factors for female adults with myalgia encephalomyelitis (ME)/chronic fatigue syndrome (CFS) in a small-scale qualitative study in England. *Irish Journal of Occupational Therapy,* **51(2), pp. 52-59.**

Abstract: Purpose Female adults diagnosed with myalgia encephalomyelitis (ME) and chronic fatigue syndrome (CFS) often are marginalised because their condition is not fully recognised by medical and health-care systems. The purpose of this small-scale study was to explore the lived experiences of adult females with ME/CFS in England in relation to contributing factors that impact their occupational participation. Design/methodology/approach A qualitative study design using semi-structured interviews was used with nine female adult participants who were selected using a purposive sampling method. A Thematic Networks tool was used to analyse data. Findings Four organising themes were identified: impairment-, person-, environment- and

34

society-related factors. Two global themes, invisibility and diagnosis stigma, were identified as the overarching issues that female adults with ME/CFS face in occupational participation. Originality/value Many of the issues that contribute to lack of participation by this population are associated with environmental factors which are secondary to their illness.
Access or request full text: https://libkey.io/10.1108/IJOT-08-2022-0032
URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edsemr&AN=edsemr.10.1108.IJOT.08.2022.0032&site=eds-live&custid=ns082845

Record 23:
Kuratomi, K., Johnsen, L., Kitagami, S., Hatano, A. And Murayama, K., 2023. People underestimate their capability to motivate themselves without performance-based extrinsic incentives. *Motivation & Emotion,* 47(4), pp. 509-523.

Abstract: Research has shown that we are endowed with a remarkable capacity to motivate ourselves in the absence of extrinsic incentives (i.e. intrinsic motivation). However, little research has been conducted to investigate whether we accurately appreciate the power of intrinsic motivation. The current research aimed to examine the metacognitive accuracy of the extent to which people can motivate themselves without performance-based extrinsic incentives. Participants were presented with a relatively long and repetitive task without extrinsic incentives, and before doing the task, they were asked to predict their motivation on completion of the task. Across seven experiments using a variety of tasks with different populations from different countries, participants were consistently engaged in the task more actively than they predicted. When participants were provided with performance-based monetary rewards, however, this bias was diminished. These results indicate that we tend to underappreciate our capability to sustain our motivation without extrinsic incentives.
Access or request full text: https://libkey.io/10.1007/s11031-022-09996-5
URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=asx&AN=164783063&site=eds-live&custid=ns082845

Record 24:
Mafuba, K., Chapman, H.M., Chester, R., Kiernan, J., Kudita, C. and Kupara, D., 2024. Understanding the contribution of intellectual disabilities nurses. Paper 4 of 4 - Impacts of intellectual disability nursing interventions. *Journal of intellectual disabilities*, pp. 17446295241228044.

Abstract: Internationally, there is a wide variety of roles and expectations for intellectual disabilities nurses, and the range of nursing interventions they undertake in this field has not been clearly identified. In this paper we report the impacts of intellectual nursing interventions from an online survey of intellectual disability nurses. An online survey, using voluntary response sampling was used to collect case study examples from 230 participants from seven countries. We identified 13 themes of the impacts, and 23 broad groups of case examples of intellectual disability nursing interventions with, pregnant women, children, adults, older adults, and people at the end of life. Awareness of the roles of intellectual disability nurses and their importance in addressing health inequalities and facilitating the use of mainstream services for people with intellectual disabilities will enable improved healthcare experience and healthcare outcomes for people with intellectual disabilities. **Access or request full text:** https://libkey.io/10.1177/17446295241228044
URL: https://www.ncbi.nlm.nih.gov/pubmed/38238888

Record 25:
Michalopoulou, M., Jebb, S.A., Mackillop, L.H., Dyson, P., Hirst, J.E., Zhu, S., Wire, A. and Astbury, N.M., 2024. REduced-Carbohydrate intervention for managing Obesity and Reduction of gestational Diabetes (RECORD): A randomized controlled feasibility trial. *Diabetes, obesity & metabolism*.

Abstract: To test the feasibility and acceptability of a reduced-carbohydrate dietary program, intended to reduce the risk of gestational diabetes. Fifty-one pregnant women at <20 weeks' gestation, with body mass index ≥30 kg/m, and a normal baseline oral glucose tolerance test (OGTT), were randomized 2:1 to an intervention or control group and followed-up until delivery. The dietary intervention aimed at providing 130-150 g carbohydrate/day. Feasibility outcomes assessed at 24-28 weeks' gestation, included adoption of the reduced-carbohydrate diet by the intervention group, and retention of all participants, assessed by completion of a second OGTT. Changes in glycemia, weight gain and dietary intake, and the maternal and neonatal outcomes were also assessed. Participants were interviewed about their experience of the intervention and the study. Forty-nine of 51 participants attended the follow-up OGTT, a retention rate of 96% (95% confidence interval [CI] 86.8%-98.9%). In the intervention group, carbohydrate intake at follow-up was 190.4 (95% CI 162.5-215.6) g/day, a reduction of -24.6 (95% CI -51.5-2.4) g/day from baseline. Potentially favourable effects of the intervention on glucose control, weight gain and blood pressure were observed, but the study was not powered to detect significant differences in these. Participants found the intervention acceptable, and were content with the study processes, but some reported barriers to sustained adherence, mainly pertaining to competing priorities. Retention was high, suggesting the study processes are feasible, but the carbohydrate reduction in the intervention group was small, and did not meet progression criteria, limiting the likelihood of achieving the desired goal to prevent gestational diabetes.
ISRCTN16235884. **Access or request full text:** https://libkey.io/10.1111/dom.15442
URL: https://www.ncbi.nlm.nih.gov/pubmed/38229418

Record 26:
Rowland, E. and Trueman, H., 2024. Improving healthcare student experience of clinical placements. *BMJ open quality,* **13(1), pp. e002504.**

Abstract: There is an expanding workforce gap in the NHS. Alongside national programmes to train, recruit and retain staff, efforts are needed on a local level. Clinical placements can make up to a third of healthcare student's time while at university thus placement experience is an important factor to reducing attrition rates at universities and increase conversion rates from student to qualified professional. This quality improvement project aimed to increase reported rates of students' satisfaction to 100% for each item of the student experience survey by March 2024 within Berkshire Healthcare National Health Service (NHS) Foundation Trust. To gain a deeper understanding of the experience and problems within healthcare student clinical placements interviews of students and staff were conducted alongside a literature review, which revealed six key themes around student placement experience: belonging and acceptance, familiarity and continuity, confidence and competence, preparation and preparedness, supervision and support, feeling overwhelmed/stress/impact on social and emotional health. These themes were translated into a student experience survey to achieve baseline and subsequent measurements. Changes were introduced to improve student satisfaction with clinical placements based on the baseline data of student satisfaction reported in the first student experience survey. Changes included introducing student inductions, better access to IT, student induction packs and newsletters. While the quantitative measurements of the items on the student experience survey remained positive, the nature of the qualitative feedback reflected the impact of the changes. Additionally, the improved communication and collaboration across teams because of the process highlighted the need for clear streamlined administrative processes. Regular review of student feedback has enabled timely feedback processes to placements and visible follow-up for students, highlighting the investment in them as the future workforce. **Access or request full text:** https://libkey.io/10.1136/bmjoq-2023-002504
URL: http://dx.doi.org/10.1136/bmjoq-2023-002504

Record 27:
Thaventhiran, T., Wong, B.H., Pilecka, I., Masood, S., Atanda, O., Clacey, J., Tolmac, J., Wehncke, L., Romaniuk, L., Heslin, M., Tassie, E., Chu, P., Bevan-Jones, R., Woolhouse, R., Mahdi, T., Dobler, V.B., Wait, M., Reavey, P., Landau, S., Byford, S., Zundel, T. and Ougrin, D., 2024. Evaluation of intensive community care services for

36

young people with psychiatric emergencies: study protocol for a multi-centre parallel-group, single-blinded randomized controlled trial with an internal pilot phase. *Current controlled trials in cardiovascular medicine,* **25(1), pp. 141.**

Abstract: Over 3000 young people under the age of 18 are admitted to Tier 4 Child and Adolescent Mental Health Services (CAMHS) inpatient units across the UK each year. The average length of hospital stay for young people across all psychiatric units in the UK is 120 days. Research is needed to identify the most effective and efficient ways to care for young people (YP) with psychiatric emergencies. This study aims to evaluate the clinical effectiveness and cost-effectiveness of intensive community care service (ICCS) compared to treatment as usual (TAU) for young people with psychiatric emergencies. This is a multicentre two-arm randomized controlled trial (RCT) with an internal pilot phase. Young people aged 12 to < 18 considered for admission at participating NHS organizations across the UK will be randomized 1:1 to either TAU or ICCS. The primary outcome is the time to return to or start education, employment, or training (EET) at 6 months post-randomization. Secondary outcomes will include evaluations of mental health and overall well-being and patient satisfaction. Service use and costs and cost-effectiveness will also be explored. Intention-to-treat analysis will be adopted. The trial is expected to be completed within 42 months, with an internal pilot phase in the first 12 months to assess the recruitment feasibility. A process evaluation using visual semi-structured interviews will be conducted with 42 young people and 42 healthcare workers. This trial is the first well-powered randomized controlled trial evaluating the clinical and cost-effectiveness of ICCS compared to TAU for young people with psychiatric emergencies in Great Britain.
ISRCTN ISRCTN42999542, Registration on April 29, 2020. **Access or request full text:** https://libkey.io/10.1186/s13063-024-07974-5 **URL:** https://www.ncbi.nlm.nih.gov/pubmed/38389089

Record 28:
Wise, K., 2024. You can go your own way: Conducting a signage audit in a health library. *Health information and libraries journal.*

Abstract: BACKGROUND: The Library and Knowledge Services at the Royal Berkshire NHS Foundation Trust has been at its current location since 1975 and, in September 2020, it was deemed necessary to examine the library environment and assess the signage. OBJECTIVES: The main objective was to conduct a methodical assessment of all the current library signage in order to improve the library environment, wayfinding, and clarity. METHODS: A methodical signage audit was conducted by library staff, photographing signs, assigning them to categories, and creating a signage map. RESULTS: In total, 58 different signs were counted in the library. Of these, 22 signs were deemed satisfactory, 4 should be moved to a more appropriate location, 15 should be updated with a branded design and better messaging, and 17 were recommended for removal. DISCUSSION: The results demonstrated that there were three main areas where signage could be improved: reducing the quantity of signs, updating the language and design, and the use of ad hoc signage. CONCLUSION: By assessing the signs and assigning categories and types, areas were identified as problem points that were impacting the library user's experience and small changes were implemented to improve the library environment. **Access or request full text:** https://libkey.io/10.1111/hir.12525

Appendix 3 – Evidence Searches conducted in FY 2023/24
Evidence Searches conducted in 2023-24.

126 evidence searches conducted in the FY 2023-24.
Most searches were conducted for the purpose of clinical decision-making including patient care (table 1).
Search purposes are categorised by their primary purpose, although some searches have multiple purposes. Requests were spread evenly across staff groups with the majority coming from administrative and clerical (table 2).

Table 1: Primary purpose (NHS England criteria)

Clinical decision making (inc. patient care)	51
Research / education / prof. development	37
Knowledge management / management decision making	33
Patient info: health & wellbeing	4
Other	1

Table 2: Staff groups requesting searches.

Additional clinical services	22
Additional Professional, Scientific and Technical	15
Administrative and clerical	35
Allied health professionals	21
Local authority (including Public Health – clinical and non-clinical)	3
Medical and dental	16
Nursing and midwifery	14

Search topics:

Clinical decision making (inc. patient care)

- Do Community Treatment Orders improve clinical outcomes and reduce hospitalization (admissions) in patients with serious mental health illnesses?
- CBD oil side effects, CBD oil and gastrointestinal impact/issues/symptoms, CBD oil and vitamin/mineral absorption, CBD oil and iron absorption/status/effects on.
- When should the care of a chronic patient with eating disorder stop being enforced?
- What clinical interventions are being delivered by occupational therapists for adults with psychosis? Occupational Therapy in psychosis; sensory psychosis, sensory emotional regulation, sensory schizophrenia.
- Child sex abuse in families and birth order, i.e. why usually only one child is the target and usually the eldest daughter. Recovery experiences of women who were sexually abused by their fathers.
- Can Dantrolene be use in contracture management in adults (more specifically hand contractures)? Is there any evidence to suggest the efficacy of Dantrolene in reducing pain and improving function in adults experiencing hand contractures?
- Studies or audits on urine drug screening for hospital patients.
- Treatment and causes of gut dystonia; dietary advice for gut dystonia; gut dystonia and enteral feeding.
- Looking at the evidence to support the use of orthotics/neck braces/neck collars to treat neck contractures.
- Cardio walls - gamification and motivation and or cardiovascular activity and inpatient wards.

- Experiences of using reusable therapy bands to prevent waste.
- Guidelines/articles for fingernail cutting in elderly.
- What evidence is there about treating negative symptoms in psychosis - what approaches work?
- How have other NHS trusts supported asylum seekers and refugees with emotional support? Any other terminology used? Any policies BHFT has on this?
- How does cognitive stimulation groups support older adult patients?
- Evidence regarding using dogs to support people with learning disabilities, such as PAT dogs.
- We are currently doing an Audit on Discharge protocol for the CRHTT (Crises Resolution Home treatment Team) and will be grateful if you can kindly help us with literature search on this topic. If there are any audits or research on the provision of services by Crises or home treatment teams
- Importance of support of pets as a therapeutic intervention for supporting individuals with mental health and older adults with dementia. Importance of having this support whilst in an inpatient mental health ward and older adults' wards.
- How music facilitates recovery within adult mental health services
- Literature associated with the treatment of perinatal/reproductive PTSD and Fear of Birth/Tokophobia
- The effectiveness of Radically Open Dialectical Behaviour Therapy?
- Literature related to improving the treatment and management of pregnant and postpartum mentally ill women by maternity, psychiatric and primary care services since 2016, specifically the latest research done in the area.
- Do SSRIs cause Bruxism? How can we treat Bruxism?
- Evidence base for the effectiveness of Positive Behavioural Support (PBS) for people with a diagnosis of Emotionally Unstable Personality Disorder (EUPD)
- Mental health ward configuration - by gender
- Outcome of discharge patients from Crisis Resolution and Home Treatment Team (CRHTT). How to improve outcome or reduce incidents of unwanted outcome following discharges?
- Bariatric nursing care in care/nursing homes
- The effects of Vitamin E on INR/blood clotting
- Managing binge eating in morbidly obese population
- Mental health ward configuration - by triage (e.g. triage ward vs recovery ward; short stay vs long stay)
- What impact does referral management have on NHS services, e.g. reduction or increase in waiting lists, costs, activity, variation in referrals.
- How effective is trauma focused cognitive behavioural therapy (TF-CBT) and eye movement desensitization and reprocessing (EMDR) for Post Traumatic Stress Disorder in individuals with Autism and what therapy adaptions are recommended for this population?
- Do school-based initiatives decrease the amount of anti-social behaviours or school exclusions, of children (under 16), and what types of initiatives are statistically most effective?
- Is not providing vapes a barrier to smokers accessing stop smoking services? Does providing vapes through stop smoking services encourage more smokers from priority groups to engage with the stop smoking service versus only providing NRT? Evidence that clients that have engaged with stop smoking services and not set a quit date because vapes weren't offered as a quit tool, or smokers that would have engaged with stop smoking service but didn't because vapes were not offered.
- I am conducting an audit and would be grateful if you could help me to find more information about ADHD assessments for children with LD.

- Evidence around compassionate mind training for healthcare staff and its benefits on wider team engagement and management compassionate mind training for teams in non-healthcare settings.
- Professional curiosity when considering the health needs of a child or young person in care. The importance of using professional curiosity when undertaking a health assessment.
- What are the differences between schizotypal personality disorder and autism?
- What is the treatment for schizotypal personality disorder?
- Should programmes/interventions designed to support children's sensory processing difficulties be delivered by an OT or by children's teaching assistants, teacher and parents/family?
- Does venlafaxine XL increase risk of suicide in autistic people?
- The validity measure for depression and anxiety: PHQ-9 and GAD-7
- Does antidepressants increase risk of suicide in autistic people?
- Postural support for adults with neurological conditions to ground our work in the evidence base.
- Positive use of social media in managing self-harm and suicidal ideation too.
- Any recent evidence since Creamer E and Humphreys H (2008) 'The contribution of beds to healthcare-associated infection: the importance of adequate decontamination', Journal of Hospital Infection, 69(1), pp. 8–23.
- Which is better: Dynamic, passive or active stretching in children with Cerebral palsy?
- Research last 10 years on Mentalization Based Treatment (MBT/Bateman & Fonagy) for conditions other than borderline personality disorder. Particularly interested in anything in the veteran's space, models efficacy with Anger, Affect regulation and ADHD (neurodiversity).
- Are compact ONS (125ml) better at treating malnutrition compared to standard (200-250ml) ONS? Is there better compliance with compact ONS compared to standard ONS when treating or preventing malnutrition? Do the ONS show better outcomes in the study e.g. on mortality/strength/malnutrition etc compared to placebo?
- Looking to update our paediatric epilepsy guideline on the prescribing of potassium citrate for children who are on ketogenic diet for the treatment of epilepsy. Renal stones are a known side effect of ketogenic diet therapy due to inducement of ketosis and increased acidosis. Practice varies as to when potassium citrate is prescribed, what the indications are and dosages and duration. Anything relating to citrate dosages and indications of which patients are indicated for citrate supplementation in particular.
- Outcome measures used in personality disorder therapeutic communities that measure the process of change within the group.

Research / education / prof. development
- Dementia memory loss.
- Use of handheld dynamometer to measure muscle strength including normative values, sensitivity, specificity and techniques.
- The effectiveness of knee mobilisation post total knee replacement to improve range of movement.
- The benefits of green spaces to our mental wellbeing.
- In adults with learning disabilities (LD) and chronic constipation (CC), does evidence support the use of ispaghula husk (psyllium) as first line treatment.
- Application of ISO9001 in the healthcare sector.
- Relationships and sex education for people with Learning Disability. Are educational programmes effective? Assessment of sexual knowledge in people with learning disability. Latest methods of assessment. Delivering sexual health information to people with learning disability. Best methods and resources.

- Promoting oral health for patients. The influence of poor oral health with chest infections (Pneumonia etc).
- How does early intervention work prevent the emergence of serious bipolar illness?
- The deterioration of language skills following neurological trauma.
- The impact of code switching and use of non-English languages in second-generation immigrants. And to explain code switching, it's a linguistic process in which a person changes their language use depending on the individual or group that they're in conversation with. This can be done either through changing languages like from French to English, or by changing the aspects of language used like formal to informal language.
- The link between bullies and depression/anxiety in adults?
- How is sensory processing affected by trauma or mental health conditions. Links between trauma and development of sensory processing difficulties. Wider searches: Sensory processing and mental health conditions (these include psychosis, schizophrenia, Bipolar), Sensory processing and mental health conditions and occupational therapy, Trauma and Sensory processing and mental health conditions. Narrowed searches: Sensory processing and psychosis, Trauma and Sensory processing, Sensory emotional regulation and psychosis, Sensory processing schizophrenia and psychosis.
- Do Health Visitors have a positive impact for early years? Impact of 5 mandated check visits in health visiting.
- Is epilepsy post stroke the second is body massage post stroke? The incidence of unprovoked seizures/epilepsy following stroke.
- Is massage safe post stroke?
- Is it necessary to prepare skin with alcohol prior to venepuncture?
- How can we include neurodiversity into our student placement processes? How to support neurodiverse students?
- Mental Health Inpatient physical health assessment for patients with Serious mental illnesses.
- Are there any connections between significant tics and memory loss in the context of a Multiple Sclerosis diagnosis?
- Is there a connection between multiple births and anorexia nervosa? How much do we know about the cause of the correlation?
- Benefits/limitations of using videos by way of information sharing for those with e.g. neurodiversity/mental health conditions/language barriers etc?
- System leadership and how Nurse Consultant can influence on these areas.
- Sustainable health care and how Nurse Consultant can influence on these areas.
- Occupational Therapy students experience and/ or impact on non-traditional/role emerging/charity/private organisation placement settings. What is the impact of Occupational Therapy students having a practice placement within a non-traditional/role emerging/charity or private organisation placement setting?
- Trauma informed approaches in mental health services. Link between trauma and mental health services. Vicarious trauma for workers in mental health services.
- Barriers to continuing professional development of NHS nursing workforce.
- Have the national lockdowns from the COVID 19 pandemic resulted in a reduction of children's gross/fine motor skills and handwriting development?
- Understand the differences between Schwartz rounds, active learning sets and reflective groups. Identify which approach is best used with specific learners and from different environments.

- Delivering Online or virtual training [advantages, disadvantages, how to enhance engagement]. Blended learning [advantages, disadvantages, how to enhance engagement]. Traditional/classroom learning [advantages, disadvantages, how to enhance engagement].
- Recent articles on ASD ADHD comorbidity.
- Hand hygiene best practice.
- The rationale and benefits of using indirect therapy (e.g. training those around the young person) rather than direct therapy (therapist working directly with the young person).
- How effective is the Myers–Briggs Type Indicator (MBTI) in developing and supporting leaders and managers?
- Management of contractures of bariatric/obese.
- Gender, ethnicity and diagnosis of autism and personality disorders. Articles that think about difficulties in diagnosing ASD and EUPD as well as overlap of these diagnoses and then the potential effect of ethnicity or intersectionality.
- Ivabradine in heart failure.

Knowledge Management / Management decision making
- Do app-based/online active travel initiatives increase the amount of active travel undertaken by children (under 16) and their families, and is this more than other types of initiatives?
- Can kindly help me with doing some search for resources around the factors influencing DNA rates? Factors impacting DNA rates in CAMHS and/or Mental health setting.
- What are the main motivations behind staff working in temporary positions (bank and agency) within the NHS? What influences them to join/work via the bank or agency?
- The acceptability, feasibility and effectiveness of an Anger group intervention based on the compassion focused therapy for veterans in the UK.
- The impact of alcohol, cannabis and opiates on the efficacy of PTSD treatments such as EMDR, Trauma Focused CBT, Compassion Focused Therapy & Narrative Exposure Therapy.
- What treatment is suggested for young people (8-18yrs old) who have significant bone demineralisation (on dexa scans) as a result of anorexia nervosa and secondary amenorrhoea?
- The governance around SharePoint to inform our decision making around our operating procedures for SHaRON patient data.
- Whether providing interview questions in advance of interview is effective for recruitment.
- How have other libraries used the Microsoft power platform to automate processes?
- Carers education and support programme using an app.
- Any existing questionnaires for adults relating to the DSM-V diagnostic criteria specifically?
- A questionnaire for clients (those that are able to) to self-complete relating to the DSM-V criteria. Whether any other services use this approach to complete their assessments, evidence base for clients completing questionnaires, for example strengths of autistic clients in written communication.
- What the most ideal green spaces are for community and mental health settings and the benefits. Or perhaps more focussed research on the wellbeing and environmental benefits of sensory gardens or hospital setting gardens/ community gardens that improve wellbeing, reduce inequalities and tackle environmental issues.
- What are the long-term effects of bystander exposure to second hand vapour produced when patients are using approved nicotine containing vapes indoors as an aid to reducing or quitting smoking.
- Current evidence on mental health ward systems/organisation/configuration and effects of these e.g. separation of patients by sex/diagnosis/locality, triage system.

- Children with ADHD transitioning to adult services. Why Children with ADHD stop taking ADHD medication. Experiences of young adults with ADHD. This would include services management/process and patient experience articles.
- Children with ADHD transitioning to adult services.
- What are the long-term effects of bystander exposure to second hand vapour produced when patients are using approved nicotine containing vapes indoors as an aid to reducing or quitting smoking?
- How many Learning Disability services use PROACT-SCIPr-UK® to manage violence and aggression? Compared to the General Services Association (GSA) model? What is the effectiveness of PROACT-SCIPr-UK® to manage violence ang aggression? What are the risks of having 2 different training models in the same organisation?
- How do we improve student placement capacity?
- Evidence about health inequalities in Berkshire County/Reading, particularly regarding mental health, care access, deprivation, poverty, access to green space, etc.
- Are group interventions effective in helping women cope with baby loss?
- What are other NHS Trusts doing to support transformation/service improvement? Not necessarily big projects that are supported by the project management office but smaller projects.
- Research articles, best practise guidance, standard operating policies/procedures that highlights within an integrated community meant to help teams [CMHT], which activities and interventions would be the responsibility of social services [adult social care] and NHS and which would be the responsibility of CPN's and social workers.
- BS EN 527-1:2011 Office furniture.
- What are the differences between grief and trauma in terms of its clinical presentation/symptoms (e.g. presence of flashbacks, heightened fight/flight/freeze response etc.) and treatment? The differences between grief/complicated grief and trauma/PTSD in terms of its clinical presentation/symptoms and recommended therapeutic intervention options.
- Research on how to improve DNAs for stat and mad training.
- The process involved in the development of checklist tools. Information regarding the development and of health checklists.
- What does successful QI system implementation look like? What are the success factors?
- Is a high deprivation level related to a lower recovery rate for Primary Care Mental Health Talking Therapies services in UK? Are the same deprivation levels related to how many finish a course of treatment within Talking Therapies across UK and where id Berkshire Healthcare situated?
- How do you empower staff to do QI?
- Developing staff's social and technological skills for QI? E.g. leadership, change management, data manipulation.
- What does a mature QI system look like? One that survives leadership changes. E.g. CEO leaving etc.

Patient info: health and wellbeing
- Do milk and dairy products exacerbate the symptoms for patients with respiratory conditions e.g. COPD?
- A rapid narrative review of the published literature, focusing on health improvement interventions in a developed country context.
- Is Cognitive Disengagement Syndrome distinct from ADHD?

- The benefits of activity for individuals, specifically children's, mental health, and general wellbeing. how does fresh air/outdoor activity in young people/adults impact on mental health and wellbeing?

Other
- Liver disease/liver dysfunction/liver function abnormalities and Fluoxetine levels/toxicity [Purpose: coroner's response].

Appendix 4 – Findings from externally sponsored studies (Hosted)

Study Name	Links to published results (Mental Health Services)	Date published
Nidus Family-Intervention for people with dementia to live independently	https://authors.elsevier.com/sd/article/S2666-7568(23)00262-3	2023
Basil Plus Behavioural Activation in depressions and loneliness in older adults	https://authors.elsevier.com/sd/article/S2666-7568(23)00238-6	2024
Therapist Supported Online Therapy for PTSD in Young people	https://bmjopen.bmj.com/content/bmjopen/12/3/e054852.full.pdf	2023
Co Cat – Digitally Augmented Parent Led CBT for Child Anxiety	https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(23)00429-7/fulltext	2024
Sleep Well **Targeted Psychological Treatment for Sleep Problems in Young People**	A targeted psychological treatment for sleep problems in young people at ultra-high risk of psychosis in England (SleepWell): a parallel group, single-blind, randomised controlled feasibility trial - The Lancet Psychiatry	2023
Safer online lives	Safer Online Lives - Tizard Research Projects - Research at Kent	2024
Attitudes to voices	https://www.sussexpartnership.nhs.uk/our-research/mental-health-dementia-research/research-clinics/sussex-voices-clinic	2023
Psychological Impact of Covid 19	The psychological and social impact of COVID-19 – UKRI	2023

Appendix 5 – Research visibility

Increasing Visibility - Research and Development

Collaborative	Embedded	Supported	Visible and Impactful	Capacity Building
Reciprocal agreements with sponsors	OPMH Services	Mentoring / Supervising staff through academic training courses	Lead Clinical Research Nurse provides Professional Nurse Advocacy to the Community Nursing Services	Research projects to ease pressures on services
	Sexual Health			
	Diabetes			
	Dietetics			
	Physiotherapy			

R&D Annual Report (Main) FY 23/24

Collaborative	Embedded	Supported	Visible and Impactful	Capacity Building
Collaborations with partners	Learning Disability	Fellowships and Internships – support to apply and complete	Module on the Leading for Impact course and Stepping Forwards courses	Research projects to streamline service provision
	Dietetics			
	Physiotherapy			
Collaborations with HEIs	Community Nursing	Training to support research activities for Assistant Psychologists and Advance Clinical Practitioners	Working alongside our clinical colleagues	Increasing awareness of funding opportunities and support with applications
	Mental Health			
	Talking Therapies			
	Trauma Services	Multi-professional Practice-based Research Capabilities Framework (Advanced Practice)	Inclusion on job descriptions and competency sets	Streamlined funding with flow through to services supporting research activities
	Early Intervention in Psychosis			
	Mental Health Inpatients			
		Proactive identification of research projects aligning with Trust and Service priorities	SORT – Organisational Research Readiness Tool	

R&D Annual Report (Main) FY 23/24

Organisational Chart

- Medical Director
  - Head of R&D
    - Lead Research Nurse
      - Clinical Trials Pharmacist
      - Research Team Lead
        - Senior Clinical Research Practitioner
          - Research Speech and Language Therapist
          - Assistant Research Practitioner
          - Assistant Research Practitioner
        - Student Nurse
        - MSc Students
        - AHP Student
        - Senior Clinical Research Practitioner
          - Assistant Research Practitioner
          - Assistant Research Practitioner
          - Assistant Research Practitioner
          - Research Nurse
        - Senior Research Nurse Diabetes
        - Assistant Research Practitioner
        - Senior Research Nurse
          - Assistant Research Practitioner
          - Assistant Research Practitioner
          - Volunteer
          - Clinical Research Practitioner
      - Sexual Health Consultant (1pa)
      - Clinical Director (0.1)
      - Clinical Specialist Physiotherapist
    - R&D Operations Manager
      - Research Governance Officer
        - Business Admin Apprentice
      - Research Governance Officer
        - Clinical Research Practitioner (Clinical/Academic role)
        - Business Admin Apprentice
    - Finance Manager

Key:

| Core members of the Research and Development Team | Staff 'embedded' in clinical services supporting research activities |
| Students placed with the Research and Development Team | Volunteer |

48

Trust Board Paper

Board Meeting Date	9 July 2024
Title	**6 monthly Safe Staffing Highlight Report (October 23- March 24)**
	for Noting
Reason for the Report going to the Trust Board	This report is presented to the Board to provide assurance in relation to safe staffing on our reports in line with the requirements of the NHS England/Improvement Developing Workforce Safeguards (2018).
Business Area	Organisational
Author	Debbie Fulton Director Nursing and Therapies
Relevant Strategic Objectives	The Plan is relevant to all strategic objectives, **Patient safety** **Ambition:** We will reduce waiting times and harm risk for our patients **Patient experience and voice** **Ambition:** We will leverage our patient experience and voice to inform improvement **Health inequalities** **Ambition:** We will reduce health inequalities for our most vulnerable patients and communities **Workforce** **Ambition:** We will make the Trust a great place to work for everyone **Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value

Highlight Report

Six monthly safe staffing report for Board

1. Why is this coming to the Board?

In line with the requirements of the NHS England / Improvement Developing Workforce Safeguards (2018); a report is usually provided to the Board twice yearly. The expectations under the Developing Workforce Safeguards is that staffing establishments are reviewed and published annually, with a mid-year review and that the review takes into account patient acuity, service developments, staff supply, temporary staffing requirements and quality / safety measures for staff and patients. This report covers the retrospective period October 23- March 24.

As part of the safe staffing review, it is also a requirement that both the Director of Nursing and Therapies and the Medical Director confirm in a statement that they are satisfied with the outcome of any assessment that staffing is safe, effective, and sustainable. This statement is detailed below in the summary.

The format of the full 6 monthly report, alongside the sources of data and the presentation of that data is currently under review and therefore this shorter report has been prepared to provide assurance that a review of staffing has been undertaken and a summary of the findings. A full revised report will be presented to the November 2024 Board.

2. What are the key points?

There are ongoing challenges, particularly in relation to mental health registered nursing recruitment and retention, with registered nursing vacancy across the mental health wards currently still around 40%. For the community wards the registered nursing vacancy rate is lower at around 23% although this is still higher than in previous reports.

In line with national reporting, shifts with less than two registered nurses are monitored each month. 7.57% of the shifts across the mental health wards had less than 2 registered staff (12.67% in previous 6 months), whilst the West community wards had 2.25% of their shifts and the East wards had 0.18% of shifts with less than 2 registered nurses. This demonstrates an improved position and although due to the ability to secure temporary staffing rather than a decrease in vacancy, many of our temporary workforce are well known to the wards on which they work which provides a level of consistency and continuity.

Across the wards the e-roster tool is used to support with rota completion. Temporary staffing, primarily through NHSP (and agency where this is not possible) provides support to fill any gaps in the rota or additional need. During the last 6 months 5.38% of our temporary staffing requests were unfilled (total temporary staffing shifts requested 28,714). This is a reduction on the previous 6 months where 7.85% requests were unfilled (total requests in previous 6 months 32,191) and represents a very good ability to fill our gaps thought the temporary staffing pipeline.

During this reporting period sickness absence was higher than Trust average across most of our inpatient wards. Eight of the wards were above 5% (average absence 5.79% March 2024); The top three sickness absence reasons in terms of number of working days lost due to illness are anxiety/ stress/ depression and other psychiatric illness, chest and respiratory

problems and musculoskeletal problems; the most frequent reason in terms of number of staff affected are chest and respiratory problems and cold, cough, flu. Temporary staffing is used to fill gaps in the rota as required when staff absence occurs due to sickness.

As is a requirement when building agreed establishments for wards, a 24% uplift is included to factor in absence such as training, annual leave, and some sickness.

The main ways used to review safe staffing establishments are:
1. Professional judgement (this is what staff and managers believe to be staffing needed).
2. Staffing review tool -Safecare/MHOST tool (this is a national recognised NICE approved tool that calculates staffing needed to meet the care of the patients factoring in their acuity and dependency.

Review of ward staffing indicates that for the mental health and learning disability wards, the agreed current establishment can meet the baseline rotas agreed and that sufficient staffing appears to have been used over the last 6 months to meet the needs/ acuity of the patients. It is recognised that the significant vacancy across the wards mean that a high level of temporary staffing is used to achieve this, and that the resource is not always in the right place. This means that staff are moved around the hospital to ensure that staffing is in the right place to best meet patient need. For 2024/25 the budgets/ ward establishment have been aligned to the required ward rotas; every effort continues to be made to increase permanent staffing and therefore decrease the reliance on temporary workforce. It is recognised that to meet fluctuating need and acuity some flexibility through temporary staffing is beneficial.

For the West community wards, the planned establishment on Oakwood unit is sufficient to meet the planned rotas. Across the wards at West Berkshire and Wokingham Community Hospitals the establishment does not appear quite sufficient to provide the rota that is agreed, however a review of e-roster demonstrated that with only a small number of exceptions the planned staffing rota was achieved (a number of staff including the temporary staff worked long days, this results in slightly less staff being needed to provide the agreed rota).

Use of the acuity tool demonstrated that sufficient staff were available to meet the needs of the patients on the Wokingham wards and that there was some shortfall for the wards at West Berkshire and Oakwood, although as detailed above several staff undertook long days which would impact on number of staff assessed as being required to provide the numbers of staff per shift). All the wards believed that they were safely staffed and in addition to the nursing staff, therapy staff not counted within calculations are based on all the wards. The 20-day snapshot is also being re-run to ensure there is accurate completion of this tool.

For the East community wards, Henry Tudor ward is currently using temporary staffing to support the rota needed because of the increase in beds; this rota has been sufficient to meet patient acuity. The establishment will be adjusted to enable permanent recruitment to the additional staffing needed if the beds remain open. Jubilee ward has sufficient staff to run the baseline rota agreed and to meet the acuity of the patients (temporary staffing will continue to be used to provide an additional member of staff on the night shift, whilst this is required).

Across the four acute working age adult mental health wards the bed numbers have decreased from 86 to 80. This does not affect the prospective view of staffing. There are no other imminent planned changes across any of the wards although by Quarter 3 2024/25 the acute working age adult wards will reduce further from 80 down to 72 (to provide 18 beds on each of the four wards, this is more aligned to best practice for acute mental health wards).

The first NHS Long Term Workforce Plan was published in June 2023 and highlights the need to invest in our workforce both in terms of more people but also new ways of working and by strengthening the compassionate and inclusive culture needed to deliver outstanding care. The guidance details a focus on looking after our people (improving retention through flexible working, career conversations and enabling staff to understand their pension, support for staff wellbeing and improving of attendance by addressing sickness absence); improve belonging in the NHS (implementation of plans to improve equity); working differently (establishing new roles) and growing for the future (expanding ethical international recruitment, and apprenticeships and making the most effective use of temporary staffing).

Within the trust we have strategic initiatives related to workforce and several workstreams in place that are supported by Quality Improvement methodology to focus on identified areas including staff retention. We also have significant ongoing programmes of work to support our staff including our violence reduction and anti-racism programmes, these are reported to the Board.

There are several initiatives in place to grow the workforce across the wards, this includes Nurse Associate posts that have now been successfully embedded in several services, nursing and AHP apprenticeships and international recruitment. These recruitment pipelines will continue over the coming year. A competency-based approach to progression is being developed to assist with progression to permanent and more senior roles, and there is a temporary to permanent initiative at PPH for healthcare support workers which has proved to be successful.

Most of the newly recruited nursing staff continue to be recently registered and therefore less experienced. There is a preceptorship programme and structured supervision sessions in place to support these staff which runs through their first year of employment. Alongside this we have Advanced Nurse Practitioners, senior nurses and Allied Health Professionals who are supernumerary to the ward establishment and can support the less experienced staff on duty. For our mental health wards there is also a senior leadership structure of Nurse Consultants, Associate Nurse Consultants, Advanced Mental Health Practitioners, specialist practitioners including the Physical Health and Drug & Alcohol leads and a Duty Senior Nurse is available 24/7. An internal leadership programme and a programme called 'Reaching my potential' which is open to all band 5 staff and aimed at supporting improved resilience and confidence is also available.

To support staff resilience and wellbeing in all areas of the trust the Professional Nurse Advocate (PNA) programme commenced roll out in June 2021, we currently have over 80 qualified PNAs with further staff in training. The PNA programme is a Health Education England initiative with the PNA providing restorative supervision which is aimed at improving wellbeing as staff feel supported and listened to, this in turn supports staff retention.

In Community Nursing, the new national Community Nursing Safer Staffing Tool (CNSST) was rolled out in to the remaining 4 localities in November 2023 following the initial pilot in June 2023. The aim of the CNSST was to support objective assessment of staffing need

based on patient acuity. It was recommended that the tool to be used 6 monthly and that at least 2 cycles of data gathering was undertaken before using the outputs to assist in setting establishments. Nationally the use of this tool has been paused as of April 2024 and we are therefore waiting to understand the rational for this and next steps prior to undertaking further data collation locally.

3. Ongoing Improvement Work

- Continued recruitment and retention effort as detailed within recruitment and retention workstream of the People plan, including the development pathway for bands 2's, 3's and 4's; rotational posts, nurse associate roles and apprenticeships with aim to reduce agency use.

- Encourage consistent and continued use of the Safecare tool to give an accurate picture of staffing needs across the wards and use it to assist in deployment of staffing to meet patient acuity.

- Review of ward function and layout across the acute mental health wards as the work is completed to reduce the bed numbers and provide a more optimal therapeutic environment.

- Review of staffing across the wards in the West of Berkshire to agree permanent/ temporary staffing split from the control totals and ensure that the establishment can support the rota on a sustainable basis.

4. Summary

The Safe staffing declaration provides the opinion of the medial and Nursing Directors in relation to the position of our staffing across our wards over the last 6 months.

Over the last 6 months the wards have been considered to have been safe with no significant patient safety incidents occurring because of staffing levels; supernumerary staff and managers, allied health professionals and temporary staffing have been used to achieve that. It is however recognised that during the period there were, due to inability to fill all rota gaps as a result of vacancy, absence and temporary staffing availability, shifts when staffing was sub-optimal and consequently there is limited assurance that care was always of a high quality, and it is possible that patient experience was compromised. Proactive work continues to support increased recruitment and improve retention and therefore sustainability of our permanent workforce. Alongside this a review of permanent ward establishments against actual staffing (including additional temporary staffing) being used to meet patient acuity has been undertaken for the mental health wards and a review of nurse staff establishments on our community wards will be undertaken to ensure that permanent staffing establishments are optimal to meet patient acuity prospectively.

Medical staffing numbers remain stable with adequate medical cover available during routine working hours for inpatient mental health and community health wards.

Out of hours medical cover is provided by GPs for all our community health wards and Campion Unit.

Out of hours medical cover is provided by junior doctors for the mental health wards with Consultant Psychiatrists providing on-call cover from home.

Trust Board Paper

Board Meeting Date	09 July 2024
Title	**Quality Assurance Committee Meeting – 28 May 2024**
	Item for Noting
Reason for the Report going to the Trust Board	The Quality Assurance Committee is a sub-committee of the Trust Board. The minutes are presented for information and assurance. Circulated with the minutes are the quarterly Learning from Deaths and Guardians of Safe Working Hours Reports. NHS England requires NHS provider organisations to present these reports to the Trust Board. The Trust Board is required to identify any areas for further clarification on issues covered by the meeting minutes and associated reports and to note the content.
Business Area	Corporate Governance
Author	Julie Hill, Company Secretary (on behalf of Sally Glen, Committee Chair
Relevant Strategic Objectives	**Patient safety** **Ambition:** We will reduce waiting times and harm risk for our patients **Patient experience and voice**

	Ambition: We will leverage our patient experience and voice to inform improvement 159

Minutes of the Quality Assurance Committee Meeting held on Tuesday, 28 May 2024

(a hybrid meeting held at London House, Bracknell and conducted via MS Teams)

Present:	Sally Glen, Non-Executive Director (Chair) Rebecca Burford, Non-Executive Director Julian Emms, Chief Executive *(present from 10.40)* Debbie Fulton, Director of Nursing and Therapies Alex Gild, Deputy Chief Executive Minoo Irani, Medical Director Guy Northover, Lead Clinical Director Amanda Mollett, Head of Clinical Effectiveness and Audit
In attendance:	Julie Hill, Company Secretary Daniel Badman, Deputy Director of Nursing *(present from 10.30)* Clare Moran, Head of Service, CYPD Eating Disorder Service Emma Bingham, Consultant Endocrinologist Alison Jones, Diabetes Project Lead

Opening Business

1   Apologies for absence and welcome

Apologies for absence were received from Aileen Feeney, Non-Executive Director and Tehmeena Ajmal, Chief Operating Officer.

Apologies for lateness because of meeting clashes were received from: Julian Emms, Chief Executive and Daniel Badman, Deputy Director of Nursing

The Chair welcomed Alex Gild, Deputy Chief Executive who had joined the Committee as an observer.

2.   Declaration of Any Other Business

There was no other business declared.

3.   Declarations of Interest

There were no declarations of interest.

4.1   Minutes of the Meeting held on 27 February 2024

The minutes of the meeting held on 27 February 2024 were confirmed as an accurate record of the proceedings.

4.2 Matters Arising

The Matters Arising Log had been circulated. The following action was discussed further:

Patient Safety Partners

The Director of Nursing and Therapies reported that the action should relate to Patient Safety Partners and not Patient Safety Representatives as stated on the action log. The Director of Nursing and Therapies reported that the Trust had identified a potential Patient Safety Partner to join the Committee from August 2024.

Action: Director of Nursing and Therapies

The action log was noted.

Patient Safety and Experience

5.0 National Patient Safety Alert – Bed Rails Report

The Director of Nursing and Therapies presented the report and reminded the meeting that on 30 August 2023, a national safety alert pertaining to medical beds, trolleys, bed rails, bed grab handles and lateral turning devices and the risk of entrapment was issued to both health and social care organisations.

The Director of Nursing and Therapies said that the alert required seven actions to be completed by 1 March 2024. It was noted that all seven actions had been completed in respect of in-patients. However, it had become evident locally as well as nationally that achieving some of these actions for pieces of equipment being used in the community where the prescribers of the equipment were no longer seeing these patients was a significant task and was likely to take longer than the current deadline allowed. This was particularly relevant to the need for risk assessments and reviews.

The Director of Nursing and Therapies said that nationally the issues around meeting the deadline had been raised with the Medicines and Healthcare Products Regulatory Agency who recognised the challenges but due to the risks associated with entrapment were unwilling to alter the timescale for completion.

It was noted that the Trust was working with the Berkshire equipment provider, NRS Healthcare, the Integrated Care Board and other providers in the system in relation to the alert. The Trust had reviewed over 6,000 piece of equipment that had been prescribed over the last three years into the community by the Trust's practitioners to ascertain how many of these pieces of equipment were still being used and who from this list was still in receipt of some form of care.

The Director of Nursing and Therapies reported that she would continue to provide six monthly updates to the Committee until the action was completed.

Action: Director of Nursing and Therapies

The Chair noted that the Trust was reviewing equipment issued over the last three years and asked whether that was the Trust's own internal timeframe or whether that was the timeframe set out in the national safety alert.

The Director of Nursing and Therapies said that there was no timeframe in the national safety alert and explained that the Trust had taken a pragmatic approach by setting a three-year limit.

The Chair referred to the action plan which included implementing a medical devices management system and asked whether the Trust did not currently have such a system.

The Director of Nursing and Therapies explained that the Trust had a medical devices system, but the action related to NRS Healthcare provided equipment.

The Chair commented that this it was a huge piece of work with significant resource implications.

The Committee noted:

a) The report
b) The Trust's non-compliance with the national safety alert; and
c) The steps that were being taken to address the national safety alert areas of non-compliance.

5.1   Quality Concerns Register Status Report

The Director of Nursing and Therapies presented the report and highlighted the following changes since the Quality Concerns Register was last reviewed by the Committee:

- **Orchid Ward** had been added to the Quality Concerns Register due to leadership challenges and high temporary staffing use alongside incidents including a fatal self-harm incident.
- **Hearing and Balance Service** had also been added to the Quality Concerns Register due to external review and suspension of accreditation with areas of improvement identified and concerns in relation to paediatric wait lists
- **Pulmonary Rehabilitation Services** had been removed from the Quality Concerns Register following the agreement of the April 2024 Quality and Performance Executive Group meeting due to recent re-accreditation and reduced waiting times that although were above 90 days, were stable and in line with many other Pulmonary Rehabilitation services.
- **Community Inpatient ward staffing** was removed from the Quality Concerns Register due to improved and stable recruitment and retention.

The Chair welcomed the removal of the Pulmonary Rehabilitation Services and Community Inpatient ward staffing from the Quality Concerns Register.

The Committee noted the report.

5.2   Sexual Safety Charter Report

The Director of Nursing and Therapies presented the paper and reported that the Trust had signed up to NHS England's Sexual Safety Charter which comprised ten commitments to be achieved by July 2024. It was also noted that the Trust had become a member of the Employers' Initiative on Domestic Abuse and had signed the Employers Domestic Abuse Charter which set out five commitments to support staff affected by domestic abuse.

The Chair asked whether the Trust was on track to meet the July 2024 deadline for completion of the ten core principles actions set out in the Sexual Safety Charter.

The Director of Nursing and Therapies confirmed that the Trust was on track to implement the required policy and procedures but commented that embedding the policy and procedures would take longer.

The Chair commented that there was a tendency for staff, particularly those working in mental health settings to normalise violence and aggression in the workplace.

The Director of Nursing and Therapies said that the Trust was undertaking work to encourage staff to report sexual safety incidents as part of the Trust's work around reducing violence and aggression in the workplace.

The Director of Nursing and Therapies confirmed that the Committee would receive an update on the Trust's Sexual Safety Charter work at the August 2024 meeting.

Action: Director of Nursing and Therapies

The Committee noted the report.

5.4   Patient Safety and Learning Report

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

- Full implementation of the Patient Safety Incident Response Framework (PSIRF) had begun in quarter 4. In line with the principles of PSIRF, the Trust was becoming more confident in decision making as to an appropriate, considered and proportionate response to a patient safety incident meaning that the profile of patient safety investigations and patient safety reviews (previously known as internal learning reviews) was changing.
- The new approach meant that staff had more time to focus on near misses and no harm events and in developing a learning culture.
- Preparation began in Quarter 4 to maintain the Trust's status as a Serious Incident Review Accreditation Network (SIRAN) accredited Trust with the Royal College of Psychiatrists. Engaging in this accreditation programme provided the Trust with the chance to showcase our best practice in relation to our patient safety incident response processes. The review date would be at the start of Quarter 2 2024-25.
- The Trust was expanding its clinical risk training programme. The take-up of post-incident support was increasing

The Committee noted the report.

5.4   Never Event Action Plan Update Report

The Director of Nursing and Therapies presented the paper and reported that there were two open actions:

- To undertake a compliance and condition survey of Prospect Park Hospital at asset level; and
- To ensure that compliance with service standards was evidenced in Prospect Health's monthly performance reports

The Director of Nursing and Therapies said that the Director of Estates and Facilities hoped that both outstanding actions would be closed off when the action plan was next presented to the Committee.

The Director of Nursing and Therapies reported that a retired clinician who was also a ligature expert would be working with the Trust over the next year to support the Trust's anti-ligature work.

The Committee noted the report.

5.5   Combined Quality and Safety in Mental Health Action Plan Report

The Director of Nursing and Therapies presented the paper which pulled together the conclusions and recommendations from a number of different investigations:

- "**Out of sight – who cares? A review of restraint, seclusion and segregation for autistic people and people with a learning disability and/or mental health condition**" (published by CQC) initially October 2020 with progress Report March 2022.
- **The Ockenden Report - Final, Findings, Conclusions and Essential Actions from the independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust** was published on 30 March 2022.
- **Panorama TV programme** which aired on 28 September 2022 which showed patients being abused while in the care of an NHS Trust and Claire Murdoch's subsequent letter to all Mental Health and Learning Disability provider organisations.

The Director of Nursing and Therapies reported that the need for open and safe cultures at the heart of all the investigations alongside the importance of hearing and acting on the voice of patients, family, carers and staff.

The Director of Nursing and Therapies reported that the Trust's main areas of focus were:

- Progression of the Neurodiversity strategy and work being undertaken to support patients across our Mental Health and Learning Disability settings who were neurodiverse
- Implementation of improvements identified through the restorative review of CCTV
- Engagement with NHS England's Culture of Care programme
- Open Culture workshops including encouragement of speaking up
- Staff training around therapeutic communication and risk categorisation
- Review of incident report and handler training and embedding of the new review and investigation processes in line with implementation of Patient Safety Incident Review Framework.

The Chair requested that the Committee receive an update on NHS England's Culture of Care Programme.

Action: Director of Nursing and Therapies

The Committee noted the report.

5.6   Prevention of Future Deaths Regulation 28 Reports

The Director of Nursing and Therapies reported that in the last few weeks, the Trust had received three Prevention of Future Deaths reports from the Berkshire Coroner following the conclusions of three inquests.

The Director of Nursing and Therapies reported that the Berkshire Coroner had been clear in the most recently issued Prevention of Future Deaths report that: ''*the issuing and receipt of a Regulation 28 report entails no more than the coroner bringing some*

information regarding a public safety concern to the attention of the recipient. The report is not punitive in nature and engages no civil or criminal right or obligation on the part of the recipient, other than the obligation to respond to the report in writing within 56 days".

The Chair asked whether there was an issue with telephone rather than face to face assessments.

The Director of Nursing and Therapies said that Mohammed Ahmed Hany Ellaboudy there had been some telephone contact with him, but he should have been seen face to face given his risk profile. However, it was noted that in the case of Daniela Pani a face-to-face appointment had been arranged but Ms Pani had cancelled the appointment and had requested a telephone consultation instead.

The Medical Director confirmed that post COVID, the Trust had issued guidance that non-face to face appointments should only be used where appropriate.

The Director of Nursing and Therapies added that the Judge Coroner was intending to issue several Prevention of Future Deaths reports to differing agencies in relation to the inquests into the three people killed at Forbury Gardens, Reading in 2020. For the Trust, this was expected to be in relation to the failure to provide a care co-ordination role.

The Committee noted the report.

5.7 National Patient Safety Strategy Implementation Report

The Deputy Director of Nursing presented the report and highlighted the following points:

- Following the introduction of the Patient Safety Incident Framework, there had been a reduction in Patient Safety Incident Investigations. There had been an increase in in the use of the learning responses such as multi-disciplinary reviews and SWARM post incident huddles

- The Duty of Candor e-learning was due to go live shortly

- The Patient Safety Improvement Lead post had commenced in February 2024. They had already begun a mapping exercise with Clinical Governance Leads to understand their current approaches for sharing learning and to identify how they ensured learning was implemented and embedded

- The Trust's Patient Safety Specialists had started their level 4 NHS England Patient Safety Syllabus training at Loughborough University.

The Chair commented that she would be interested in finding out more about the learning from the Patient Safety Syllabus training.
Action: Deputy Director of Nursing

The Chair added that the implementation of the National Patient Safety Strategy represented a significant amount of work. The Chair commented that there was a national focus the duty of candour and that there was a concern that not all trusts were as open as they should be with patients, families and carers.

The Chair asked whether the Trust was also focussing on near misses.

The Deputy Director of Nursing said that recognising the importance of a near miss was one of the risks on the Trust's Corporate Risk Register and said that the shift away from only investigating serious incidents which caused moderate and above

harm, meant that there was more time to identify learning from near misses and incidents which resulted in low harm but presented opportunities for learning.

The Committee noted the report.

5.8 Reducing Restrictive Practice Report

The Deputy Director of Nursing presented the paper and reported that in respect of PMVA (Physical Restraints) data, January and February 2024 showed normal variation but there was a significant increase in March 2024. It was noted that the increase related to one highly complex patient on Daisy Ward who required a restraint to prevent self-harm. This case had been reviewed at the complex case forum with recommendations made that were being implemented.

The Deputy Director of Nursing pointed out that the use of Injectable Rapid Tranquilisation had also increased in March 2024 and that this increase was associated with the same patient.

The Deputy Director of Nursing reported that Sensory Trolleys to support neurodiverse patients had now been procured and were being introduced to wards.

The Deputy Director of Nursing said that PMVA training compliance data for CAMHS Phoenix was at 57% and the Clinical Director of Children and Families All Age Services was completing a review to ensure that there was sufficient PMVA staff on each shift.

The Chair commented that if there were a large number of people who were medically exempt from PMVA duties, this could pose a risk.

The Deputy Director of Nursing said that this was one of the biggest challenges when doing rosters, particularly in respect of mental health wards and said that there were clear processes in place to ensure that there was cross cover.

The Chair noted that there was a piece of work underway to ensure that the length of time spent in seclusion and long-term segregation was accurately captured and reviewed.

The Deputy Director of Nursing clarified that time spent in seclusion and long-term segregation was recorded in patients' notes and was audited but the Restrictive Practices Oversight Group wanted to have a better oversight if someone had prolonged periods in seclusion.

The Medical Director pointed out that this was a data collection assurance issue and was not a patient safety concern.

The Head of Clinical Effectiveness and Audit reported that the Trust had recently completed a national clinical audit on rapid tranquilisation which would be presented to the next meeting.

Action: Head of Clinical Effectiveness and Audit

The Committee noted the report.

5.9 Quarterly Infection Prevention and Control Annual Report

The Infection Prevention and Control Annual Report had been circulated.

The Committee noted the report.

5.10   Quality Related Board Assurance Framework Risks Report

The quality related Board Assurance Framework Risks had been circulated.

The Chair asked whether the Trust's Lived Experience Worker posts all related to mental health and asked whether there would be merit in having a Type 2 Lived Experience Worker given the prevalence of type 2 Diabetes amongst some Southeast Asian ethnic groups.

The Chief Executive thanked the Chair of her suggestion and agreed that having a Lived Experience Worker for a long-term physical health condition such as Type 2 Diabetes would be helpful.

Action: Director of Nursing and Therapies

The Chief Executive reported that NHS England had announced the first phase of the introduction of Martha's Law which involved 143 hospital and asked when it was likely that the Trust would be expected to implement Martha's Law.

The Director of Nursing and Therapies said that NHS England had not yet published guidance around how Martha's Law would be implemented in respect of community and mental health trusts. The Director of Nursing and Therapies said that work was underway to ensure that patient, family and carer views and concerns were recorded in patients' notes and to ensure that there were escalation processes in place if a patient, their family or carer wanted to raise a concern or have a second opinion.

The Director of Nursing and Therapies said that she would bring a paper to the next meeting setting out the Trust's approach to the implementation of Martha's Law.

Action: Director of Nursing and Therapies

The Committee noted the report.

5.11   All Age Eating Disorders Service Presentation

The Chair welcomed Clare Moran, Head of Service, Children, Families and Young People's Eating Disorders Service to the meeting.

Clare Moran gave a presentation and highlighted the following points:

- NHS England's access and waiting time target was for Children and Young People's Eating Disorders service was within seven days for urgent referrals and 28 days for non-urgent referrals.
- Prior to 2023, targets for urgent referrals were missed every month. Post 2024, targets were commonly met. There had also been improvements in the non-urgent referral waiting times performance.
- In a recent review of referrals that had breached over the last six months, all delays were either due to the eating disorder not being identified in the referral or the severity of the eating difficulties not being identified as requiring a specialist eating disorders assessment until assessment by the Common Point of Entry service. Once referred to the Berkshire Eating Disorders Children and Young People Service, an assessment was carried out and treatment commenced within the required access and waiting times.
- Changes to the referral form had been made to ensure that referrals contained the right level of information so that eligible patients could be transferred directly into the Berkshire Eating Disorders Service
- The Commissioners had agreed that from July 2024, the access and waiting time target would be measured from the point at which the referral was made to the Berkshire Eating Disorders Service

- There were no access and waiting time targets in respect of adults accessing eating disorders services, but guidance indicated that urgent referrals should be seen within 8 weeks and routine cases within 18 weeks
- Nationally, the COVID-19 pandemic had had a significant impact on the number of referrals for eating disorders with a 25% increase in referrals compounded by significantly higher acuity
- There were 45 adult patients waiting for an urgent assessment at the end of April 2204, a reduction of 148 (76%) from April 2021 and 153 (77%) from the peak in August 2021.
- Assessment waiting times for routine referrals in June 2023 was 64 weeks falling to under a year by December 2023. The Trust was currently on the cusp of meeting its target of 18 weeks wait.

The Chair commented that the service had clearly undertaken a significant amount of work to reduce both the children and young people and adult eating disorders waiting times and asked whether people on the waiting list received any help and advice.

Clare Moran said that families were contacted within two days of their child being referred to the service and they received a lot of help and support including any practical steps they could take. Adults were offered access to the SHaRON system where they could find a whole host of resources and support.

The Chair asked about the transition from the children and young people to the adult eating disorder service.

Clare Moran said that one of the advantages of running an all age eating disorders service was that patients remained within the service for as long as they needed and did not have to transition to a separate adult eating disorders service.

The Chief Executive commented that from the patent's perspective, it was frustrating if they had to wait because the initial GP referral was not quite right and they were referred to the Common Point of Entry service rather than directly to the Eating Disorder Service.

Clare Moran pointed out that it was not always clear that a patient had an eating disorder and they may have been initially referred to the Trust because they were experiencing anxiety and depression and it subsequently became apparent that they had an eating disorder and were referred to the Eating Disorders service.

The Chief Executive commented that nationally there was a lot of concern around the NHS employing more staff but treating few people and said that it was important that the Eating Disorders service reviewed its effectiveness and efficiency to make sure that there was no unwarranted variation. The Chief Executive also commented that the SHaRon system was an effective tool to increase productivity.

Clare Moran said that the service was keen to improve and would welcome some support to review its efficiency.

The Lead Clinical Director added that Berkshire had one of the lowest rates of in-patient admission for eating disorders in the country and said that this was testament to how the service was able to support people in the community.

The Chair thanked Clare Moran for her presentation.

The Committee noted the presentation.

5.12   Learning from Deaths Quarterly Report

The Medical Director presented the paper and highlighted the following points:
- In September 2023, it was proposed that the Trust have a single mortality reporting, reviewing and quality assurance process with assurance through a single board report covering all deaths (serious incidents and all other deaths) to ensure that themes and learning were more meaningful.
- Since January 2024, the Mortality and Patient Safety meeting brought together the processes for review, quality assurance and learning from all deaths in the Trust and the report submitted to the Quality Assurance Committee represented a summary of that function
- Of the second stage reviews concluded in quarter 4, none of the deaths were a governance cause for concern.
- All complaints received from families of individuals who had died, resulted in a second stage review of the care provided. Concerns raised by the Medical Examiner on behalf of the next of kin also resulted in a review of the care provided
- 16 reviews related to patients with a learning disability, all were reported in line with national guidance to LeDeR who complete independent reviews covering the full patient pathway
- Learning themes arising from second stage reviews were identified and noted by Clinical Directors and Governance leads for implementation for service improvement

The Chair noted that the number of extremely clinically vulnerable children the Trust cared for had more than doubled in the last three to four years including children and young people with life-limiting and life-threatening illness and with palliative and end of life care needs.

The Medical Director explained that the Community Children's Nursing Team West had transferred from the Royal Berkshire Hospital to the Trust at the end of 2019. It was also noted that the Trust was now part of an End-of-Life pathway for children and young people in partnership with Alexander Devine Childrens Hospice.

The Chair asked about the process in the event that poor care was identified.

The Medical Director explained that when poor care was identified, there would be a patient safety review to collect all data.

The Chair commented that she liked the new format of the report and particularly found the section on learning informative.

The Deputy Director of Nursing said that when opportunities for learning were identified, there were a number of ways this was disseminated, for example, shared with the relevant service/division and/or included in the Trust's Clinical Newsletter, Circulation.

The Committee noted the report.

Clinical Effectiveness and Outcomes

6.0 Clinical Audit Report

The Chair welcomed Emma Bingham, Consultant Endocrinologist and Alison Jones, Diabetes Project Lead to the meeting.

It was noted that three national reports all relating to Diabetes had been published and reviewed at the Clinical Effectiveness Group:

- National Diabetes Audit 2021-22: Final Care Processes and Treatment Targets – Annual Report
- National Diabetes Audit 2021-221, Type 1 Diabetes Audit Report
- National Diabetes Audit 2021-22, Young people with Type 2 (up to the age of 40)

In November 2022, it was highlighted that that treatment targets for Type 2 Diabetes were significantly below the national benchmark. Whilst the service had implemented several actions, this remained an area of concern and the report highlighted significant heath inequalities for patients of an Asian heritage.

It was noted that the Diabetes service had a current open action plan that was being implemented as a result of previous audit reports to improve outcomes for people with Type 2 diabetes. As a consequence of increased demand for the service, additional funding was agreed for a Band 6 Diabetes Specialist Nurse 0.8 WTE from April 2024 and a Band 7 Diabetes Specialist Nurse 1.0 WTE from July 2024. The services aimed to start to set up a community service this financial year when staff were in post, to upskill and support the community, as there was such a high prevalence of Type 2 Diabetes in the Berkshire East population.

With the service hoping to start its intermediate diabetes service, this would help improve the inequity in diabetes care across the Integrated Care Board and would improve diabetes clinical outcomes and also decrease the number of referrals for people with Type 2 diabetes into the Diabetes Specialist Service, freeing up capacity to further improve our Type 1 diabetes clinical outcomes. The action plan would be monitored by the Clinical Director and reported to the Clinical Effectiveness Group.

Emma Bingham gave a presentation about the Trust's Diabetes Specialist Service.

The Chair said that she would be interested in hearing about the intermediate diabetes service when this was up and running.

Action: Chief Operating Officer

Rebecca Burford, Non-Executive Director commented that the Diabetes UK website stated that people from ethnic minority backgrounds were between two and four times more likely to have Type 2 Diabetes which suggested that people from ethnic minority backgrounds were underrepresented on the Trust's caseload for the East Berkshire population.

Emma Bingham confirmed that the service would review the take up of the service by ethnicity.

The Chair thanked Emma Bingham and Alison Jones for their presentation.

The Committee noted the report.

7.0   Guardian of Safe Working Hours Quarterly Report

The Medical Director presented the paper and reported that during the reporting period (7 February 2024 to 30 April 2024) the Trust had received 9 exception reports. It was noted that the majority of the exception reports related to workload in inpatient mental health wards.

The Head of Medical Workforce and Medication Education and the Guardian of Safe Working Hours provided assurance that no unsafe working hours had been identified and no other patient safety issues requiring escalation had been identified.

The Medical Director reported that NHS England's Operational Planning Guidance for 2024/25 included three priorities to improve the working lives of doctors in training:

- Increasing the choice and flexibility in rotas
- Reducing duplicative inductions
- Reducing payroll errors

The Medical Director reported that he would bring a paper to the next meeting setting out the Trust's work to address the three priorities.

Action: Medical Director

The Committee noted the report.

7.1 Minutes of the Mental Health Act Governance Board

The minutes of the Mental Health Act Governance Board meetings held on 21 February 2024 and 15 May 2024 had been circulated.

The Committee noted the minutes.

7.2 Quality and Performance Executive Group Minutes – February 2024, March 2024 and April 2024

The minutes of the Quality and Performance Executive Group minutes for February 2024, March 2024 and April 2024 had been circulated.

The Committee noted the minutes.

7.3 Council of Governors Quality Assurance Group – Visits to Services

The following Governor Service Visit Reports had been circulated:

- Community Nursing Service for Reading and West Berkshire
- Berkshire Integrated Hub at Wokingham Hospital
- Assessment and Rehabilitation Centre, St Mark's Hospital
- Hi-Tech Care (Physical Health East), Brants Bridge

The Chair thanked the Governors for their reports.

The Committee noted the Governors' service visit reports.

Closing Business

8.0 Quality Assurance Committee Horizon Scanning

There were no horizon scanning items identified.

8.1. Any Other Business

There was no other business.

8.2. Date of the Next Meeting

The next meeting was scheduled to take place on 27 August at 10am. The meeting would be held face to face at London House, Bracknell with the option of attending the meeting via MS Teams.

These minutes are an accurate record of the Quality Assurance Committee meeting held on 28 May 2024.

Signed:- _____

Date: - 27 August 2024 _____

Trust Board Paper/Quality Assurance Committee Paper

Board Meeting Date	May 2024
Title	**Learning from Deaths Quarter 4 Report 2023/24**
	Item for assurance and noting. Discussion where additional assurance required about quality of care, data or learning.
Purpose	To provide assurance to the Trust Board that the Trust is appropriately reviewing and learning from deaths
Format of the Report	The overall format of the report is not nationally prescribed for Mental Health & Community Health NHS Trusts, however there are a number of metrics which are nationally required and are included within this report.
Business Area	Clinical Trust Wide
Author	Head of Clinical Effectiveness and Audit
Relevant Strategic Objectives	The systems and processes for learning from deaths align with and give assurance against the three strategic objectives below: **Patient safety** We will reduce harm risk for our patients by continuous learning from review of deaths. **Patient experience and voice** We will review all complaints, concerns and feedback (from patient's families and staff, Medical Examiner, Coroner) to inform improvement in the quality and safety of clinical care in our services. **Health inequalities** We will reduce health inequalities for our most vulnerable patients (patients with learning disability, autism, severe mental illness) by reviewing the care provided to patients leading up to their death and learning for improvement.
CQC Registration/Patient Care Impacts	No impact
Resource Impacts	None
Legal Implications	None
Equality, Diversity and Inclusion Implications	A national requirement is that deaths of patients with a learning disability & Autism are reviewed to promote accessibility to equitable care. This report provides positive assurance of learning from these deaths. Ethnicity data, where available, is included in the report.
SUMMARY	In September 2023 it was proposed that we would have a single mortality reporting, reviewing and quality assurance process with assurance through a single board report covering all deaths (SIs and all other deaths) to ensure themes and learning are more meaningful. Since January 2024 the Mortality and Patient Safety meeting (MAPs) brings together the processes for review, Quality Assurance and Learning from all deaths in the trust and this report represents a summary of that function. **Patient safety** Of the second stage reviews concluded in quarter 4, none of the deaths were a governance cause for concern (avoidability score of 1,2 or 3). **Patient Experience and Voice** All complaints received from families of individuals who have died, result in a second stage review of the care provided. Concerns raised by the medical examiner on behalf of the next of kin have also resulted in a review of the care provided. **Health inequalities** 16 reviews related to patients with a learning disability, all were reported in line with national guidance to LeDeR, who complete independent reviews covering the full patient pathway.

	Learning themes arising from second stage reviews were identified and noted by Clinical Directors and Governance leads for implementation for service improvement.
ACTION	The committee is asked to receive and note the Q4 learning from deaths.

Learning From Deaths Q4 Report (2023/24)

Figure 1	2020/2021	2021/2022	2022/2023	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Total Year End 2023/2024
Total deaths screened (Datix) 1st stage review	510	467	456	109	121	108	115	453
Total number of 2nd stage reviews requested (SJR/IFR)	269	209	192	50	48	46	59	203
Total number of deaths reported as serious incidents (Patient Safety Report)	48	35	31	8	8	10	5	31
Total Expected Deaths	-	-		46	51	47	39	183
Total Unexpected Deaths	-	-		63	70	61	76	270
Total number of deaths judged > 50% likely to be due to problems with care (Avoidability score of 1, 2 or 3)	1	4	0	0	0	0	0	0
Number of Hospital Inpatient deaths reported (Including patients at the end of life and unexpected deaths following transfer)	185	156	157	37	43	29	32	141
Total number of deaths of patients with a Learning Disability (1st stage reviews)	53	51	36	10	14	14	15	53
Total number of deaths of patients with Learning Disability where care was rated as poor	0	0	0	0	0	0	0	0

Overall, in 2023/24

3855 deaths were identified on RiO where a patient had died from any cause within a year of contact with any Trust service, of these 453 were submitted for a 1st stage review in line with the learning from deaths policy (12%).

All 453 deaths had first stage review by the Executive Mortality Review Group (EMRG) in 2023/2024, 2nd Stage reviews were requested for 203 (45%). 170 2nd stage reviews were received by the Trust Morality review Group during 2023/24.

Of the second stage reviews concluded in year, none of the deaths were a governance cause for concern (Avoidability score of 1,2 or 3).

Of the reviews which identified elements of poor care, learning was identified within the SJR and closed in 4 cases and 3 cases were escalated for further in-depth patient safety review.

2nd stage Mortality reviews completed (SJR/IFR)	Q4	Total 2023/2024 (170)
Adult Learning Disabilities & Autism Services	16	53
Mental Health community, specialist, and inpatient services	19	57
Childrens and Young people's Services	3	4
Physical Health community and Inpatient Service	19	56

Avoidabilty score for 2nd Stage Reviews (only death due to a physical health cause) 2023/2024		Total
Score 1	Definitely avoidable	0
Score 2	Strong evidence of avoidability	0
Score 3	Probably avoidable (more than 50:50)	0
Score 4	Possibly avoidable, but not very likely (less than 50:50)	8
Score 5	Slight evidence of avoidability	13
Score 6	Definitely not avoidable	35

175

Overall Assessment of Care (SJR/IFR) 2023/22024		Physical health	Learning Disability	Mental Health	Childrens and Young People (CYPF)
1	Very poor care	0	0	0	0
2	Poor Care	5	1	2	0
3	Adequate Care	22	15	20	0
4	Good Care	25	36	29	2
5	Excellent Care	4	1	1	2
	Not Recorded		5		

Deaths occurring on inpatients wards or following deterioration and transfer to an acute hospital.

All Inpatient deaths are independently scrutinised by a Medical Examiner to confirm the cause of death to be detailed on the Medical Certificate of cause of Death (MCCD) or confirm a referral for a coroner review.
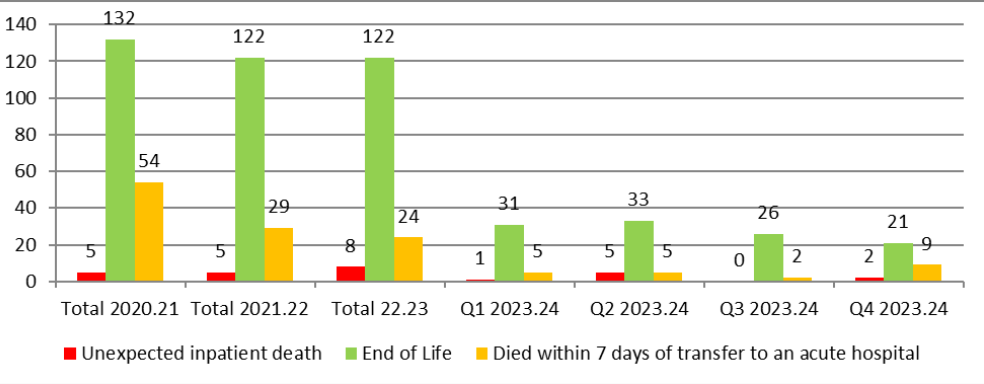
In Q4 EMRG reviewed:
30 deaths reported by physical health inpatient wards
2 deaths reported by mental health Inpatients, one unexpected and being investigated as a PSII and one unexpected death following transfer.

Of the physical health deaths:
21 were expected deaths and related to patients who were receiving end of life care (EOL) on our wards. 18 were closed at 1st stage review, 3 SJR requested.
1 unexpected death on a ward and 8 deaths occurred within 7 days of transfer to an acute hospital, SJR were requested for all.

Overall, in 2023/24
All inpatient deaths were reviewed by the Medical Examiner and where appropriate referred to the Coroner.

We had no learning disability inpatient deaths , 2 MH inpatient unexpected deaths and 6 unexpected PH deaths inpatient deaths.

In line with our learning from deaths policy, 2nd stage reviews are requested and reviewed for all unexpected deaths and death within 7 days of transfer. The Medical Examiner requested 2 SJR to be completed, both of which had already been identified and requested by the EMRG.

Month of death	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	April-23 - March-24
Total Inpatient deaths reviewed by the Medical Examiner	7	12	11	17	11	11	9	10	6	7	3	9	113
SJRs requested for Inpatient deaths by Medical Examiner	0	0	0	1	0	0	0	0	0	0	0	1	2
Coroner Referrals advised by Medical Examiner for Inpatient Deaths	1	0	2	1	2	1	1	0	1	0	0	2	11

Coroners' outcomes for referred Inpatient Deaths	Q4	2023/24
Postmortem	1	3
Forensic Postmortem	1	1
Inquest	0	3
100A	0	4

EOL Audit Q4	Total	Narrative
New continuous audit which reviews all physical health inpatient planned End of Life deaths.	18	3 cases had some minor areas of documentation not recorded. The division will review the data on a quarterly to basis to identify themes and actions in advance of a national report

Adults with a learning disability Learning From Deaths Q4

Adults with a learning dissability

In Q4, 16 deaths of adults with learning disability were reviewed by the Trust mortality meeting, the age at time of death ranged from 44 to 84 years, with the majority (10) of deaths attributed to respiratory disease.

Avoidabilty of death was captured from August 2024 (27 SJRs to date) no deaths were escalated prior to this as a governance cause for concern.

Overall, in 2023/24
All deaths of patients with a learning disability who have been open to BHFT services in the year prior to death (53) were reported to LeDeR.

All deaths related to patients in the community.

53 learning disability SJR's have been reviewed in 2023/24, 1 poor care has been escalated for further review at present, none have been a governance cause for concern (Avoidability score of 1,2 or 3).

Key points of learning Q4
Utilisation of the BHFT LD respiratory health pathway
send out discharge letters following discharge of care & treatment.
Update / review risk summaries every 6 months.
importance of documenting responses to referrals within RiO.

Good Practice
•Reasonable adjustments being made by District Nursing teams to support weekly home visits
•Care needs being addressed in a holistic manner by the various professionals involved.
•Good communication and MDT working across and between services.
•timely responses to referrals and consideration being given to the individuals wider needs.

	Q4	Total 2023/2024
Male	9	29
Female	7	24

Severity of LD	Q4	Total 2023/2024
Mild	4	7
Mild to Moderate	1	1
Moderate	4	9
Severe	4	14
Profound	1	4
Not Known	2	18

Ethnicity	Q4	Total 2023/2024
White British	14	47
Black or Black British - Caribbean	0	1
Asian or Asian British - Pakistani	2	5

The deaths attributed to the following causes:	Q4	Total 2023/2024
Diseases of the heart & circulatory system	0	6
Diseases of the respiratory system	10	25
Diseases of the heart & circulatory system	1	1
Sepsis or Infection	3	9
Cancer	0	3
Disease of the nervous system	0	1
Dementia /cerebrovascular	1	3
Other	1	3
Not known	0	2

23/24	Avoidabilty score for 2nd stage reviews	Learning Disability & Autism
Score 1	Definitely avoidable	0
Score 2	Strong evidence of avoidability	0
Score 3	Probably avoidable (more than 50:50)	0
Score 4	Possibly avoidable, but not very likely (less than 50:50)	0
Score 5	Slight evidence of avoidability	4
Score 6	Definitely not avoidable	23

23/24	Overall Assessment of Care	Learning Disability
1	Very poor care	0
2	Poor Care	1
3	Adequate Care	15
4	Good Care	36
5	Excellent Care	1

NHS Berkshire Healthcare
NHS Foundation Trust

Children Young Persons and Families

All deaths of children and young people are reviewed by the Berkshire Child Death Overview Panel.

There were 5 expected and 4 unexpected deaths reviewed in quarter 4.

The five expected deaths were children who were on end of life or palliative pathways due to malignancy or complex life limiting condition/ neuro-disability. Four were closed at first stage review and 1 progressed to second stage with a structured judgement review.

There were 4 unexpected deaths this quarter. One was in an acute hospital and 3 were in the community and resulted in the Community Children's Nursing teams completing a Rapid response home visit with the Police.

Two of these children were known to Berkshire Healthcare community services and one child was not known as they were visiting from out of area. One progressed to second stage review with completion of a Structured Judgement Review.

The 2 requested reviews have both been concluded with an avoidability score of 6.

Overall, in 2023/24

15 expected deaths and 25 unexpected CYPF deaths were reviewed by the EMRG. An increase in unexpected deaths was seen in Q2. Statical Process Control Charts are reviewed and whilst we remained within the control parameters, a deep dive review of all child deaths in East and West Berkshire over the past three years was carried out by the Clinical Director, Governance Lead and Head of Service. The review of deaths also considered all deaths at home to see if there was a pattern in terms of staff caring for the children. No patterns or concerns were identified.

The following points were identified:

- Community Children's Nursing team West: transfer of staff and functions from Royal Berkshire Hospital to Berkshire Healthcare at the end of 2019. The cohort of children on their caseload include complex neuro-disability as well as all other paediatric conditions e.g. oncology. Therefore, the number of extremely clinically vulnerable children cared for by Berkshire Healthcare has more than doubled in the last 3 to 4 years including children and young people with life-limiting and life-threatening illness and with palliative and end of life care needs.

- Berkshire Healthcare are now part of an End of life [EoL] pathway for children and young people, in partnership with Alexander Devine Childrens Hospice (ADCH). This pathway has enabled the increase of provision of EoL care at home to meet children and families' needs and wishes.

- Berkshire Healthcare have recently employed a Consultant Paediatrician with a special interest in palliative care, this has also enabled increased provision of EoL care at home and supporting ADCH.

Learning this quarter has focused on the positive collaborative working and communication with partner agencies to support the child/ young person and their family during this phase of their life and the importance of discharge planning and communication.

Community Physical Health Learning From Deaths

Physical Health Community Services 2023/24
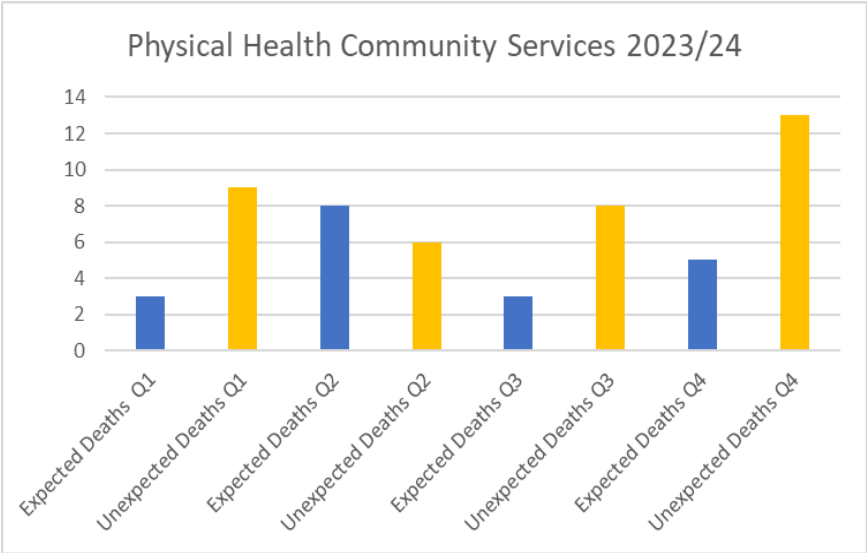
EMRG completed 18 1st stage reviews in Q4 of which 2nd stage reviews were requested for 10. All 10 cases were under the care of community nursing, of which 3 related to end of life deaths and 7 unexpected deaths. Rationale for reviews included:

- Management and escalation of blood results (potassium)
- Self-neglect and safeguarding
- Safeguarding (2)
- Wound Care treatment and Management
- Mental Capacity and Autism
- Management of End-of-Life Care (2)
- General clinical management (2)

In Q4 the following learning was identified:
- To ensure planned patient interventions are completed promptly to address patient health needs efficiently.
- Safeguards should be raised earlier
- Initiating early EOL conversations, having discussions on ceilings of care, Providing training around difficult conversation.

Overall, 56 2nd stage mortality reviews were completed for deaths in 2023/24 where the person had received community physical health services, none were a governance cause for concern.

Community Mental Health Learning From Deaths

Community Mental Health Services
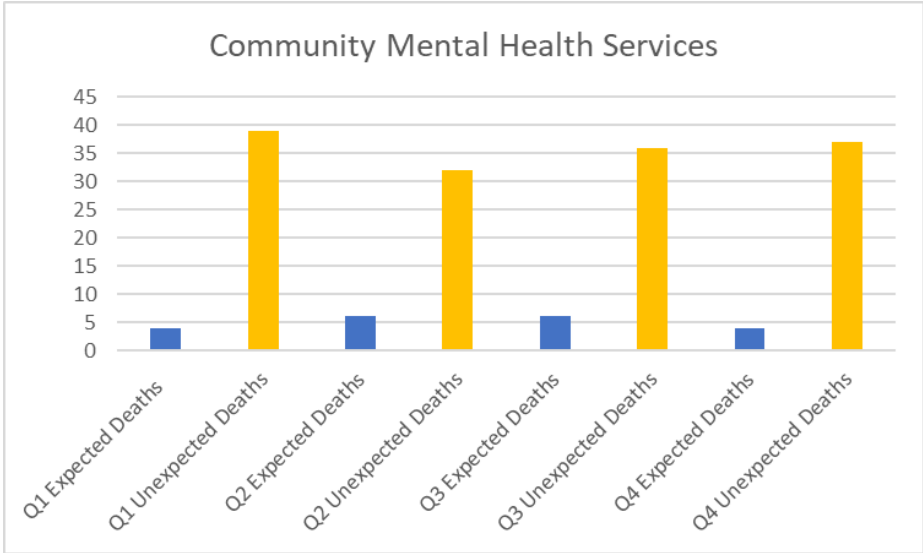
EMRG completed 40 1st stage reviews in Q4 of which 2nd stage reviews were requested for 20. The 20 cases were from a range of community mental health or specialist mental health services, and all were unexpected deaths.

In Q4 the following learning was identified:
- Prompt consideration of the requirement to conduct a mental capacity assessment.
- Record keeping and documenting key decisions, rationale, and discussion in the patient's electronic care record.
- Communication with Primary care
- Conversations of discussions around patient's referrals or plans should be clearly documented

Overall, 57 2nd stage mortality reviews were completed in 2023/24 none were a governance cause for concern.

179

Complaints and Inquiries Learning From Deaths Q4

15 complaints or MP inquiries have been received in total in 2023/24 relating to aspects of care or treatment prior to death.

All cases had a 2nd stage review conducted and none were identified as a governance cause for concern.

Complaints and MP Inquiries	Total 2023/2024
Communication and Clinical Care (District Nursing)	4
Clinical Care (Community Mental Health)	2
Community podiatry.	1
District Nursing (End of life Clinical Care)	2
Westcall Out of Hours GP (End of Life care provision	1
Inpatient physical health (clinical care)	4
Out of area placement (mental health clinical care)	1

Prevention of Future Deaths (PFD) reports 2023/2024
The table details the PFD's received by the Trust in 2023/24

Prevention of Future Deaths reports 2023/2024.	Service	Questions Raised by His Majesty's Corners	Timeframe for Implementation
October 2023	Specialist Mental Health	1) How do the changes/proposed changes to systems (including the 'One Team' approach) make a difference? Specifically: a) Is the trust able to say with any confidence that a patient would not be discharged from the crisis team without additional support b) Is the trust able to say with any confidence that a patient would be offered some support, whether by the crisis team or otherwise, if the same situation arose. 2) Do they consider that resourcing of these services is adequate and safe?	Trust Response submitted
September 2023	Community Childrens Specialist Nursing	Did the family receive training for equipment in line with trust processes? Did the family have a designated contact and/or contact number to use if they identified any issues with the equipment? Was the equipment supplied to the family by Berkshire Healthcare checked and maintained in line with the Trust's maintenance specifications? Have there been any other reports from families/users or staff of faults with the type of equipment supplied to the family? If so, what actions have been taken to investigate/rectify these?	Integrated Care Board Berkshire Oxfordshire and Buckinghamshire response submitted
March 2024	Specialist Mental Health	That clinicians and other hospital, mental health Trust and Social Care practitioners involved in the discharge of patients from in-patient mental health admissions are not trained in the discharge process generally and specifically the issues which may arise in respect of out of area admissions	Trust response to be submitted May 2024

NHS
Berkshire Healthcare
NHS Foundation Trust

Overall, in 2023/24

Since January 2024, there is a single mortality reporting, reviewing and quality assurance process, with assurance through a single board report covering all deaths (SIs and all other deaths) to ensure themes and learning are more meaningful.

Of the second stage reviews concluded, none of the deaths were a governance cause for concern (avoidability score of 1,2 or 3).

All complaints received from families of individuals who have died resulted in a second stage review of the care provided. Concerns raised by the medical examiner on behalf of the next of kin have also resulted in a review of the care provided.

53 reviews related to patients with a learning disability, all were reported in line with national guidance to LeDeR, who complete independent reviews covering the full patient pathway.

Learning themes arising from second stage reviews were identified and noted by Clinical Directors and Governance Leads for implementation and service improvement.

Key themes identified for learning in 2023/24

Immediate learning from all deaths is shared by Clinical Directors and Governance Leads through locality governance and quality meetings. Where the need for more focussed learning is identified following 2nd stage review, an Internal Learning Review is facilitated by the Patient Safety Team. Learning themes from second stage reviews are identified at each mortality review meeting and are shared via the divisional governance meetings and in the trust clinical Circulation brief to all staff. This report is shared with the ICS mortality review group for system learning.

Key Themes for Physical Health Services

- Holistic Care
- Medication Management
- Requesting blood tests on Inpatient Wards
- Early identification of the deteriorating patient & over-reliance on NEWS scores to identify clinical deterioration.
- Support for patients when introducing new technology to monitor diabetes
- Communication and Liaison with Primary Care

Key Themes for Mental Health Services

- Onward referrals can be made internally to CMHTs & MHICS instead of discharging back to GP
- Medication Management
- Self-referral for patients to common point of entry (CPE)
- Requesting blood tests on Inpatient Wards
- Early identification of the deteriorating patient & risk of over-reliance on NEWS scores to identify clinical deterioration.
- Follow up on ECGs in physical health monitoring
- Raising awareness of increased use of propranolol in cases of overdose
- Learning around safety planning for those with co-existing substance and alcohol disorders
- Opt in process for mental health services

Key Themes for Learning Disability Service

- Diagnostic overshadowing in terms of Learning Disabilities
- Long Covid and ongoing respiratory issues
- Annual health checks for learning disability patients including cancer screening
- Pneumonia/ aspiration in winter months for CTPLD patients

Key Themes for Childrens and Young People Services

- The importance of consistent levels of communication between both teams irrespective of whether the child is being cared for at home or in a hospice
- Signposting and access to crisis services for children
- System learning regarding Advanced Care Plans being updated correctly

NHS
Berkshire Healthcare
NHS Foundation Trust

Quality Assurance Committee Paper

Meeting Date	May 2024
Title	Guardian of Safe Working Hours Quarterly Report (February to April 2024)
Purpose	To assure the Trust Board of safe working hours for junior doctors in BHFT
Business Area	Medical Director
Authors	Ian Stephenson & Malar Sandilyan
Relevant Strategic Objectives	1 – To provide accessible, safe, and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and safe patient care
Resource Impacts	Currently 1 PA medical time
Legal Implications	Statutory role
Equalities and Diversity Implications	N/A
SUMMARY	This is the latest quarterly Guardian of Safe Working report for consideration by Trust Board. This report focusses on the period the 7th of February to the 30th of April 2024. Since the last report to the Trust Board, we have received 9 exception reports. The majority of the exception reports relate to workload in inpatient mental health wards. The Head of Medical Workforce & Medical Education and the GOSW give assurance to the Trust Board that no unsafe working hours have been identified, and no other patient safety issues requiring escalation have been identified.
ACTION REQUIRED	The QAC/Trust Board is requested to: Note the assurance provided by the Head of Medical Workforce & Medical Education and the GOSW.

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

This report covers the period 7th of February to the 30th of April 2024

Executive summary

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

This report focusses on the period the period the 7th of February to the 30th of April 2024. Since the last report to the Trust Board, we have received 9 '*hours & rest*' exception reports.

Introduction

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

High level data

Number of doctors in training (total):	51 (FY1 – ST6)
Number of doctors in training on 2016 TCS (total):	51
Amount of time available in job plan for guardian to do the role:	1PA
Admin support provided to the Guardian (if any):	Medical Staffing
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

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

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Psychiatry	0	9	6	3
Sexual Health	0	0	0	0
Total	0	9	6	3

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
FY	0	5	5	0
CT	0	3	0	3
ST	0	1	1	0
Total	0	9	6	3

Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Psychiatry OOHs	0	1	0	1

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
Total	1	1	4	3

In this period, we have received 9 exception reports.

The majority of the exception reports relate to workload in inpatient mental health wards. The OOHs exception report was incorrectly raised, and the trainee who raised it will be advised accordingly, as the issue took place within routine working hours.

The GOSW has discussed with trainees regarding the exception reports at the post graduate doctors' forum (PDF) on 4-4-24, there were no concerns raised by trainees in getting their TOIL for the time they have worked extra; trainees have been encouraged to raise the exception reports if they have worked beyond their work schedule and if in doubt to contact GOSW or their supervisor, this will be discussed on a regular basis at the PDF. The main area where the exception reports are raised are from the mental health inpatient unit, because of the acute nature of the job and due to patients/admissions/discharges often requiring immediate attention. There are few reports related to out of hours rota work, where the doctor had to stay back for acute emergencies. It is reassuring to note from the reports, that senior doctors on the inpatient wards have been supportive to trainees on these occasions. The GOSW has brought the exception reports to the attention of tutors and DMEs in Medical Education Meeting on 24-4-24 and also to the joint LNC meeting on 1-3-24.

Following the last report to the Board, the overrun of the Oxford Postgraduate Psychiatry Course (OPPC) in Oxford, has been brought to the attention of the School of Psychiatry who run the course.

There is some delay in addressing the exception reports within the recommended 7 days from date of submission, the GOSW continues to remind the respective consultants to discuss and action the reports on DRS4 and will continue to do so. The GOSW discussed this issue at the Medical Staff Committee meeting to remind consultants about prompt action on exception reports for their trainees, an email reminder has been sent to all consultants explaining the flowchart of exception reporting process and the timescale to action them, consultants have been reminded the onus is on them to action these reports and discuss with trainees if appropriate. Medical Staffing have resent logins to all consultants and have ensured that consultant and trainee data is up to date on the system.

Exception reporting is a neutral action and is encouraged by the Guardian and Director of Medical Education. We continue to promote the use of exception reporting by trainees, and make sure that they are aware that we will support them in putting in these reports.

2

It is the opinion of Medical Staffing and the Guardian of Safe Working that "time off in lieu" (TOIL) is the most appropriate action following an exception report to minimize the effects of excessive work.

b)   Work schedule reviews

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

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

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

c) **Gaps**
(All data provided below for bookings (bank/agency/trainees) covers the period 6th February to 30th April 2024)

Psychiatry	Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
			Bank	Trainee	Agency			Bank	Trainee	Agency
	73	72	50	22	0	729.5	718	537	181	0

Reason	Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
			Bank	Trainee	Agency			Bank	Trainee	Agency
Gap	19	19	17	2	0	195.5	195.5	177.5	18	0
Sickness	54	53	33	20	0	534	522.5	359.5	163	0
Maternity	0	0	0	0	0	0	0	0	0	0
Total	73	72	50	22	0	729.5	718	537	181	0

3

d) **Fines**

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

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

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

Qualitative information

The OOH rota is currently operating at 1:14 and our system for cover works efficiently, with gaps generally being quickly filled. Our bank doctors continue to be an asset, and we continue to increase this pool. We had one unfilled gap in this period. For this unfilled gap, patient safety was not an issue and we have always had at least one junior doctor on duty out of hours at Prospect Park Hospital.

Issues arising

The issues are detailed above on page 2 and involve workload on the inpatient ward, prioritization of tasks, admission of patients around handover time for day shift doctors.

Actions taken to resolve issues:

From the previous report and the current report. The GOSW met with the relevant consultants and the trainees (postgraduate doctors forum) to engage them collectively in finding solutions to the issues identified in previous report. The Medical Director, GOSW and Head of Medical Staffing & Medical Education have bi-monthly meetings to review reports and trends and ensure timely action going forward. The GOSW has requested data from our neighboring mental health trusts to put our exception reporting figures and issues into context. The OPPC course overrun was raised with the School of Psychiatry (Health Education England).

Next report to be submitted August 2024.

Summary

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

The Head of Medical Workforce & Medical Education and the GOSW give assurance to the Trust Board that no unsafe working hours have been identified, and no other patient safety issues requiring escalation have been identified.

Trainees are strongly encouraged to make exception reports by the Guardian at induction and at every Junior Doctor Forum. Junior Doctors are assured that it is a neutral act and asked to complete exceptions so that the Guardian of Safe Working can understand working patterns in the Trust.

The Head of Medical Workforce & Medical Education and the GOSW asks the Board to note the report and the proposed actions.

Report compiled by Ian Stephenson, Head of Medical Workforce & Medical Education and Dr Malar Babu Sandilyan, GOSW.

Appendix A: Glossary of frequently used terms and abbreviations

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

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

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

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

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

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

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

Appendix B

Factsheet: Safety limits and rest

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

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

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

6

Trust Board Paper

Board Meeting Date	09 July 2024
Title	**Executive Report**
	Item for Noting
Reason for the Report going to the Trust Board	The Executive Report is a standing item on the Trust Board agenda. This Executive Report updates the Trust Board on significant events since it last met. The Trust Board is requested to seek note the report and to seek any clarification on the issues covered in the report.
Business Area	Corporate Governance
Author	Chief Executive
Relevant Strategic Objectives	The Executive Report is relevant to all the Trust's Strategic Objectives

Trust Board Meeting – 09 July 2024

EXECUTIVE REPORT – Public

1. Never Events

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

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

2. Unity Against Racism – Race Equality Matters Silver Trailblazer Recognition

We are proud to have been awarded external recognition for our Unity Against Racism Programme. The Race Equality Matters Silver Trailblazer is given to organisations in the UK that have made significant impactful strides in race equality and is assessed by an independent judging panel. Rather than starting at the bronze level, we have been awarded Silver status, which is valid for two years and is currently the highest available award.

The application process involves evidencing initiatives, strategies and engagement with senior leaders and our ethnically diverse colleagues. We showed dedication to taking action and are recommended as an organisation with good practice within and beyond the healthcare sector. This highlights our collaboration with our Race Equality Network and our work on educational development, improved reporting, creation of the anti-racism taskforce and our leadership led workstreams. Though this is a positive achievement of the work we have done so far, we know that there is more to do. We hope our colleagues will see and feel the difference we offer at Berkshire Healthcare, where we care about being a great place to get care and a great place to give care.

Executive Lead: Alex Gild, Deputy Chief Executive

3.   All Star Awards

On Friday 5 July, we are holding our annual All Star Awards event, our annual staff recognition programme, which celebrates individual and team success, innovation, and excellence in care.

Staff can nominate colleagues and teams (clinical and non-clinical) from across the Trust who have gone the extra mile to help others.

Among our eight award categories is the 'Respect for Everyone' award which highlights success in the area of equality, diversity and inclusion. The award recognises an individual or team who has demonstrated commitment to supporting marginalised or under-represented communities or groups. For example, they may have undertaken a new initiative to promote reduce stigma or address health inequality such as tackling poor behaviours or making it easier for people to access healthcare.

We also have a People's Choice award which was open to nominations from patients and the public, as well as colleagues. This award celebrates colleagues who go above and beyond for our patients, staff, teams, or the wider community. They are role models in their team, inspiring others with their kindness, inclusivity, and compassion.

This year we received over 500 nominations across all of the award categories, our highest number of nominations to date.

The ceremony, will be streamed on Facebook Live for staff and members of the public to watch.

Executive Lead: Alex Gild, Deputy Chief Executive

Presented by: Julian Emms
                   Chief Executive
                   09 July 2024

NHS
Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	9 July 2024
Title	**Finance Report May 2024**
	The paper is for noting.
Reason for the Report going to the Trust Board	This is a regular report which provides an update to the Board on the Trust's Financial Performance.
Business Area	Finance
Author	Chief Finance Officer
Relevant Strategic Objectives	**Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value The report gives an overview of the Trust's financial performance including use of revenue and capital funding and delivery against the cost improvement programme. The Trust's results contribute to the performance of BOB ICS.

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2024/25

May 2024

Purpose

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 31 May 2024.

Document Control

Version	Date	Author	Comments
1.0	17/06/24	Rebecca Clegg	Draft
2.0		Paul Gray	Final

Distribution

All Directors.

All staff as appropriate.

Dashboard & Summary Narrative

Target	Year to Date Actual £m	Year to Date Plan £m	Year to Date Achieved	Outturn Actual £m	Outturn Plan £m	Outturn Achieved
1a Income and Expenditure Plan	-0.1	-0.1	Yes	1.9	1.9	Yes
2a CIP - Identification of Schemes	2.1	2.1	Yes	8.8	13.6	No
2b CIP - Delivery of Identified Schemes	2.1	2.1	Yes	8.8	8.8	Yes
3a Cash Balance	47.6	53.0	Yes	46.8	46.8	Yes
3b Better Payment Practice Code Volume Non-NHS	96%	95%	Yes	95%	95%	Yes
3c Better Payment Practice Code Value Non-NHS	97%	95%	Yes	95%	95%	Yes
3d Better Payment Practice Code Volume NHS	96%	95%	Yes	95%	95%	Yes
3e Better Payment Practice Code Value NHS	96%	95%	Yes	95%	95%	Yes
4 Capital Expenditure not exceeding CDEL	0.2	0.4	Yes	8.6	8.6	Yes
5 Agency Ceiling	3.0%	3.2%	Yes	3.2%	3.2%	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:

- The planned outturn position for the Trust is a £1.9m surplus. This includes additional funding for deprecation £0.6m, agreed SDF slippage (BOB system) £0.5m and further CIPs to be identified £0.8m.

- The Trust has a £13.8m Cost Improvement Plan. We are reporting that we are on track year to date, but there are some small variances on individual plans which will be reported from month 3 onwards.

- Income includes the current cost uplift for 24/25 but this will be updated as and when 24/25 pay awards are agreed.

- Cash is below plan due in part to phasing but also delayed payments from local authorities and Frimley FT.

- Our performance against the Better Payment Practice Code continues to improve following marginal miss on one of the targets in 23/24. We are now achieving the target across all 4 measures year to date.

- Capital spend is slightly under plan for CDEL schemes.

- The agency target is achieved year to date.

System Position

- BOB ICS submitted a combined plan of £60m deficit which is in line with the control total agreed by NHSE. NHSE will be providing offsetting, but repayable £60m of deficit support funding to the system in order to mitigate potential liquidity issues that may arise in year. The Trust is the only organisation in the system with a surplus plan. Frimley ICS submitted a combine plan of £25m deficit, again, in line with NHSE's expectations and offset with support funding.

2023/24 Accounts

The Trust's Annual Accounts were approved by the Audit Committee on 19 June 2024 and Submitted on 21 June 2024. The final deficit was £ 6.5m resulting from changes to the accounting treatment of the PFI liabilities and a revaluation of the PFI assets. Adjustments are made for the purpose of measuring performance leaving the Trust will a £3.8 surplus, which was in line with the revised plan for 2023/24.

Healthcare
from the heart of
your community

1. Income & Expenditure

| May-24 | In Month | | | YTD | | | 2024/25 |
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m
Operating Income	30.5	30.4	0.1	60.4	60.3	0.1	363.4
Elective Recovery Fund	0.3	0.3	0.0	0.7	0.7	0.0	4.0
Donated Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Income	**30.8**	**30.7**	0.1	**61.1**	**61.0**	0.1	**367.4**
Staff In Post	20.5	20.4	(0.1)	40.9	40.8	(0.1)	248.7
Bank Spend	2.0	2.0	(0.0)	3.8	3.8	0.0	24.9
Agency Spend	0.7	0.7	0.0	1.3	1.3	0.0	8.0
Total Pay	**23.1**	**23.1**	**(0.1)**	**46.0**	**45.8**	**(0.1)**	**281.7**
Purchase of Healthcare	2.2	2.2	(0.0)	4.2	4.2	0.0	19.5
Drugs	0.6	0.6	(0.0)	1.1	1.1	(0.0)	6.1
Premises	1.4	1.3	(0.1)	3.1	3.0	(0.1)	17.1
Other Non Pay	1.7	1.8	0.1	3.3	3.4	0.1	18.4
PFI Lease	0.8	0.7	(0.0)	1.5	1.5	0.0	8.8
Total Non Pay	**6.6**	**6.6**	**(0.0)**	**13.0**	**13.0**	**0.0**	**70.0**
Total Operating Costs	**29.7**	**29.7**	**(0.1)**	**59.0**	**58.9**	**(0.1)**	**351.6**
EBITDA	**1.1**	**1.1**	**(0.0)**	**2.1**	**2.1**	**0.0**	**15.8**
Interest (Net)	0.0	0.0	0.0	0.1	0.1	0.0	1.0
Depreciation	0.9	0.9	(0.0)	1.9	1.9	(0.0)	11.2
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
Remeasurement of PFI	0.0	0.0	0.0	2.0	2.0	(0.0)	2.0
PDC	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Financing	**1.0**	**1.0**	**0.0**	**3.9**	**3.9**	**(0.0)**	**14.3**
Reported Surplus/ (Deficit)	**0.1**	**0.1**	**(0.0)**	**(1.8)**	**(1.8)**	**(0.0)**	**1.5**
Adjustments	**0.0**	**0.0**	**(0.0)**	**0.0**	**0.0**	**(0.0)**	**0.1**
PFI IFRS16 Adjustment	**(0.1)**	**(0.1)**	**0.0**	**1.7**	**1.7**	**0.0**	**0.3**
Adjusted Surplus/ (Deficit)	**(0.1)**	**(0.1)**	**(0.0)**	**(0.1)**	**(0.1)**	**(0.0)**	**1.9**

Key Messages

The table above gives the financial performance against the Trust's income and expenditure plan as at 31 May 2024.

The Trust is planning for a £1.9m surplus. The planned position is a further improvement on breakeven agreed with BOB ICB as part of the over all improvement required to the system financial plan for 2024/25. The £1.9m surplus will be delivered through £0.6m of additional funding for deprecation, £0.5m of SDF slippage and a further £0.8m of cost improvements which are still to be identified.

The Trust now has a cost improvement programme of £13.6m.

All organisations were required to submit plans on 12 June 2024 and were instructed to set phasing in line with month 2 year to date actuals. This means that there are no variances to report against plan.

Healthcare
from the heart of
your community

Workforce

Pay Costs April 23 to Current

Legend: NHSE Plan, Actuals

£'m axis: 24.5, 23.5, 22.5, 21.5, 20.5, 19.5, 18.5

X-axis: Apr-23 to Mar-25
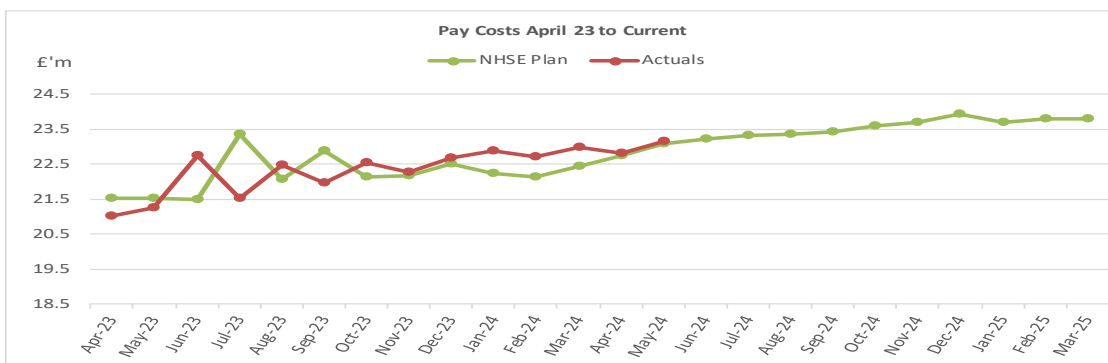
Staff Costs

	YTD	£'m
	2024/25	46.0
	2023/24	42.3
▲		9%

	Prior Yr	£'m
	May-24	23.1
	May-23	21.3
▲		9%

Trust Total FTEs April 2023 to Current

Legend: Plan, Worked, Contracted

FTEs axis: 5500, 5300, 5100, 4900, 4700, 4500, 4300, 4100, 3900, 3700, 3500

X-axis: Apr-23 to Mar-25
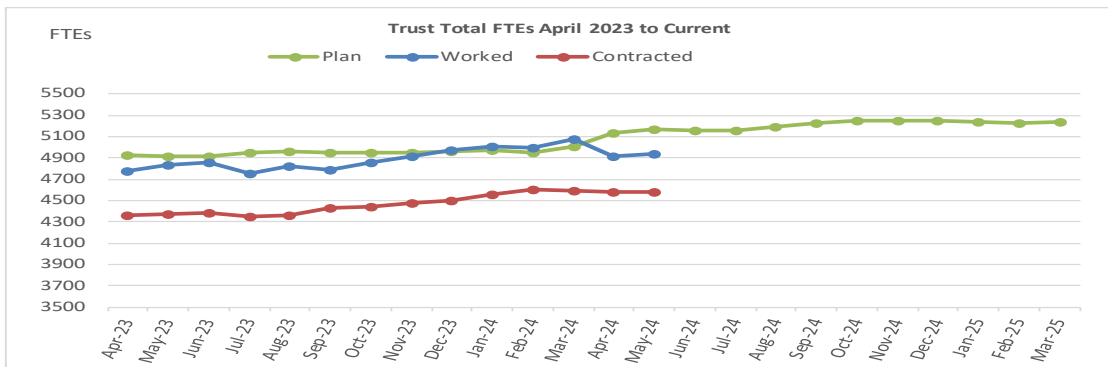
FTE's

Prioir Mth	CFTE	WFTE
May-24	4,582	4,940
Apr-24	4,580	4,917
	0%	0%
	▲	▲

Prior Yr		
May-24	4,582	4,940
May-23	4,369	4,832
	5%	2%
	▲	▲

Non Permanent Staffing April 23 to Current

Legend: Actuals, Actual, Bank/Agency Plan, Agency Ceiling

£'m axis: 3.5, 3.0, 2.5, 2.0, 1.5, 1.0, 0.5, 0.0

X-axis: Apr-23 to Mar-25
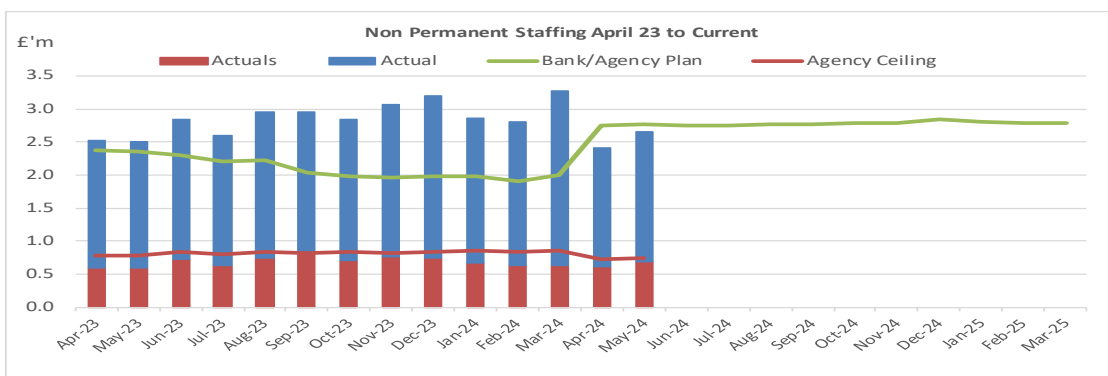
Staff Costs

YTD	Bank £'m	Agency £'m
2024/25	1.8	0.7
2023/24	1.9	0.6
	-7% ▼	17% ▲

Prior Yr	£'m	£'m
May-24	2.0	0.7
May-23	1.9	0.6
	2% ▲	17% ▲

Key Messages

Pay costs in month were £23.1m. with very little movement in WTEs in month following a reduction in worked WTEs in April.

We are operating below the NHSE System Agency Ceiling of 3.2%, currently running at 3% of overall pay costs YTD .

Agency price cap breaches, although low compared to other trusts, continue to be reviewed every month. Shifts in excess of the price cap reduced from 297 shifts in April to 289 in May.

In month, contracted WTEs increased by 2.

Healthcare from the heart of your community

Staff Detail (Staff Group)

Nursing FTEs April 2023 to Current
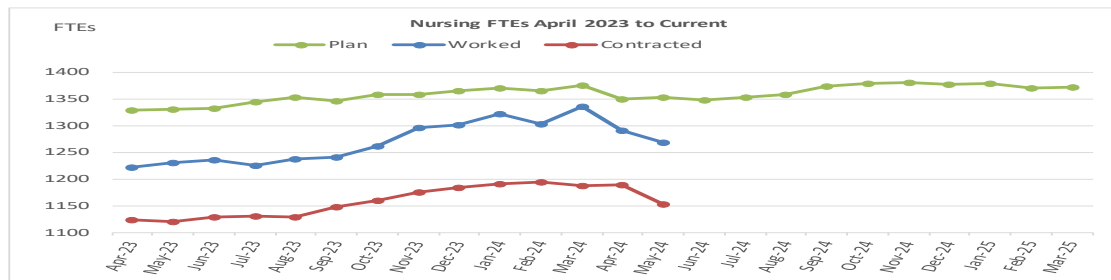
	FTE's	
Prioir Mth	CFTE	WFTE
May-24	1,153	1,269
Apr-24	1,189	1,291
	-3% ▼	-2% ▼
Prior Yr		
May-24	1,153	1,269
May-23	1,189	1,231
	-3% ▼	3% ▲

Other Qualified Non Medical FTEs April 2023 to Current
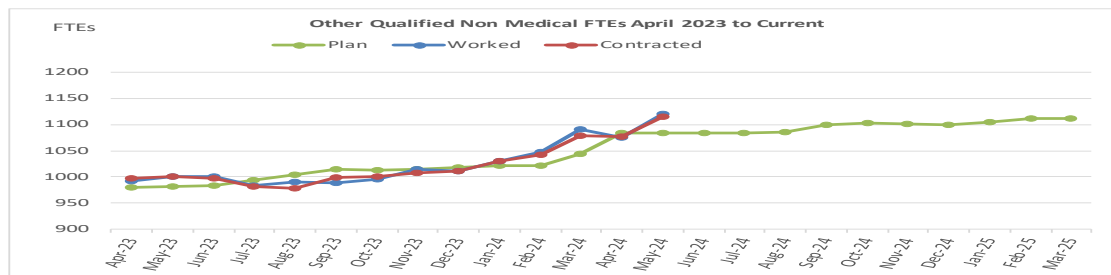
	FTE's	
Prioir Mth	CFTE	WFTE
May-24	1,116	1,120
Apr-24	1,076	1,075
	4% ▲	4% ▲
Prior Yr		
May-24	1,116	1,120
May-23	1,000	1,001
	12% ▲	12% ▲

Support to clinical staff FTEs April 2023 to Current
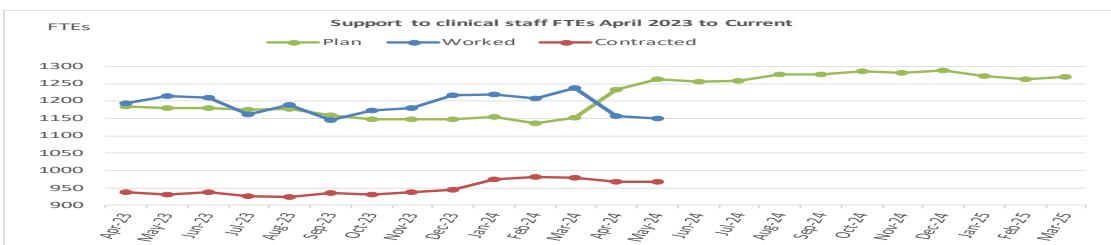
	FTE's	
Prioir Mth	CFTE	WFTE
May-24	968	1,149
Apr-24	967	1,157
	0% ▲	-1% ▼
Prior Yr		
May-24	968	1,149
May-23	931	1,214
	4% ▲	-5% ▼

Medical staff FTEs April 2023 to Current
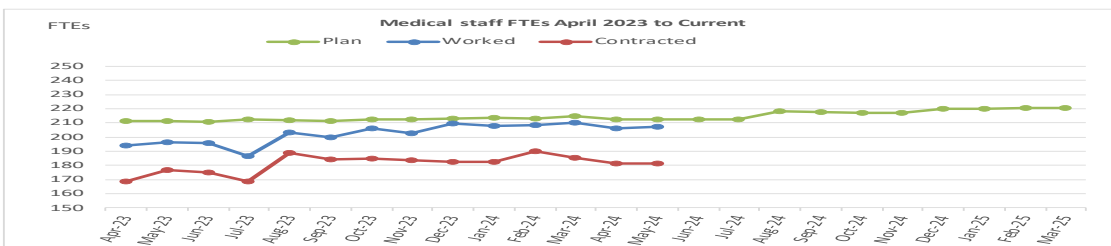
	FTE's	
Prioir Mth	CFTE	WFTE
May-24	181	208
Apr-24	181	206
	0% ▼	1% ▲
Prior Yr		
May-24	181	208
May-23	177	196
	2% ▲	6% ▲

Infrastructure staff FTEs April 2023 to Current
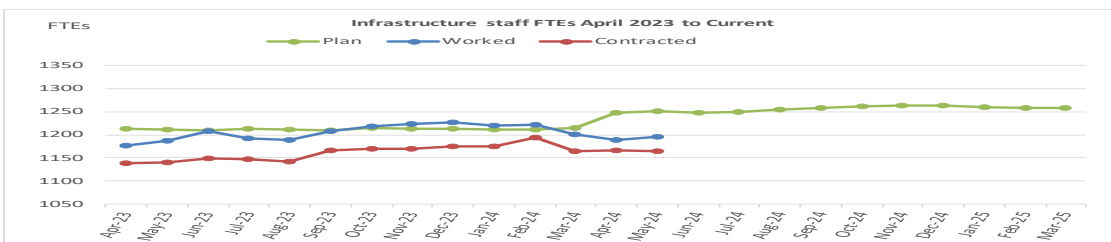
	FTE's	
Prioir Mth	CFTE	WFTE
May-24	1,164	1,195
Apr-24	1,167	1,189
	0% ▼	1% ▲
Prior Yr		
May-24	1,164	1,195
May-23	1,140	1,187
	2% ▲	1% ▲

Key Messages

Worked WTE actuals are much closer to plan since the 2023/24 financial reset.

We are still seeing a gap between worked and contracted WTEs for some graphs which highlights the continued use of agency and bank.

Staff Detail (Division)

Community Health staff FTEs April 2023 to Current
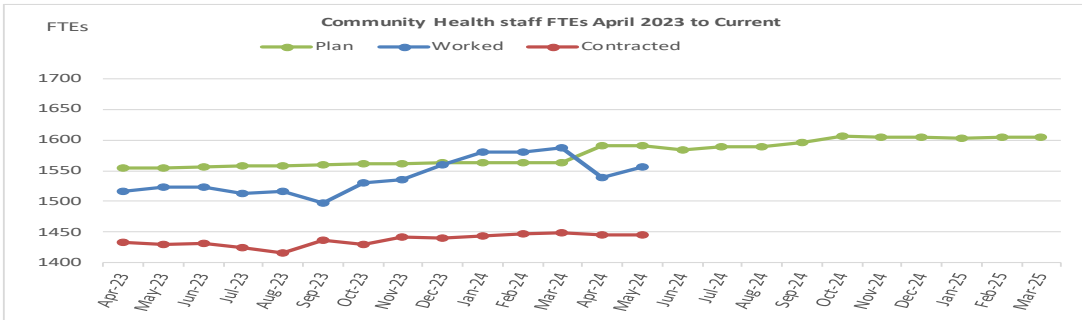
	FTE's	
Prioir Mth	**CFTE**	**WFTE**
May-24	1,446	1,556
Apr-24	1,446	1,539
	0% ▼	**1%** ▲
Prior Yr		
May-24	1,446	1,556
May-23	1,430	1,523
	1% ▲	**2%** ▲

Mental Health staff FTEs April 2023 to Current
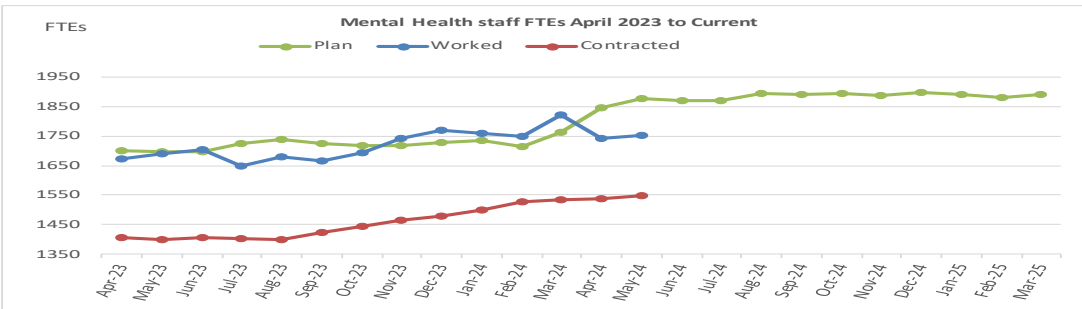
	FTE's	
Prioir Mth	**CFTE**	**WFTE**
May-24	1,547	1,753
Apr-24	1,540	1,744
	1% ▲	**1%** ▲
Prior Yr		
May-24	1,547	1,753
May-23	1,399	1,690
	11% ▲	**4%** ▲

Children Family & All Age staff FTEs April 2023 to Current
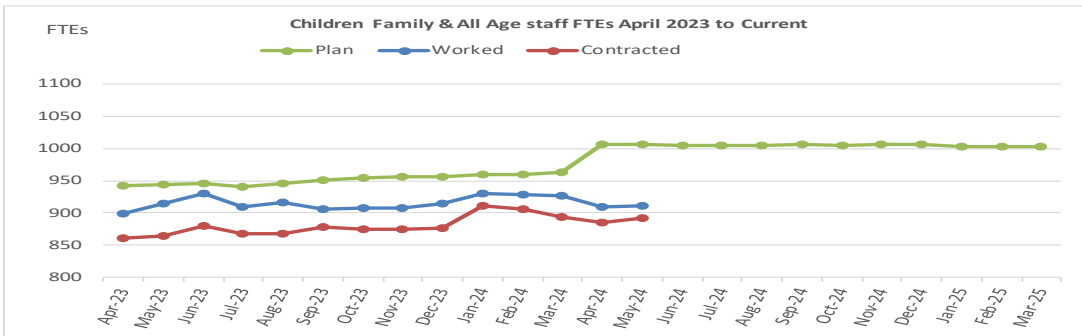
	FTE's	
Prioir Mth	**CFTE**	**WFTE**
May-24	893	911
Apr-24	885	910
	1% ▲	**0%** ▲
Prior Yr		
May-24	893	911
May-23	864	915
	3% ▲	**0%** ▼

Central Services staff FTEs April 2023 to Current
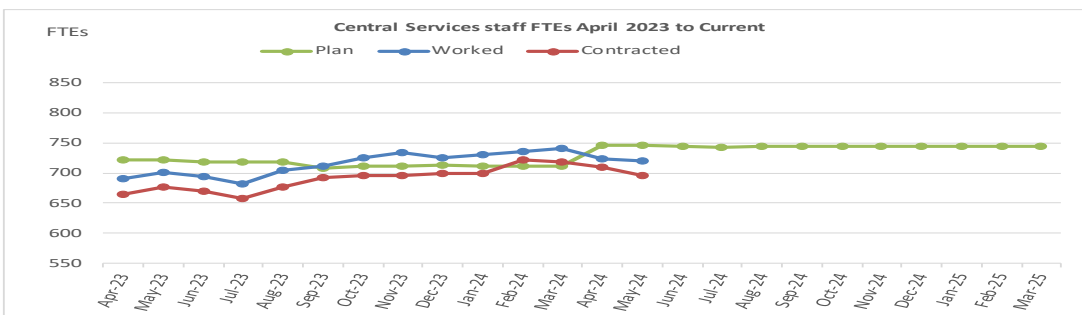
	FTE's	
Prioir Mth	**CFTE**	**WFTE**
May-24	696	720
Apr-24	710	724
	-2% ▼	**-1%** ▼
Prior Yr		
May-24	696	720
May-23	676	701
	3% ▲	**3%** ▲

Key Messages

Worked WTEs are below plan for all divisions and central services.

Healthcare
from the heart of
your community

6

Income & Elective Recovery Fund

Income April 23 to Current

Legend: NHSE Plan, Actuals
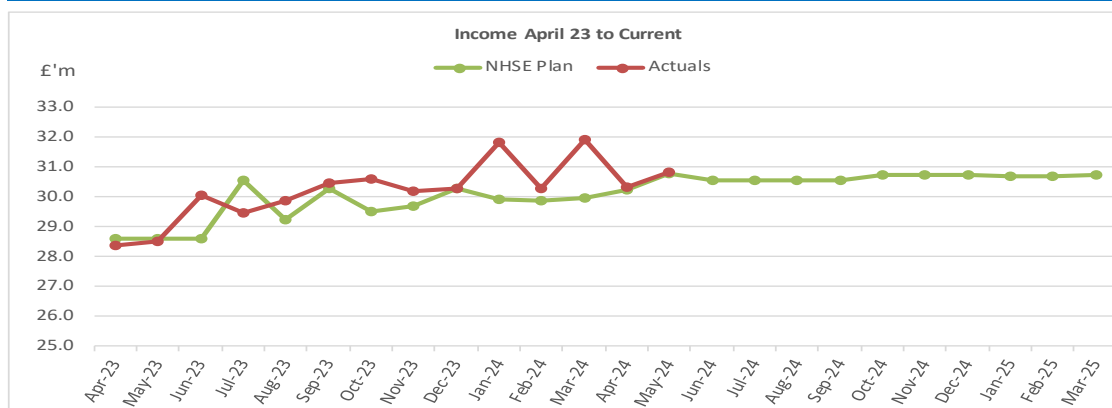
Income		
YTD		**£'m**
2024/25		61.1
2023/24		56.9
▲		7%
Prior Yr		**£'m**
May-24		30.8
May-23		28.5
▲		8%

Key Messages

Income is in line with plan as per NHSE instructions for month 2.

There are no material outstanding issues with our main commissioners and we are expecting to sign contracts with the ICBs by the 5th July 2024 deadline.

The financial plan for elective activity has been set at £4m but the a target to deliver a CIP of £1m. The chart below shows current activity for each of the ICBs compared with the stretch target of £5m which has been phased evenly across the year.

Elective Activity

ERF Performance against target	BOB		Frimley		Total	
Year to Date: May 24	**Activity**	**£000s**	**Activity**	**£000s**	**Activity**	**£000s**
Baseline	10,234	2,254,905	11,033	2,297,575	21,267	4,552,480
Actual	14,515	3,217,915	9,295	2,034,120	23,810	5,252,035
Variance	4,281	963,010	-1,738	-263,455	2,543	699,555
Income target		833,333		0		833,333
Variance (+/-)		129,677		-263,455		-133,778

The Trust will receive payment for all activity above the 19/20 baseline which is higher than for 23/24 as it has been adjusted for working days and the current activity prices. The target and income earned will be updated for further price changes resulting from pay awards as they are agreed.

The Trust's target for elective income is £5m above 19/20 baseline. £5.3m was achieved in 2023/24.

In order to deliver the plan of a £1.9m surplus, the Trust will also need to find additional CIPs of £0.8m and there is potential to secure a contribution from Frimley ICB elective income.

Although we are currently under performing against plan, some of this will be due to phasing and there will also be some inpatient activity to add from month 3.

However, we are incurring additional cost for outsourcing to deliver Frimley activity which will need to be offset against any over performance.

Healthcare from the heart of your community

Non Pay & Placement Costs

Non Pay April 23 to Current
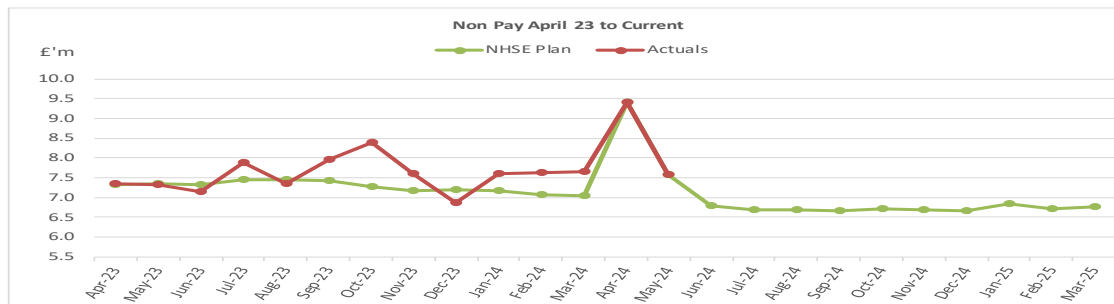
Non Pay	
YTD	**£'m**
2024/25	17.0
2023/24	14.7
▲	**16%**
Prior Yr	**£'m**
May-24	7.6
May-23	7.3
▲	**4%**

Key Messages

There are no year to date variances to report .

Acute & PICU Out of Area Placements (Appropriate & Inappropriate)
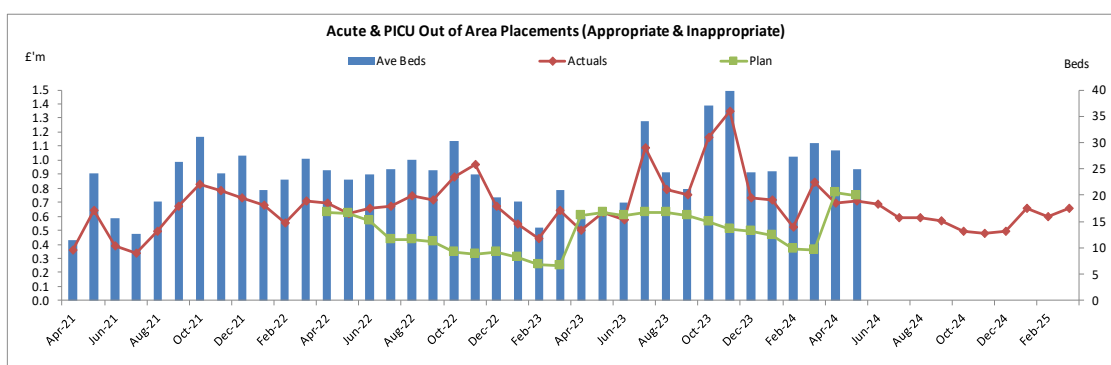
OAPs	
YTD	**£'m**
2024/25	1.4
2023/24	1.1
▲	**25%**
Prior Yr	**£'m**
May-24	0.7
May-23	0.6
▲	**13%**

Specialist Placements
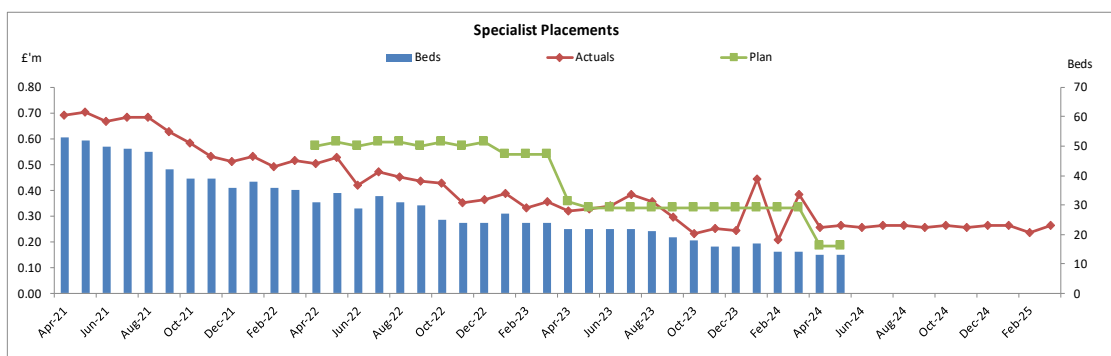
Specialist Placements	
YTD	**£'m**
2024/25	0.5
2023/24	0.6
▼	**-20%**
Prior Yr	**£'m**
May-24	0.3
May-23	0.3
▼	**-20%**

Key Messages

Out of Area Placements. The average number of placements has decreased from increased from 28 in April to 25 in May. Analysis highlights that the high level of placements continues to be driven by demand, and that flow through the hospital continues to improve, with more discharges and fewer lost bed days per patient. The monthly costs are £0.7m and slightly below plan.

We now have a dedicated clinical lead for the delivery of the bed optimisation programme, and this post has supported improving flow, including through 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 have agreed that reducing lost bed days linked to patients who are CRFD as a breakthrough objective and set a very ambitious target of 250 bed days per month. Progress against this target is monitored in QPEG.

We will continue to spot purchase PICU beds where they are clinically required. We continue to have significant demand for PICU beds especially for patients with forensic backgrounds, which do not count as an inappropriate out of area bed against the OAPs trajectory but which do have a financial impact.

The Board has agreed a reduction in acute bed at PPH to 72 from Q3. These beds will be reprovisioned to provide an overall acute bed base of 90 beds. We currently have 91 made up of 80 at PPH and 11 commissioned on a block booked basis. Additionally, we have 3 male discharge to assess beds to support flow from PHH when patients are CRFD but a placement or support package is delayed.

Specialist Placements. The average number of placements remains at 13.

Healthcare from the heart of your community

Cost Improvement Programme

Description	Directorate	Development status	Risk	Total Plan £000s	YTD Actual £00s	YTD Plan £000s
Contribution from new income - CJLD	Mental Health	Fully Developed	Low	354	59	59
Contribution from new income - MHICS	Mental Health	Fully Developed	Low	175	29	29
Contribution from retaining services - Imms	CFAS	Fully Developed	Low	444	74	74
Contribution from new income - small CH schemes	Community	Fully Developed	Low	124	21	21
Contribution from new income - small CYP schemes	CFAS	Fully Developed	Low	154	26	26
Season bed occupancy	Community	Fully Developed	Medium	80	13	13
Scheduled Care cost avoidance (vacancy removal)	Community	Fully Developed	Low	399	67	67
PICU placement reduction	Mental Health	Fully Developed	Medium	1,049	0	-
Other small division schemes	Various	Fully Developed	Low	670	112	112
New contract with EE	Central Services - IM&T	Fully Developed	Low	106	18	18
Estates and Facilities	Central Services - Estates	Fully Developed	Low	376	63	63
Increased contribution to central costs	Central Services - Pharmacy Procurement	Fully Developed	Low	98	16	16
LPS 2 WTE band 4 admin posts	Central Services - Nursing & Governance	Fully Developed	Low	66	11	11
increased contribution to central costs	Central Services - R&D	Fully Developed	Low	102	17	17
Asset Revaluation to Modern Equivalent Asset	Central Services - Finance	Fully Developed	Low	670	112	112
Opt to Tax - Frimley	Central Services - Finance	Plans In Progress	Medium	300	50	50
Liaison VAT, AP review etc	Central Services - Finance	Plans In Progress	Medium	100	17	17
Overseas visitors	Central Services - Finance	Opportunity	Medium	50	8	8
Bank Interest	Central Services - Finance	Fully Developed	Low	230	38	38
Expenses Controls	Community	Fully Developed	Low	120	0	-
Elective Recovery	Community	Plans In Progress	Medium	1,000	167	167
Balance Sheet Review (non-recurrent)	Central Services - Finance	Plans In Progress	Medium	2,106	351	351
Recurrent schemes to be developed	To be confirmed	Opportunity	High	4,827	797	797
			Total	13,600	2,064	2,064

Key Messages

The Trust's initial financial plan included £12.6m of CIPs to get to breakeven. A further £0.8m has been added due to the Trust agreeing a final plan of £1.9m.

Schemes are phased in equal 12th with the exception of the PICU placement reduction scheme which is phased in line with the MH beds paper which went to board. The expenses control scheme is linked to a specific initiative and starts later in the year.

Most of the schemes are already in place and operating with control totals already reduced accordingly.

We will expect to see some variances on elective recovery, opt to tax and bank interest from month 3.

Balance sheet review will be used to ensure that the overall target is achieved.

Recurrent schemes are to be developed as part of the closing the gap programme.

Healthcare
from the heart of
your community

Control Total

Division	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Full Year £m
Community Health	42	136											178
Mental Health	301	232											533
Mental Health OAPS (Acute/PICU)	-75	-25											-100
Children, Families & All Age	159	188											346
Central Services	89	131											219
Centralised Costs*	57	39											96
Financing	58	37											94
Control Total (Net Costs)	**630**	**737**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1,367**
Centralised Contract Income	-1	-1											-1
Non Recurrent Balance Sheet Release	-628	-738											-1,366
Total Income	**-629**	**-738**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**-1,367**
Total Control Total Surplus/(Deficit)	2	-2	0	0	0	0	0	0	0	0	0	0	0
Central Services of which													
Exec & SMT	27	26											54
Business Strategy	-23	-18											-41
People	22	29											51
Clinical Education	14	-5											9
IM&T	-15	33											19
Communications	4	3											7
Programmes & Projects	11	12											23
Estates & Facilities	20	0											20
Nurseries	6	15											21
Finance	4	4											8
Pharmacy Procurement	8	9											17
Medical	-4	0											-3
Junior Doctors	-25	-3											-28
Research & Development (Net of Income)	1	0											0
Pharmacy	44	28											72
Nursing & Governance	-7	0											-8
Total Central Services	*89*	*131*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*219*

Key Messages

The table above has been used at Trust Business Group to give a quick view on individual division and central services control total performance.

The overall position is managed through our non-recurrent balance sheet release. The table above indicates that this was not required for the first 2 months.

Healthcare from the heart of your community

Balance Sheet & Cash

	2023/24 Actual (UnAudited) £'m	Current Month			YTD		
		Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m
Intangibles	1.8	1.7	1.7	0.0	1.7	1.7	0.0
Property, Plant & Equipment (non PFI)	32.8	32.0	32.2	(0.2)	32.0	32.2	(0.2)
Property, Plant & Equipment (PFI)	45.9	45.7	45.8	(0.1)	45.7	45.8	(0.1)
Property, Plant & Equipment (RoU Asset)	15.2	14.7	15.3	(0.6)	14.7	15.3	(0.6)
Receivables	0.2	0.2	0.2	0.0	0.2	0.2	0.0
Total Non Current Assets	**95.9**	**94.3**	**95.2**	**(0.9)**	**94.3**	**95.2**	**(0.9)**
Trade Receivables & Accruals	12.1	17.1	12.1	5.0	17.1	12.1	5.0
Other Receivables	0.3	0.3	0.3	0.0	0.3	0.3	0.0
Cash	52.6	47.6	53.0	(5.4)	47.6	53.0	(5.4)
Trade Payables & Accruals	(37.2)	(34.7)	(38.9)	4.2	(34.7)	(38.9)	4.2
Borrowings (PFI and RoU Lease Liability)	(6.2)	(7.3)	(6.5)	(0.8)	(7.3)	(6.5)	(0.8)
Other Current Payables	(12.1)	(13.2)	(12.1)	(1.1)	(13.2)	(12.1)	(1.1)
Total Net Current Assets / (Liabilities)	**9.5**	**9.8**	**7.9**	**1.9**	**9.8**	**7.9**	**1.9**
Non Current Borrowings (PFI and RoU Lease Liability)	(54.9)	(55.2)	(54.3)	(0.9)	(55.2)	(54.3)	(0.9)
Other Non Current Payables	(2.1)	(2.2)	(2.1)	(0.1)	(2.2)	(2.1)	(0.1)
Total Net Assets	**48.4**	**46.7**	**46.7**	**(0.0)**	**46.7**	**46.7**	**(0.0)**
Income & Expenditure Reserve	18.1	16.3	16.4	(0.1)	16.3	16.4	(0.1)
Public Dividend Capital Reserve	21.4	21.4	21.4	0.0	21.4	21.4	0.0
Revaluation Reserve	8.9	9.0	9.0	0.0	9.0	9.0	0.0
Total Taxpayers Equity	**48.4**	**46.7**	**46.7**	**0.0**	**46.7**	**46.7**	**0.0**

Key Messages

There is a variance on cash primarily which is in part linked to the phasing of the cash plan and payments but also as result of a delay in receipt of income from commissioners, particularly the local authorities, for months 1 and 2 of the new financial year. We also have a delay in settlement of invoice from year end 2023/24 of £0.6m from Frimley Health NHS Foundation Trust. Work is underway with commissioners to secure cash payment.

The cumulative impact of delays in receipt of income has resulted in overall receivables increasing by £5m since year end 2023/24.

Cash Plan v Actual v Forecast January 2024 to March 2025

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Plan	50.6	49.5	48.1	52.6	53.0	53.1	53.6	53.8	54.0	54.2	52.1	50.5	49.0	47.7	46.8
Actual	54.9	52.8	52.6	51.4	47.6										
Forecast						53.1	53.6	53.8	54.0	54.2	52.1	50.5	49.0	47.7	46.8
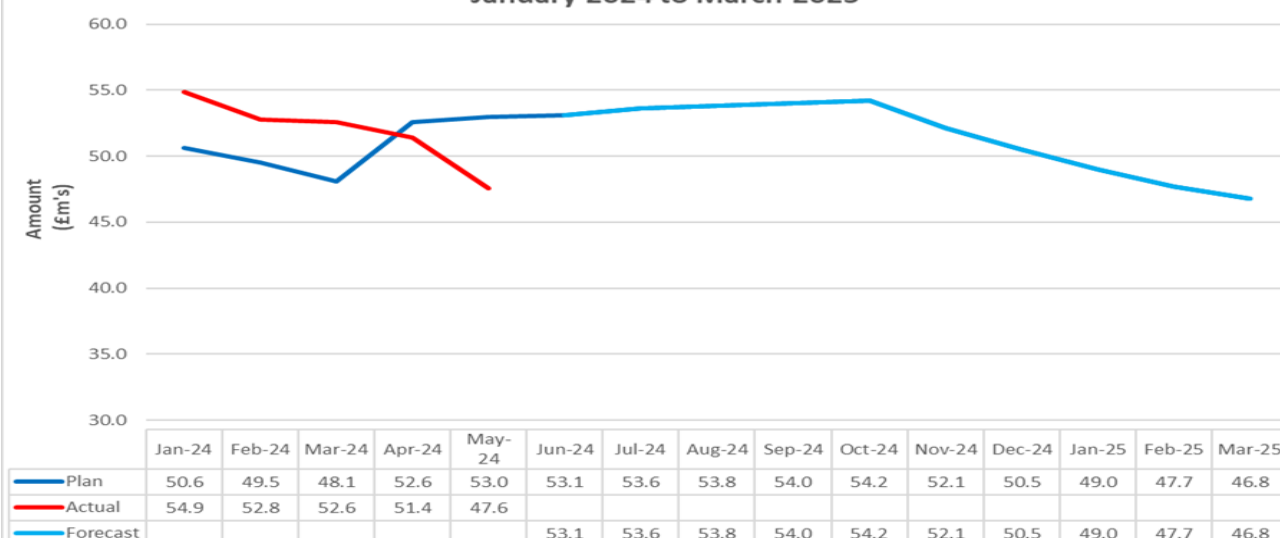
Capital Expenditure

Schemes	Current Month Revised			Year to Date Revised			FY	Forecast	FY
	Actual £'000	Proposed Plan £'000	Variance £'000	Actual £'000	Proposed Plan £'000	Variance £'000	Plan £'000	Outturn £'000	Variance £'000
Estates Maintenance & Replacement Expenditure									
Trust Owned Properties	(24)	32	(56)	(26)	65	(91)	477	477	0
Nicholson House Relocation	0	0	0	0	0	0	500	500	0
Jubilee Ward Relocation Upton/St Marks	0	0	0	0	0	0	150	150	0
Additional Dental Surgery St Marks	0	0	0	0	0	0	185	185	0
Leased Non Commercial (NHSPS)	(0)	0	(0)	0	0	0	275	275	0
West/Reading Consolidation - Bath Road, Cremyll Road, Coley Cli	0	0	0	0	0	0	800	800	0
Leased Commercial	45	20	25	50	40	10	135	135	0
Environment & Sustainability	0	0	0	(6)	0	(6)	150	150	0
Audiology Equipment	0	0	0	0	0	0	181	160	21
Various All Sites	28	7	22	29	13	15	306	367	(53)
Statutory Compliance	(16)	0	(16)	(29)	0	(29)	160	120	40
Subtotal Estates Maintenance & Replacement	**34**	**59**	**(25)**	**18**	**118**	**(100)**	**3,319**	**3,319**	**8**
IM&T Expenditure									
Business Intelligence and Reporting	23	10	13	17	20	(3)	160	160	0
Hardware Purchases - Refresh & Replacement	(41)	0	(41)	(41)	0	(41)	3,447	3,447	0
Additional Divisional Spend	39	48	(10)	72	97	(25)	687	687	0
Digital Strategy	50	50	0	102	100	2	650	650	0
EMIS and ePMA systems re-tender project	0	15	(15)	0	30	(30)	207	207	0
Pharmacy System Procurement	0	0	0	0	0	0	100	100	0
Subtotal IM&T Expenditure	**71**	**123**	**(52)**	**150**	**247**	**(97)**	**5,251**	**5,251**	**0**
Subtotal CapEx Within Control Total	**105**	**182**	**(78)**	**168**	**365**	**(197)**	**8,570**	**8,570**	**8**
CapEx Expenditure Outside of Control Total									
Place of Safety	2	0	2	2	0	2	2,600	2,600	0
Anti-Ligature Toilet Pans & Basins	0	77	(77)	0	153	(153)	681	681	0
Low Carbon Heating Scheme	0	0	0	0	0	0	406	406	0
LED Lighting Upgrades	0	0	0	0	0	0	250	250	0
Other PFI projects	(1)	0	(1)	(2)	0	(2)	575	575	0
Subtotal Capex Outside of Control Totals	**1**	**77**	**(76)**	**1**	**153**	**(153)**	**4,512**	**4,512**	**0**
Total Capital Expenditure	**106**	**259**	**(153)**	**168**	**518**	**(350)**	**13,082**	**13,082**	**8**
IFRS16 RoU ASSETS - New Leases									
Lower Henwick Farm lease	0	0	0	0	0	0	200	200	0
Cremyll Road Lease	0	450	(450)	0	450	(450)	450	450	0
Chalvey Lease	0	0	0	0	0	0	750	750	0
Bath Road	0	0	0	0	0	0	100	100	0
Bracknell Healthspace	0	0	0	0	0	0	500	500	0
Calcot Surgery	0	0	0	0	24	(24)	24	24	0
CoIN	0	40	(40)	0	80	(80)	500	500	0
Total IFRS 16 RoU Assets - New leases	**0**	**490**	**(490)**	**0**	**554**	**(554)**	**2,524**	**2,524**	**0**

Key Messages

At M02, CDEL expenditure is £0.2m with an underspend of £0.1m due to VAT reclaims for 23/24 capital projects in review and to be finalised for M03.

Non-CDEL spend for PFI sites is underspent by £0.2m on the anti-ligature project, which started at the end of May. PFI Place of Safety project continues to be under the Deed of Variation process and is expected to start in September. Revised project costs have been received and are due to be reviewed by the Capital Review Group.

There is an underspend on IFRS16 Right of Use Assets of £0.6m and we are awaiting further information on lease renewal.

Healthcare from the **heart** of your community

NHS
Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	9th July 2024
Title	**True North Performance Scorecard Month 2 (May 2024) 2024/25**
	The Board is asked to note the True North Scorecard.
Reason for the Report going to the Trust Board	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 2024/25.
Business Area	Trust-wide Performance
Author	Chief Financial Officer
Relevant Strategic Objectives	The True North Performance scorecard consolidates metrics across all domains. 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. **Patient safety** **Ambition:** We will reduce waiting times and harm risk for our patients **Patient experience and voice** **Ambition:** We will leverage our patient experience and voice to inform improvement **Health inequalities**

	Ambition: We will reduce health inequalities for our most vulnerable patients and communities
	Workforce
	Ambition: We will make the Trust a great place to work for everyone
	Efficient use of resources
	Ambition: We will use our resources efficiently and focus investment to increase long term value

True North Performance Scorecard Highlight Report – May 2024

The True North Performance Scorecard for Month 2 2024/25 (May 2024) is included. Performance business rule exceptions, red rated with the True North domain in brackets.

The business-based rules and definitions are included, along with an explanation of Statistical Process Control (SPC) Charts, which are used to support the presentation of Breakthrough metrics.

<u>**Breakthrough and Driver Metrics**</u>

- Clinically Ready for Discharge by Wards including Out of Area Placements (OAPs) (Mental Health) – **(Patient Experience)** – is at 351 against a 250-bed day target.

    o An increase from last month with Reading the top contributor with 8 patients. Overall older adults are contributing the most to delays. Two new care homes have moved into the area housing patients with complex needs which will potentially put further pressure on the wards, the team are currently investigating.

- Bed Days Occupied by Patients who are Discharge Ready (Community Physical Health) – **(Patient Experience)** – is at 650 against a 500-bed day target.

    o In May 51 patients were waiting for a package of care and delays have been reduced to days not the previous longer periods. Since being monitored the metric has reduced by 10%. There has been a shift in the highest contributing Local Authority from WAM to Wokingham. Further analysis is being undertaken on internal delays and Length of Stay is now a Divisional driver.

The following Breakthrough metric is Green and are performing better than agreed trajectories or plan.

- Restrictive Interventions **(Harm Free Care)** – 267 against a target of 309.

    o One patient with complex needs contributed to slight increase. The team are making small changes to the environment based on an hypothesis around sensory overload for patients.

- Physical Assaults on Staff **(Supporting our Staff)** – at 35 against a target of 44.

    o Remains a key focus at the site. Slight increase from previous month, but still under target for 2 months. The team are focusing on top contributors, Snowdrop (8) and Rowan (5) wards. Snowdrop ward have a couple of patients with complex presentations.

<u>**Driver Metrics**</u>

The following metrics are Red and not performing to plan.

- I Want Great Care Positive Score **(Patient Experience)** – at 94.3% against a 95% target.

- I Want Great Care Compliance Rate **(Patient Experience)** – at 7.3% against a 10% target.

The following metrics are Green and are performing better than agreed trajectories or plan.

- Staff turnover **(Supporting our Staff)** – 12.60% against a 10% target by March 2025.

- Year to Date Variance from Control Total **(Efficient Use of Resources)** – data to be introduced for month 3.

- Inappropriate Out of Area Placements (OAPs) (Mental Health) – **(Patient Experience)** – at 3 active patients against a target of 8 in quarter 1. This metric has changed from bed days to active patients for 2024/25.

Tracker Metrics

The following metrics are Red or not performing to plan according to the business rules.

- Sickness rate **(Supporting Our Staff)** – red at 3.9% against a target of 3.5%.

- PDP (% of Staff Compliant) Appraisal % **(Supporting Our Staff)** – at 89.1% against a 95% target by 31st May 2024. Target achieved in June.

- Number of Patients not Seen on RTT Waiting over 52 weeks **(Patient Experience)** – 1 patient waiting against a target of 0.

- Number of Patients not Seen on RTT Waiting over 65 weeks **(Patient Experience)** – 1 patient waiting against a target of 0.

- Proportion of Patients Referred for Diagnostic Tests who have been waiting for less than 6 weeks (DM01 – Audiology) **(Patient Experience)** – at 71% against a target of 95%.

- Talking Therapies Reliable Improvement for those completing a course of treatment (Frimley) **(Patient Experience)** – at 63.80% against a target of 67%.

- Talking Therapies Reliable Improvement for those completing a course of treatment (BOB) **(Patient Experience)** – at 62.79% against a target of 67%.

- Talking Therapies Reliable Recovery for those completing a course of treatment (Frimley) **(Patient Experience)** – at 45.5% against a target of 48%.

- Talking Therapies in treatment pathway waits 90 days for 2nd appointment (Frimley) **(Patient Experience)** – at 16.1% against a target of <10%.

- Talking Therapies in treatment pathway waits 90 days for 2nd appointment (BOB) **(Patient Experience)** – at 15.9% against a target of <10%.

- Access to Talking Therapies services for adults aged 65+ (BOB) **(Patient Experience)** – at 6.7% against a 20% target.

- Access to Talking Therapies services for adults aged 65+ (Frimley) **(Patient Experience)** – at 8.3% against a 20% target.

- Estimated Diagnosis rate for Dementia (Frimley) **(Patient Experience)** – at 66.14% against a target of 66.6%.

- Estimated Diagnosis rate for Dementia (BOB) **(Patient Experience)** – at 65.36% against a target of 66.6%.

- Patient Safety Alerts not completed to deadline **(Harm Free Care)** – 1 incident against a target of 0.

- Community Inpatient Occupancy **(Efficient Use of Resources)** – at 91.8% against a target of 85%.

- Community Inpatient Average Length of Stay **(Efficient Use of Resources)** – at 25.8% against a target of <21 days.

- Mental Health Acute Occupancy rate (excluding home leave) **(Efficient Use of Resources)** – at 97.7% against an 85% target.

- Mental Health: Acute Average Length of Stay (bed days) **(Efficient Use of Resources)** – at 58.7 days against a target of 30 days.

- Community Virtual Ward Occupancy (Frimley) **(Efficient Use of Resources)** – at 50.6% against a target of 80%.

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:

Harm Free Care Driver: Fall incidents in Community & Older Adult Mental Health Inpatient Wards (Nov 18 to Sep 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
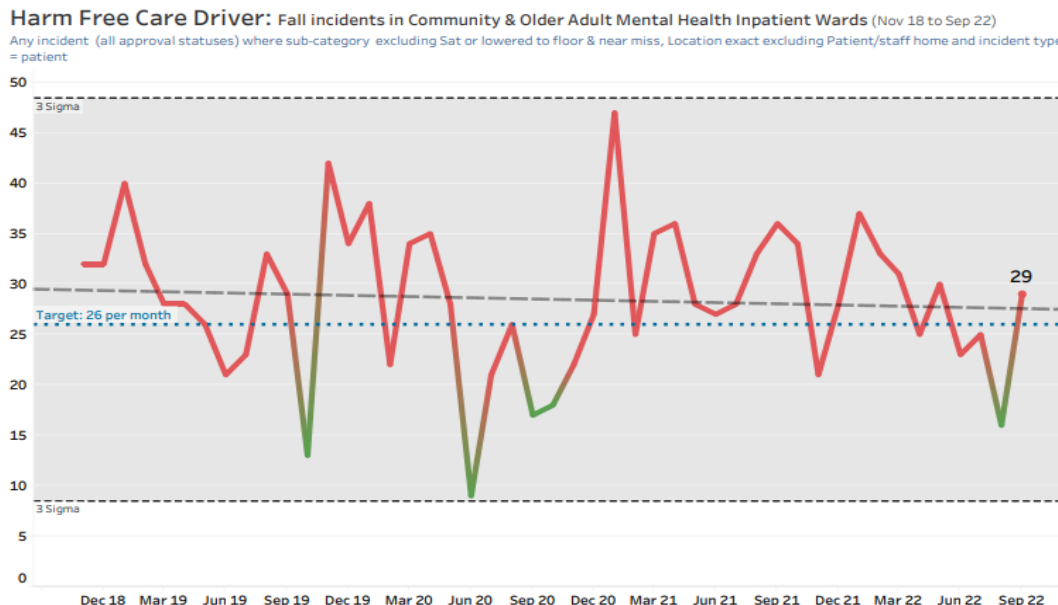
- A target line (the blue dotted line)
- A longer series of data points
- Upper Control Limit (UCL) to 3 Sigma
- Lower Control Limit (LCL) to 3 Sigma
  - These process limits (UCL & LCL) are defined by our data and calculated automatically. If nothing changes with the process, we can expect 99% of data 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.

Performance Scorecard - True North Drivers

Harm Free Care

Metric	Target	External/Internal	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
Restrictive Interventions in Mental Health Inpatient Wards	309	Internal	324	320	301	246	294	198	196	160	200	172	221	267

Patient Experience

Metric	Target	External/Internal	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
Positive Patient Experience Score %	95% compliance	External	94.1%	95.2%	95.2%	94.3%	93.3%	94.3%	94%	94.7%	94.0%	94.5%	93.6%	94.3%
Patient Experience Compliance Rate %	10% compliance	External	3.7%	3.5%	4.2%	3.3%	3.6%	3.2%	2.7%	3.3%	3.5%	3.2%	7.0%	7.3%

Metric	Target	External/Internal	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Breakthrough Clinically Ready for Discharge by Wards MH (including OAPS)	250 bed days	External	565	712	460	348	465	390	559	371	268	353	248	351
Breakthrough Bed days occupied by patients who are discharge ready Community	500 bed days	External	876	823	766	727	895	779	741	850	752	675	554	650

Performance Scorecard - True North Drivers

Supporting our Staff

Metric	Threshold / Target	External/Internal	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
Breakthrough Physical Assaults on Staff	44 per month	Internal	59	70	61	52	50	74	107	61	71	52	26	35
Staff turnover (excluding fixed term posts)	10% by March 2025	External	14.54%	14.35%	14.09%	13.63%	13.42%	13.03%	12.87%	12.33%	12.83%	12.28%	12.4%	12.60%

Efficient Use of Resources

Metric	Threshold / Target	External/Internal	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
YTD variance from control total (£'k)	0	External	-805	-1116	-1430	-1983	-1492	-1459	-1712	-1914	-1648	-2476	0	0
Active Inappropriate OAPS at end of month	< 8 Q1, 5 Q2, 3 Q3 , 1 Q4	External											5	3

Patient Experience: Breakthrough Clinically Ready for Discharge by Wards MH (Including OAPS) (June 2023- May 2024)

All Mental Health wards excludes Campion ward (Learning Disability)

Target: 250 OBDS month

Month	Value
Jun-23	27
Jul-23	37
Aug-23	27
Sept-23	26
Oct-23	20
Nov-23	24
Dec-23	31
Jan-24	28
Feb-24	18
Mar-24	20
Apr-24	22
May-24	21

Line values: 712 (Jul-23), 465 (Oct-23), 559 (Dec-23), 348 (Sept-23), 353 (Mar-24), 351 (May-24)
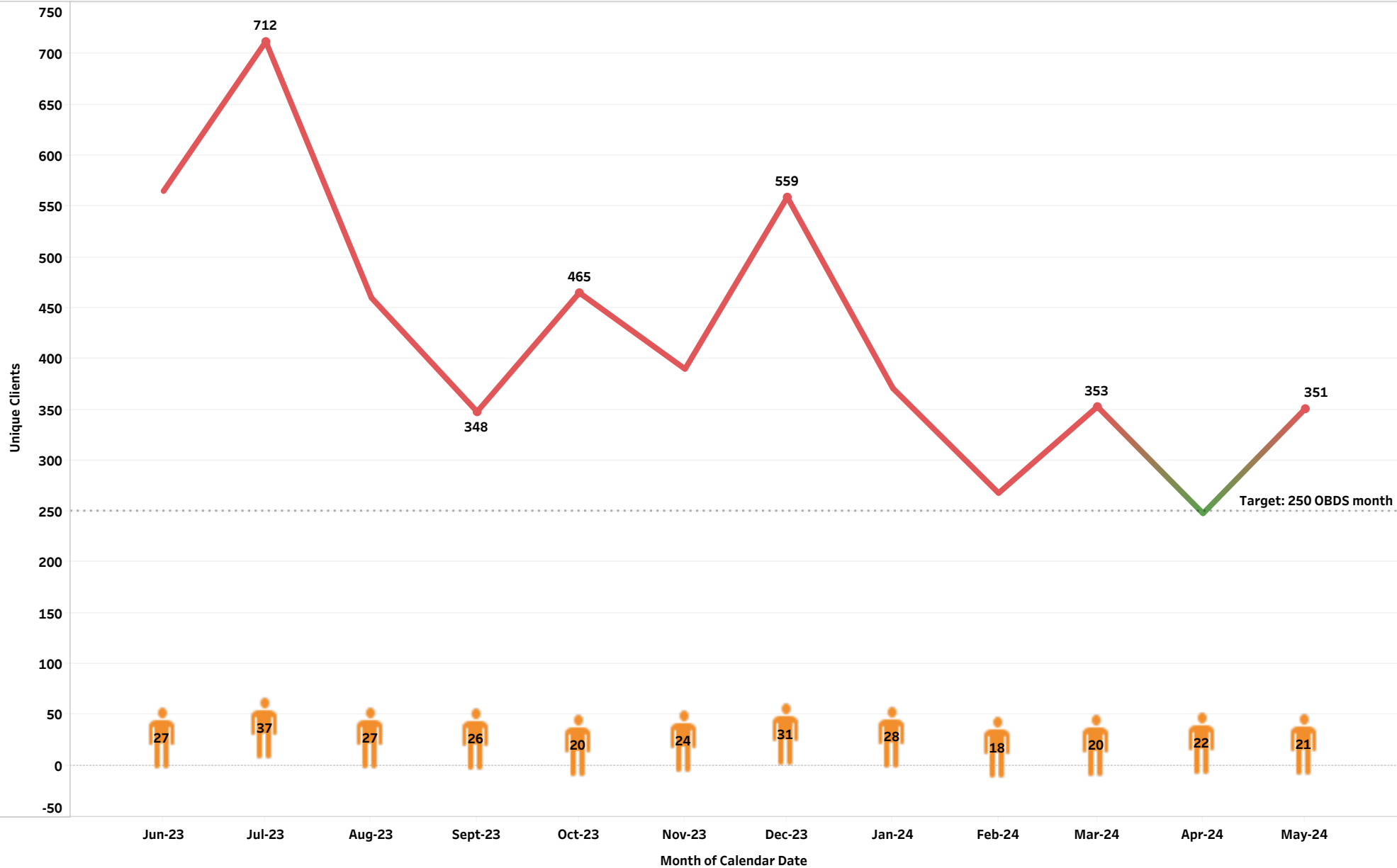
Patient Experience: Breakthrough Bed days occupied by patients who are discharge ready Community

(June 2023- May 2024)

All Community health wards

Count Clients

Month	Count
Jun-23	876 / 125
Jul-23	104
Aug-23	104
Sept-23	114
Oct-23	107
Nov-23	92
Dec-23	108
Jan-24	130
Feb-24	112
Mar-24	90
Apr-24	90
May-24	650 / 94

500 Bed days

Month of CALENDAR_DATE
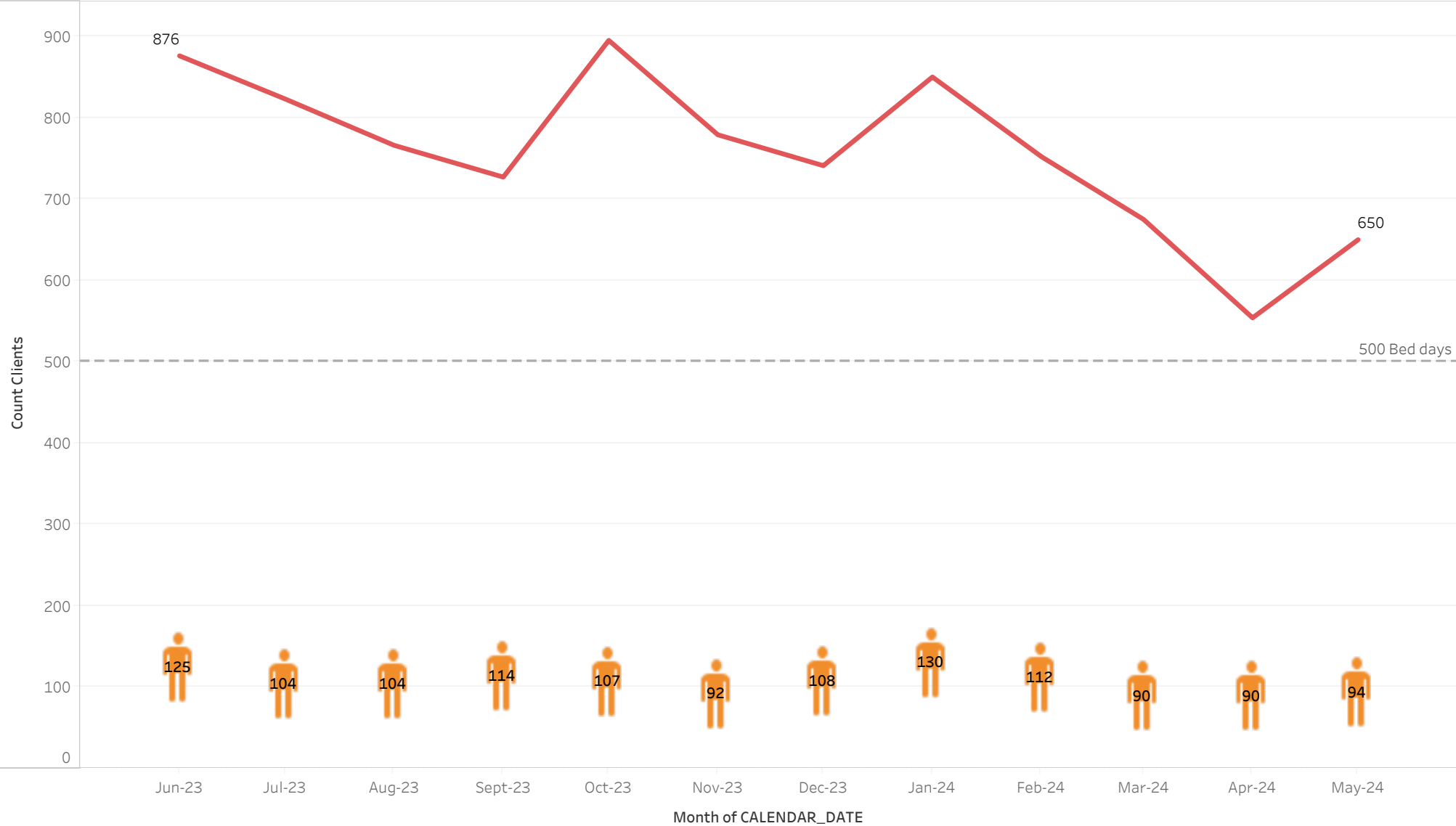
Supporting Our Staff Driver: Physical Assaults on Staff (Jun 20 to May 24)

Any incident where sub-category = assault by patient and incident type = staff
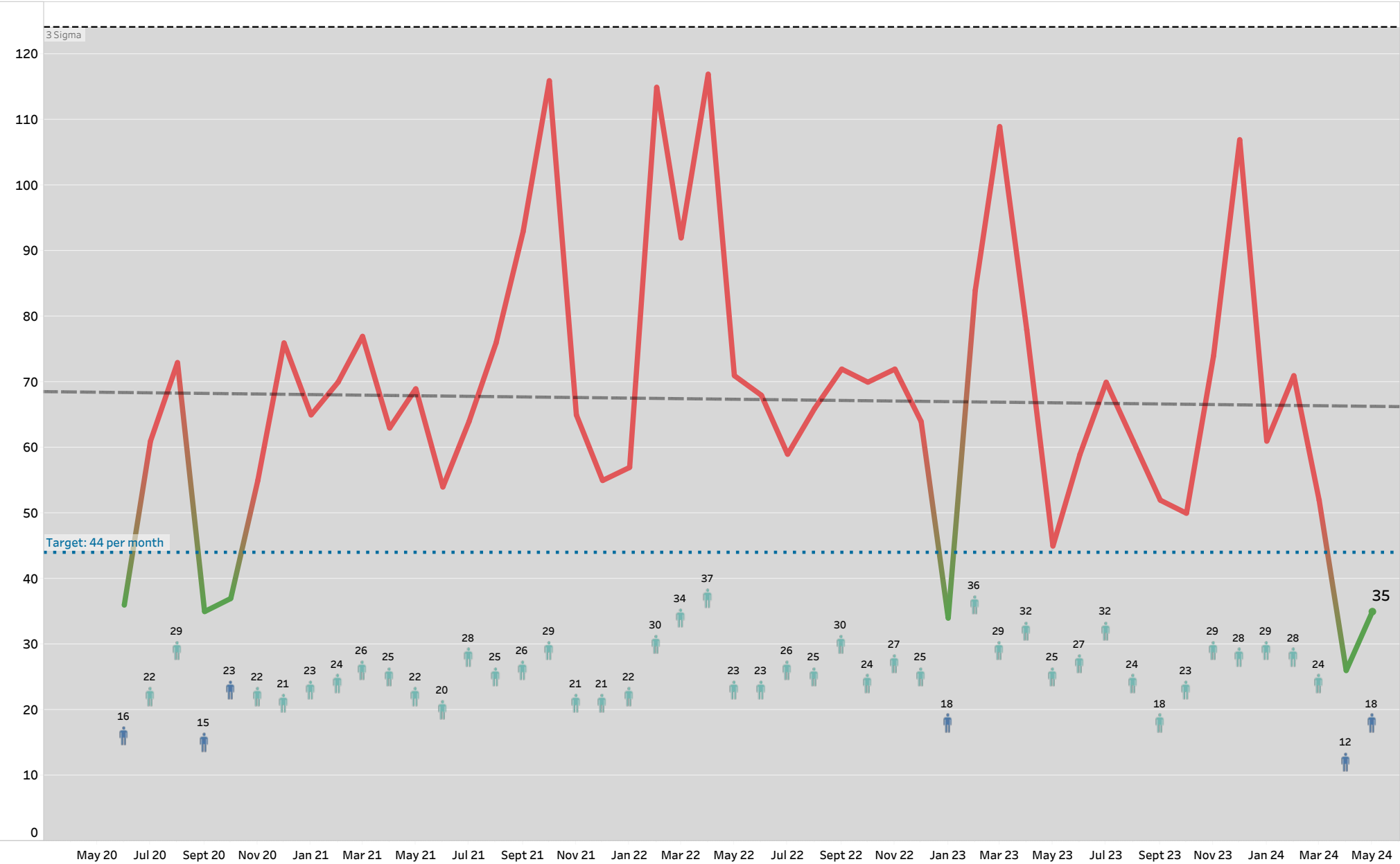
Supporting Our Staff Driver: Physical Assaults on Staff by Location (May 2024)
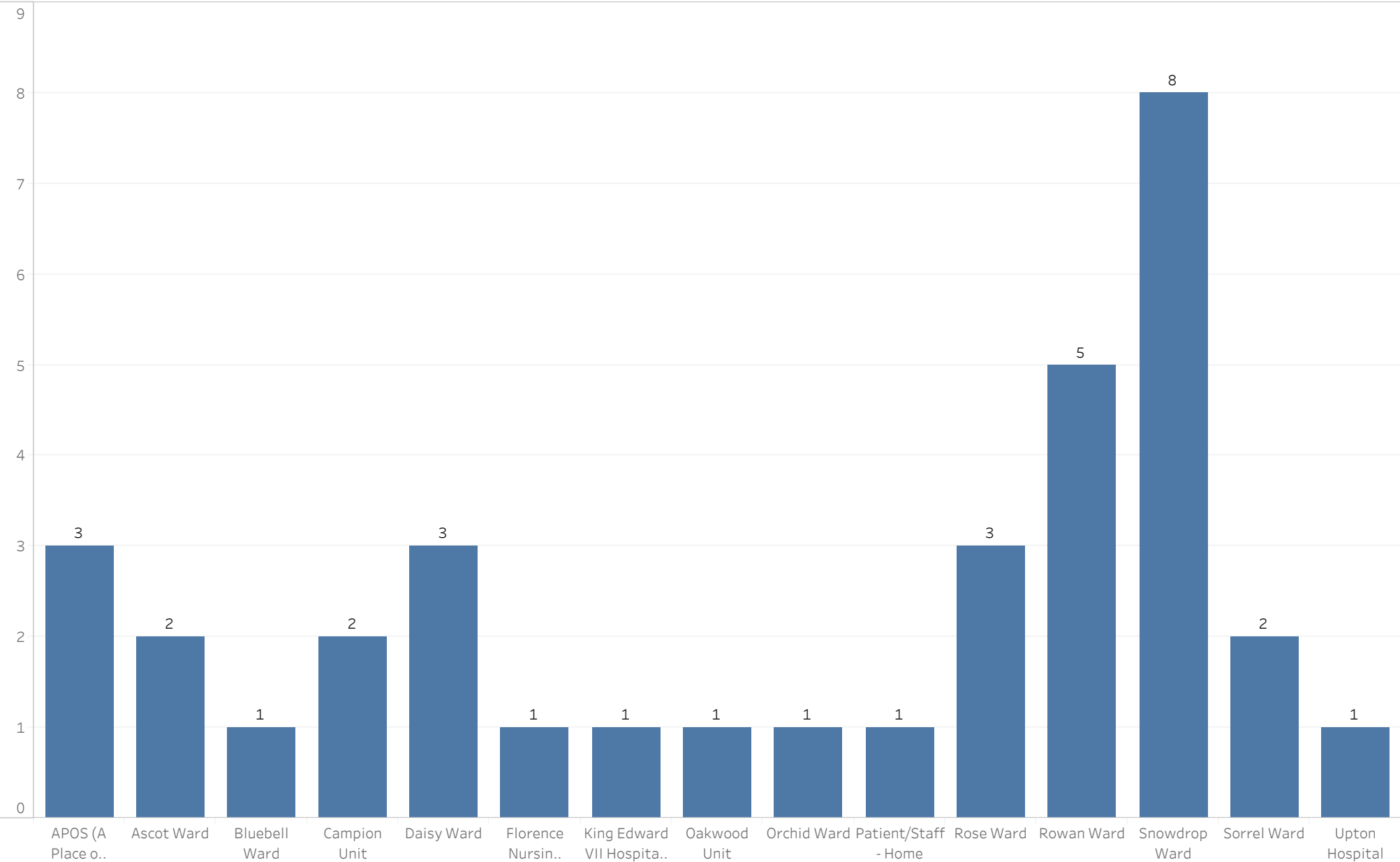
True North Supporting Our Staff Summary

Metric	Threshold / Target	External/Internal	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
Statutory Training: Fire: %	90% compliance	Internal	94.3%	94.2%	93.5%	93.1%	93.4%	94.0%	93.9%	93.9%	93.5%	93.5%	94.6%	95.5%
Statutory Training: Health & Safety: %	90% compliance	Internal	96.4%	96.4%	96.3%	96.4%	96.5%	96.4%	96.5%	96.4%	96.6%	96.7%	96.9%	97.0%
Statutory Training: Manual Handling: %	90% compliance	Internal	94.0%	94.3%	94.3%	93.4%	93.4%	93.7%	93.0%	93.3%	93.0%	92.2%	93.7%	93.7%
Mandatory Training: Information Governance: %	95% compliance	Internal	98.0%	98.2%	97.7%	97.4%	97.5%	97.6%	97.4%	97.5%	97.1%	96.7%	97.7%	98.2%
Sickness Rate: %	<3.5%	External	3.8%	3.9%	3.7%	3.9%	4.6%	4.6%	4.6%	4.8%	4.1%	3.7%	3.9%	
PDP (% of staff compliant) Appraisal: %	95% compliance by 31 May 2025	Internal	92.1%	92.5%									34.2%	89.1%

True North Patient Experience

Metric	Target	External/Internal	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
A&E: Maximum wait of four hours from arrival to admission/transfer /discharge: %	95%	External	99.42	99.40	99.42	99.17	99.22	99.20	99.14	99.5	99.40	99.35	98.60	99.37
Community Health Services: 2 Hour Urgent Community Response %.	80% local, 70% National	External	87.8%	87.6%	85.2%	86.3%	88.5%	82.0%	81.8%	82.5%	86.7%	87.7%	86.2%	84.6%
Number of Adults on community Health waiting lists by system (BOB)	No Trust Target	External	8120	7964	7694	7253	7240	6880	6819	7039	6596	7095	6936	7231
Number of Adult on community Health waiting lists by system (Frimley)	No Trust Target	External	7461	7448	7625	7191	7006	6086	5962	5798	5796	5678	6124	6376
Community Dentistry Activity	Total Trust UDA per Annum 9037 CDS & 2000 DAC. 919 per month	External	2101	3519	4273	5112	6026	7034	7359	8412	9349	9827	725	1441
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	External	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	External	100	100	99.57	99.53	100	100	100	100	100	100	100	100
Number of Patients not seen on RTT waiting over 52 weeks	0	External	0	0	0	0	0	0	1	1	0	1	0	1
Number of Patients not seen on RTT waiting over 65+ weeks	0	External	0	0	0	0	0	0	1	1	0	1	0	1
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	95% seen	External	92.09	97.79	100	99.00	99.07	95.93	97.79	95.18	99.53	97.03	98.21	71

True North Patient Experience

Metric	Target	External/Internal	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	26 per month	Internal	25	24	21	26	28	24	29	26	31	27	22	15
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	Internal	88.4%	86.8%	90.0%	88.8%	84.6%	86.5%	89.2%	81.6%	91.4%	86.1%	80.2%	86.6%
Number of CYP (0-17 years) on Community Health waiting lists by system Frimley	No Trust Target	External	2473	2399	2381	2376	2317	2304	2201	2284	2165	2244	2206	2359
Number of CYP (0-17 years) on Community Health waiting lists by system BOB	No Trust Target	External	2086	1997	1864	1820	1681	1763	1573	1531	1351	1374	1281	1370
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95%	Internal	75%	100%	75%	100%	100%	100%	50%	50%	100%	100%	40%	50%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95%	Internal	85.7%	60%	100%	100%	100%	100%	100%	87.5%	85.7%	60%	100%	90.9%
Access to Children and Young People's Mental Health Service 0-17 1+ Contact Frimley	Cumulative Year to Date Target for Frimley for 2024/25 Minimum 2353. Cumulative YtD figures shown	External	4106	4230	4337	4487	4618	4757	4859	5011	5167	5318	5481	5645
Access to Children and Young People's Mental Health Service 0-17 1+ Contacts BOB	Cumulative Year to Date Target for Frimley for 2024/25 Minimum 2353.Cumulative YtD figures shown	External	5840	6027	6158	6407	6584	6802	6962	7191	7385	7587	7801	8030
Access to Children and Young People's Mental Health Service Aged 18-24 1+ Contacts measured from Data Set BOB	Cumulative Year to Date figure given 2024/25 Minimum BOB target 222	External	2265	2334	2393	2489	2573	2665	2732	2824	2881	2954	3025	3112
Access to Children and Young People's Mental Health Service 18-24 1+ Contact Frimley	Cumulative Year to Date figure given 2024/25 Minimum BOB target 222	External	1533	1582	1631	1690	1755	1828	1860	1927	1977	2037	2087	2156

True North Patient Experience

Metric	Target	External/Internal	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
Talking Therapies Referral to Treatment 75% within 6 weeks BOB	75%	External	94%	90%	91%	88%	86%	89%	86%	88%	90%	93%	99%	91%
Talking Therapies Referral to Treatment 75% within 6 weeks Frimley	75%	External	92%	91%	91%	85%	90%	89%	91%	88%	92%	90%	90%	91%
Talking Therapies Referral to Treatment 95% within 18 weeks BOB	95%	External	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Talking Therapies Referral to Treatment 95% within 18 weeks Frimley	95%	External	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Talking Therapies % of Patients Entered Treatment Frimley	80%	External												99%
Talking Therapies % of Patients Entered Treatment BOB	80%	External												100%
Numbers of OA receiving a course of treatment (2+ contacts) as a % of total Frimley	Null	External												45%
Numbers of OA receiving a course of treatment (2+ contacts) as a % of total BOB	Null	External												56.99%
Talking therapies Overall receiving a course of treatment (2+ contacts) Frimley	Null	External												56.99%
Talking Therapies Overall receiving a course of treatment (2+ contacts) BOB	Null	External												61%

True North Patient Experience

Metric	Proposed Target..	External/Internal	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
Talking Therapies Recovery rates BOB	50%	External	44%	50.39%	48.79%	46%	42%	49%	49.39%	49%	44%	49.5%	50%	52.80%
Talking Therapies Recovery rates Frimley	50%	External	46%	49.5%	43.5%	46%	45%	41%	47.39%	48%	44%	47%	45%	51%
Talking Therapies Reliable Improvement for those completing a course of treatment Frimley	67%	External											59%	63.80%
Talking Therapies Reliable Improvement for those completing a course of treatment BOB	67%	External											64%	62.79%
Talking Therapies Reliable Recovery for those completing a course of treatment Frimley	48%	External											43%	45.5%
Talking Therapies Reliable Recovery for those completing a course of treatment BOB	48%	External											46%	48.5%
Talking Therapies In treatment pathway waits 90 day for 2nd Appointment Frimley	<10%	External	9.19%	10.2%	7.79%	11.4%	13%	11.7%	12.8%	11%	9.80%	11.5%	15.2%	16.1%
Talking Therapies in treatment pathway waits 90 day for 2nd Appointment BOB	<10%	External	12.5%	10.4%	12.3%	13.8%	17%	15.6%	17.8%	22%	18.1%	16.1%	16.4%	15.9%

True North Patient Experience

Metric	Proposed Target/Threshold	External/Internal	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
Access to Talking Therapies services for adults aged 65+ BOB	New 2024/25 20%	External	7.7%	6%	7.0%	8%	6%	6%	5%	7.0%	8%	8%	7.3%	6.7%
Access to Talking Therapies services for adults aged 65+ Frimley	New 2024/25 18%	External	6.2%	8%	7.0%	9%	8%	8%	7.0%	8%	8%	7.0%	8.5%	8.3%
EIP: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral: %	60% treated	External	80	87.5	100	100	81.82	100	80	85.70	100	100	100	100
Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illness 2+ contacts BOB	Cumulative Year to Date 24/25 Minimum Frimley Target 7860	External	4952	5147	5305	5498	5677	5871	6028	6227	6445	6700	6903	7869
Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illness 2+ contacts Frimley	Cumulative Year to Date 24/25 Minimum Frimley Target 7860	External	3964	4103	4216	4368	4529	4740	4852	5014	5162	5349	5509	6172
Access to Perinatal Services- Assessments Frimley	7.5% live birth rate - 409 Oct 23 439 March 2023. 37 per Month	External	36	37	31	21	30	37	25	40	23	22	20	22
Access to Perinatal Services - Assessments BOB	10% live birth rate - 611 per annum 51 per month	External	55	52	24	24	31	43	43	39	44	30	44	30
Access to Perinatal Services - % Birth Rate BOB	Target 10% live birth rate per Quarter	External												
Access to Perinatal Services- % Birth Rate Frimley	7.5 % live birth rate per Quarter	External												
Physical Health Checks 7 Parameters for people with severe mental illness (SMI)	75%	Internal	85%	85%	86%	90%	87%	90%	91%	91%	92%	96%	90%	93%
Mixed Sex Breaches on Ward	0	External	0	0	0	0	0	0	0	0	0	0	0	0
Patient on Patient Assaults (MH)	25 per month	Internal	21	10	12	11	8	10	14	9	14	18	17	14
Estimated Diagnosis rate for Dementia Frimley	66.67%	External	62.89%	66.10%	63.88%	64.62%	64.48%	64.71%	65.25%	65.56%	64.88%	64.98%	66.10%	66.14%
Estimated Diagnosis rate for Dementia BOB	66.67%	External	62.60%	63.17%	63.88%	64.20%	64.29%	64.54%	64.39%	64.54%	64.12%	64.60%	65.60%	65.36%

True North Harm Free Care Summary

Metric	Threshold / Target	External/Internal	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
Mental Health: AWOLs on MHA Section	10 per month	Internal	4	7	10	7	5	2	3	6	7	3	5	7
Mental Health: Absconsions on MHA section (Excl: Failure to return)	8 per month	Internal	2	4	2	3	7	0	0	1	1	1	1	1
Mental Health: Readmission Rate within 28 days: %	<8% per month	Internal	4.04	3.89	1.35	10.2	1.42	1.40	0	3.03	3.37	4	0	0
Pressure Ulcer with Learning	Tbc	Internal	1	1	5	2	4	4	1	0	3	2	2	4
Mental Health 72 Hour Follow Up	80% local, 70% National	External	90.7%	98.0%	87.5%	92%	89.1%	86.9%	86.2%	95.1%	100%	86.0%	91.5%	93.1%
Self-Harm Incidents on Mental Health Inpatient Wards (ex LD)	61 per month	Internal	19	55	37	43	53	28	17	26	41	73	79	65
Self-Harm Incidents within the Community	31 per month	Internal	32	32	29	23	18	21	9	21	35	30	28	29
Gram Negative Bacteraemia	1 per ward per year	External	0	0	0	0	0	1	0	1	0	0	0	0
E-Coli Number of Cases identified	< 8 Q1, 5 Q2, 3 Q3, 1 Q4	External	1	0	1	0	1	0	1	1	1	1	1	0
C.Diff due to lapse in care (Cumulative YTD)	0	External	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-resistant Staphylococcus aureus (MRS..	0	External	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSS..	0	External	1	1	1	1	1	1	1	1	1	1	0	0
Count of Never Events (Safe Domain)	0	Internal	0	0	0	0	0	0	0	0	0	0	0	0
Patient Safety Alerts not completed by deadline	0	External	0	0	0	0	0	0	0	0	0	1	1	1
Unnatural MH inpatient deaths	0	Null	0	0	0	0	0	0	0	0	0	0	0	0
PHSO Upheld Complaints	0	Null	0	0	0	0	0	0	0	0	0	0	0	0

Efficient Use of Resources

Metric	Threshold / Target	External/Internal	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Community Inpatient Occupancy	85%	Internal	86.6%	78.7%	77.8%	83.5%	88.0%	92.9%	87.7%	89.2%	89.4%	90.3%	90.6%	91.8%
Community Inpatient Average Length of Stay (bed days)	<21 days	Internal	22.6	24.2	25.1	24.0	23.6	28.8	37.3	24.5	28.1	26.5	33.3	25.8
Mental Health: Adult Acute LOS over 60 days % of total discharges	TBC	External	22.8%	24%	25%	24%	24%	24%	30%	28.9%	30%	34%	31%	28.0%
Mental Health: Older Adult Acute LOS over 90 days % of total discharges	TBC	External	50%	36%	32%	28.9%	42%	42%	66%	57.9%	55.0%	52%	59%	63%
DNA Rate: %	5% DNAs	Internal	5.29%	5.22%	4.85%	4.65%	4.88%	5.05%	4.76%	4.70%	4.66%	4.66%	4.70%	5.26%
Mental Health: Acute Occupancy rate (excluding Home Leave):%	85% Occupancy	Internal	96.4%	96.8%	93.3%	94.6%	97.2%	93.6%	93.8%	95.9%	98.5%	99.4%	98.5%	97.7%
Mental Health: Acute Average Length of Stay (bed days)	30 days	Internal	45.1	69.6	62.4	64.3	43.2	56.6	45.1	72.6	41.7	36.4	60.6	58.7
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): %	80% Occupancy	Internal	92.87%	87.59%	87.29%	89.92%	90.82%	87.18%	77.85%	72.48%	79.31%	84.04%	95.34%	82.42%
Community Virtual Ward Occupancy Frimley	80%	External	48%	59.59%	54%	55.30%	51.20%	49.79%	46%	56.59%	46.40%	54%	42.19%	50.60%
Community Virtual Ward Occupancy BOB	80%	External	133.4%	118%	96.79%	94.29%	78.5%	74.20%	91.60%	95.5%	82.39%	75.79%	88.90%	91.90%
Agency Spend within Ceiling	3.2%	External											2.70%	3%
Elective Recovery Performance vs Target	0	External												

225

Trust Board Paper Meeting Paper

Board Meeting Date	**9th July 2024**
Title	**People & EDI Strategy Update**
	For Information and Assurance
Reason for the Report going to the Trust Board	**To provide a regular half yearly update to the board on our progress and next steps on delivery of each workstream in the People & ED&I strategy**
Business Area	**People Directorate**
Author	**Jane Nicholson, Director of People**
Relevant Strategic Objectives	**The People Strategy principally aligns with our workforce ambitions but supports our wider strategic objectives. The ED&I Strategy supports both our patients and our people.** **Patient safety** **Ambition:** We will reduce waiting times and harm risk for our patients **Patient experience and voice** **Ambition:** We will leverage our patient experience and voice to inform improvement **Health inequalities** **Ambition:** We will reduce health inequalities for our most vulnerable patients and communities **Workforce** **Ambition:** We will make the Trust a great place to work for everyone **Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value

People & EDI Workforce Strategy Six Monthly Update

June 2024

Introduction

The People Directorate has been actively working on several key programmes aimed at supporting our staff, optimising resources and ultimately improving patient care. Our current People and EDI Strategies are both due to be refreshed by September 2024. A project closure report has now been completed for our People Strategy and has been presented to Business and Finance Group in June. The closure report will also be reviewed by FIP in July. A similar EDI strategy closure report will be presented in September. In the meantime, the People Directorate continues to translate the current strategies listed below into action.

- Growing and Retaining for the Future
- Looking after our People
- Belonging to the Trust
- New Ways of Working

People Strategy Key Priorities

Our People Strategy key measures of success are summarised below.

Measures of Success

Turnover

Our key measure of success continues to be our turnover rate as this gives an indication of staff satisfaction and whether the trust really is a great place to give care.

Reflecting the success we have had reducing our turnover in the last 12 months, the Trust has now agreed a new ambition to reduce our turnover to 10%. Our current turnover data and trend is shown below. Our turnover data goes back almost 5 years and March 24 saw the trust achieve its lowest rate of turnover ever in that period.

The previous low (12.45) was during the Covid period when staff were not moving or retiring.

Trust turnover %
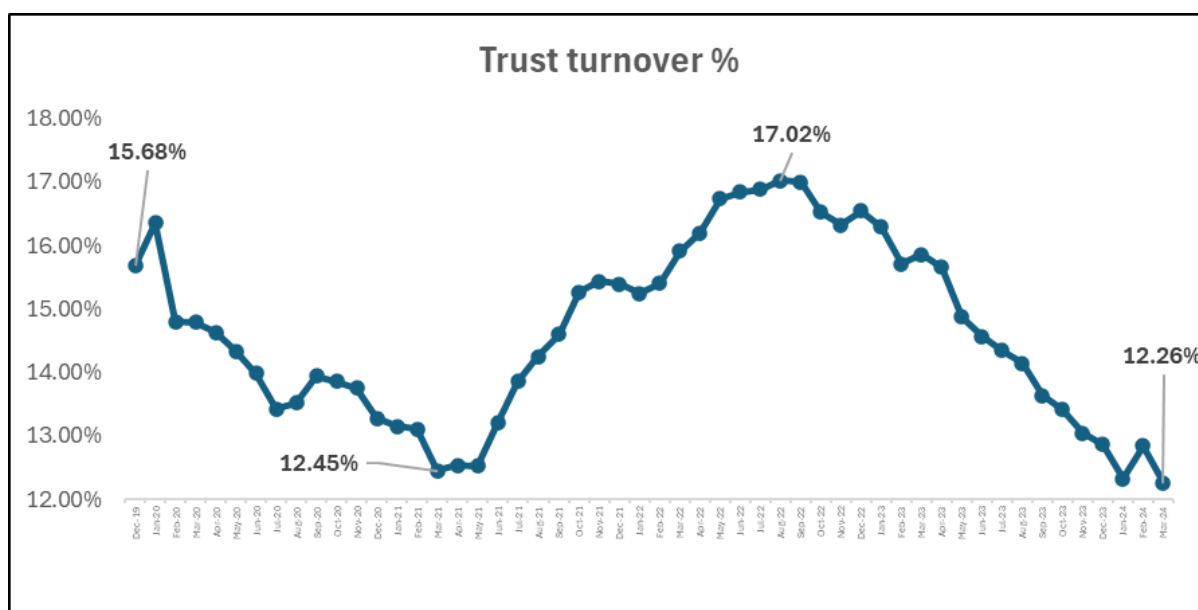
Engagement

Our other key success measure remains staff engagement and our annual NHS Staff Survey results, continue, therefore, to be a pivotal measure of our success in creating a great place to give care. We are delighted that our engagement scores are consistently among the highest within the NHS, and that we again returned an engagement score of 7.5. Our record 67% survey response rate from our staff also enhances the reliability of our data. Furthermore, our sustained high levels of engagement have attracted national attention with a visit from Em Wilkinson Brice, Director of Staff Experience and Leadership Development at NHS England, who sought to understand our long-term success in this area.

A highlight report is included in the appendices and a link to the full report that we provide to the Strategic People Group and the Business and Finance Executive Group.

Anti Racism

Our anti racism work has been taken to the Trust prioritisation board and formally agreed as trust strategic priority. Our exec leads have identified actions in their individual workstreams and our EDI team is supporting the work against these plans. We also delighted to have achieved Silver accreditation with Race Equality Matters as part of our anti-racism commitment and work. No organisation has achieved Gold and it is somewhat unusual to achieve Silver straight away as we have done.

Jane Nicholson

Director of People

June 2024

Appendices

Appendix 1

Key Highlights to Report

Workforce Pipelines

In response to feedback, we have established a new workforce and temporary staffing group, chaired by Debbie Fulton. The aim of this group is to provide key finance, operational and clinical stakeholders with a space to actively review and contribute to the development of both permanent and temporary workforce pipelines and to consider transformation initiatives that would help close workforce gaps. The Group will support the work of the Strategic People Group (SPG) in the implementation of the Trust's people strategy and forms a Sub-Group (the Sub-Group) of the SPG.

The group discussed how best to allocate trust workforce investment funding. The conclusion was:

- To continue with international recruitment targeted at MH nurses for PPH albeit without the relocation assistance previously provided
- To continue to prioritise apprenticeships especially for hard to fill AHP roles
- To explore a student sponsorship programme to start in 2025

EDI

The trust WRES and WDES data were submitted and the reports will come to Board in the autumn for assurance and discussion.

We undertook our Gender, Ethnicity and Disability pay gap reports, which have attracted attention from external organisations and NHS Employers, due to being one of a few organisations who undertakes Disability and Ethnicity pay gaps reporting.

Elections took place for our new Staff Network Chair and Deputies. We re-launched the Armed Forces Network and introduced and launched our Women's Network.

Leadership Development Refresh

Our leadership offer was paused during Covid and it has taken some time to rebuild our leadership resources, with our team only becoming fully staffed in March this year. However, whilst our staff survey scores remain broadly steady we are not yet best in class which was our ambition. For Line Manager sub-score we were 13/52, for compassionate leadership sub-score we were 16/52. The below graphs show the trend in these areas over the past three years and the relation to the average/best scores.

We now have a new leadership, management and talent development strategy for the Trust and have developed a set of trust behaviours and leadership competences which we will be sharing with Board separately. This will form the basis of much of our future talent development and progression work and we will continue to pay close attention to our leadership outcomes from the staff survey.

Training and OD

Trust Appraisal Compliance

Trust appraisal compliance on the deadline date of 4th June was 89.13% and by 28 June had reached 96.35%. This is a significant improvement on last year's compliance which was only 67.33% by 1 June 2023 and 85.95% on 28th June 2023 against a target of 95%. Last year was the first year where we used our new appraisal system and where we could truly verify that appraisals had been completed.

Oliver McGowan Training

We have struggled at ICS level to find a cost-effective way to deliver phase 2 of this legally mandated training. Following discussion with our ICS lead, a plan has been agreed to invest the OMMT NHSE funds into the second phase of training (Tier 2 training) for key groups of clinical staff whilst we continue with our plans for any further roll out.

Workforce planning & optimisation

The expansion of our e-Rostering solution (Optima) has been completed and we have secured a single view of our workforce. We are now looking to optimise the benefits of one single time and attendance platform which enables managers and team leaders to create, share and manage staff's working patterns online and provide real time management reports on a wide range of key performance indicators to support managers and the senior teams to deliver safe, efficient and effective services for our patients. Automations have been successfully tested and implemented to reduce input needed from managers, with further work on improving user experience and finding local solutions to meet differing local service needs continue to be identified, scoped and prioritised.

There is a national mandate to eliminate all off framework agency usage. Significant progress has been made to reduce off framework medical agency usage and West Call service leads need to be commended for their work in this area with their elimination of off framework agency GP's. We do however continue to use off framework agency for a small number of nursery staff and dental nurses due to lack of candidates available via bank or framework agencies. We have raised this issue with the South East Temporary Staffing Collaborative and NHSE colleagues.

Recruitment

We have been working on improving our recruitment processes based on the feedback we received from both hiring managers and candidates. We have simplified and updated our recruitment guidelines and, with the assistance of IT colleagues, have made some of our routine internal recruitment processes more efficient. We will soon have our 5th robot working in the recruitment area.

The next stage of our work is to extend our improvements beyond our own team processes and focus on focus on enhancing the experience of our managers and candidates. Our recruitment and selection key facts document was presented to trust business and finance group and was prioritised as an important project. This allows us to formally kick off the next stage of our recruitment improvement work. We want to improve how we recruit and promote staff by making our processes easier for managers and candidates and enhancing the diversity in workforce. This project will start with a workshop in autumn 2024.

Wellbeing

We obtained trust approval to commence a comprehensive review of our staff wellbeing services. The aim of this is to ensure the trust provides effective, compassionate and affordable services that are sufficient to support our people's wellbeing at work and beyond.

We will consider provision both in terms of staff need and experience, as well as cost-effectiveness and impact for example in terms of the contribution to people's attendance at work and to retention in the trust.

Sickness Absence

We continue to work with operational colleagues to address sickness absence with has continued to run above target well after the end of the pandemic. We will be using a PDSA approach to trial a new approach to sickness management with clinical and central services this summer which will inform revisions to our sickness policy and guidance in preparation for implementing changes in Autumn 2024.

Casework

We presented our annual summary of casework in the last financial year to business and finance group ahead of this paper being reviewed by Board. The summary has highlighted areas we want to improve in our management of cases and will support the review of casework that we plan to commence early next year.

Appendix 2

Other projects of work in the People Directorate

Berkshire Healthcare – People Directorate – Critical Programmes – Update for June 2024

Priority Themes & Programmes of Work

Themes & Programme of Work	Programme Update & RAG Rating	Measures
Growing and retaining for the future		
Looking after our people Sickness Absence	PDSA will commence from 1st July to 31 August 2024 and will include teams from across the Trust including Central Services. Training for those involved in the PDSA will take place next Tuesday 25th June in readiness. During this period we will re-write the policy and guidance in preparation for implementing the changes in Autumn 2024. Staff side up to date and onboard.	Measure to be decided after the PDSA cycle (Pilot) which is taking place across July & August. Will measure trustwide sickness and by division
Wellbeing Offer Review	First meeting of the steering group set for 1st July 2024. Prioritisation due to Business & Finance in June 2024. Key facts document currently being compiled. Survey to get receive staff feedback will go live from 1st July to 28th July 2024. Working with procurement and finance compiling all of the data for the programme of work.	TBC after initial scoping meeting in June
Casework Review	QI Project due to commence in January 2025. A3 work will commence prior to the January 2025 start date in September 2024. In preparation for the QI project an internal review of processes has begun with a view to implementing quick fix and medium-term improvements by December 2024.	Average (median) number of days to close formal casework (disciplinary and early resolution)/number of cases closed in month
Belonging to the Trust		
News ways of working (Transformation) Recruitment Improvement	May was a positive month for completing employment checks below the target of 25 days (24.5). However this may be short-lived as we are currently experiencing higher levels of recruitment activity including of cohorts e.g. 10 High Intensity CBT Trainees. We are currently working on three automations, two to support recruitment admin back office processes and one streamlining interview paperwork for managers. These are now in the testing phase.	Employment checks 25 days Reduce time to hire to under 42 days Increase manager satisfaction score from 58% to at least 65% this year.
Recruitment Transformation	Project due to commence in Autumn 2024. Prioritisation due to Business & Finance in June 2024. Key facts document currently being compiled	TBC once the work has commenced.

Trust Strategy Objectives ✓
A great place to work for everyone ✓

Which Strategies does this relate to?
People Strategy ✓
EDI Strategy
Safety Culture

Trust POAP
Harm-free care
Good patient experience
Supporting our people ✓
Efficient use of resources

Programme SRO
Jane Nicholson

Support from other Services
Operations

RAG Rating
Progress delayed	(red)
Some but not all aspects delayed	(amber)
All on time and to plan	(green)

Risks & Mitigations

Budget Update

Issues for the TBG/SPG/Board

Upcoming Activity

233

Berkshire Healthcare – People Directorate – Important Programmes of work – update June 2024

Trust Strategy Objectives	✓
A great place to work for everyone	✓

Which Strategies does this relate to?

People Strategy	✓
EDI Strategy	✓
Safety Culture	

Trust POAP

Harm-free care	
Good patient experience	
Supporting our people	✓
Efficient use of resources	

Programme SRO

Jane Nicholson

Support from other Services

Violence Reduction – Wellbeing Matters
IMT – Digital Transformation
Ops/Central Services – e-Roster rollout
IG
Research

Priority Themes & Programme of Work
New programmes of work can only be added if an existing project is complete

Themes & Programmes of Work	Update on Programme & RAG Rating	Measures
Growing and retaining for the future Developing our talent pipelines	We will continue to deliver our recruitment and attraction processes to reach out to wider groups of candidates to ensure that we fill more vacancies with under-represented groups and that candidates report that our process feel fair and inclusive. This includes supporting veterans, final year students, international candidates and supporting antiracism 8b recruitment.	Reflect the ethnicity of Berkshire as a whole, which includes the workforce and community we serve
Growing our own	Continue to develop our competency-based progression pathways and a talent pool of internal candidates ready for appointment into new roles. Continue to develop a talent management process that actively supports fair and inclusive internal progression and is available to all staff. Leadership competency framework going to Exec June 24. Drafting career/talent pathways.	
Looking after our people Appraisals	Trust appraisal compliance on 4th June following deadline extension – 89.13% Trust compliance on 13th June prior to trust leaders meeting - 95.17% Draft Appraisal feedback survey will be reviewed at meeting on 19th June. Target go-live date will be first week in July. Survey will run for 4 weeks. Talent approach (talent cycle) to embedded in Mid-year review.	95% compliance rate. To present findings in a paper by Sept24.
Violence, Reduction & Prevention	VPR Standard, Sexual Safety Charter, Domestic Abuse Charter – ongoing actions and assessment. VPR paper went to Board. Bullying and Harassment 2nd group session now a QI approach being taken. Our abuse survey is still open and we're receiving some good feedback which will help inform our strategy and policy development.	Refreshed strategy, new policy in place. Completion of risk assessments. Completed TNA and recommendations. Compliance of personal safety training.
Belonging to the Trust Compassionate and inclusive leadership	Refreshed management training offer commenced June 2024 to include updated day 1 and a new day 2. Also updated evaluation process for EKNM, and now live Behaviour framework, and leadership competency framework shared with Exec and presented on 19th June. Further tweaks to be made before presenting through the formal channels for sign off.	Improved responses in the manager, and team scores of the staff survey
OMMT	1: Mapping exercise of the 'Core skills training framework (CSTF)' required capabilities for autism & learning disabilities training against our, relevant, Statutory & Mandatory training capabilities deadline has been extended until 28th June. The following areas are outstanding. (Physical health assessment day, EDI). SME's have been contacted 2: 'Essential training' mapping. PT has been asked to define what resources would be required to complete this task? 3: New ICB group has been set-up across BOB/Frimley. Meeting 26th June to discuss the use of the NHSE funds to deliver Tier 2 training to specific groups within organisations. Numbers TBC.	All Stat & Mand subject matter experts (SMEs) to have completed the mapping exercise by... TBC. Nationally mandated target of 10% of w/f or do we have our own trust target? Complete the same process for Essential training content.
Anti-racism	Action plan shared with colleagues and communities, now being overseen by Taskforce. Exec site visits are happening through June to provide engagement opportunities with staff across the Trust. Interactive session at TLMF and showcase of PAOP asks. Awareness and informative materials developed. Ethnicity pay gap produced and published.	WRES / WDES metrics agreed and improving year on year
News ways of working (Transformation)	.	Measured by planned productivity savings Performance against planned workforce WTE in business plan
Workforce and recruitment planning	Gap analysis between current FTE and FTE submitted in the operational plan is underway, considering the likely turnover and recruitment. This will include improved planning and deployment of temporary staff where needs are non-recurrent, short term or needed as a supply route option.	90% of all (non-medical) Trust staff on eRoster. Attainment of NHSEI standard
Workforce visibility, deployment & optimisation	96% of non-medical staff are now on Optima (those missing are mainly management teams), although some services are not utilising it so have no real time reportable data from the roster system (i.e. IMT)	

RAG Rating

Progress delayed	🟥
Some but not all aspects delayed	🟧
All on time and to plan	🟩

Risks & Mitigations

Budget Update

Issues for the TBG/SPG/Board

Upcoming Activity

Berkshire Healthcare – Learning & Development – Projects of work Update for June 2024

Trust Strategy Objectives ✓

A great place to work for everyone	✓

Which Strategies does this relate to?

People Strategy	✓
EDI Strategy	
Safety Culture	

Trust POAP

Harm-free care	✓
Good patient experience	✓
Supporting our people	✓
Efficient use of resources	✓

Programme SRO

Tracey Slegg

Support from other Services

Procurement Team
Clinical Education
Risk Team
Think-Learn
Estates Team
BOB & Frimley ICS/ICB's

Priority Themes & Projects of Work
New projects of work can only be added if an existing project is complete

Themes & Programmes of Work	Update on Project & RAG Rating	Measures
Growing and retaining for the future	Develop key pipelines – IR MH recruitment, newly qualified, sponsor students.	
Looking after our people	**Provision of FAAW training from external provider.** - DPIA awaiting final sign-off. Launch of process to trust by June 28th.	To have communicated new process to Trust by 31/07/24.
	DSE addition to low-risk training launch – Current compliance – 75.97%. Can be removed from list. Launch of the 'Annual Policy Awareness Check' within Nexus from Jul24. Page in Nexus has been signed off by JE & FS.	To achieve +90% compliance by the end of Q2 (30/09/24). Launch page from W/C 1st July.
Belonging to the Trust	**Trust Induction Day1 content proposal** – New Day1 induction format was agreed at June SPG. Planned go-live date for new format 3rd Oct.	To have implemented new Day1 agenda for Trust induction on Monday 3rd Oct.
	Local Induction development. - Seek update from PBP's on shared local induction document. Not carried over into 24/25 projects. What level of importance to the trust?	
News ways of working (Transformation)	**Statutory and Mandatory training review**: Paper to present findings of internal review & position of other trusts to be ready for the Sept SPG. **NHSE – Statutory & Mandatory review:** Currently partaking in NHSE review of our CSTF provision with a desired outcome that all content is provided by eLearning for health by Oct24.	To present the Stat & Mand review paper at the Sept SPG for discussion. To submit feedback to NHSE on current eLf h training content by 31/07/24.
	Development of the Nexus eLearning platform. The launch of the 'Nexus eLearning' survey to the organisation to understand now we can best develop the platform to meet user needs. Survey currently being reviewed by our 'Staff networks' for sign-off. Launch date July.	To have the Nexus eLearning survey launched to the Trust in July.
	Introduction, delivery & maintenance of SMART training programme beyond PPH. Dates in Oct24 & Mar25 secured for Hampshire services. Confirm requirements with Oakwood by end of June.	Delivery of Hampshire service training in Oct24/Mar25. Inclusion of Oakwood into PPH SMART week planning from Sept24.
	Complete procurement process to identify eLearning content provider Process has been started with procurement team. Lead by Caroline Neale in T&C team. **This process could be impacted by NHSE training provision review.**	Process dependant on NHSE review outcome.
	eRoster-Nexus eLearning interface. Continue to develop partnerships with other Think-Learn trusts to influence the eRoster provider to consider the platform interface proposal.	Think-Learn to have registered with Optima eRoster as interested partner.

RAG Rating

Progress delayed	🔴
Some but not all aspects delayed	🟠
All on time and to plan	🟢

Risks & Mitigations

Budget constraints for any additional developments within the Nexus platform.

Budget Update

Q1 saving: £3,226.

Issues for the TBG/SPG/Board

Induction findings – June SPG.
Appraisal compliance – June SPG.

Upcoming Activity

Appraisal feedback – Jun-Jul24.
Nexus feedback survey – Jul24.
Stat & Mand paper - Sept SPG.
Appraisal feedback paper - Sept SPG.

Berkshire Healthcare – Candidate Attraction – Projects of work Update for June 2024

Trust Strategy Objectives	✓
A great place to work for everyone	✓

Which Strategies does this relate to?

People Strategy	✓
EDI Strategy	
Safety Culture	

Trust POAP	
Harm-free care	✓
Good patient experience	✓
Supporting our people	✓
Efficient use of resources	✓

Programme SRO

Tracey Slegg

Support from other Services

IMT – Digital Transformation
EDI
Finance

Priority Themes & Projects of Work
New projects of work can only be added if an existing project is complete

Themes & Projects of Work	Update on Project & RAG Rating	Measures
Developing our talent pipelines	• Good progress made on recruitment improvement. A number of digital automations currently in testing including moving documents to candidate file in Sharepoint and automating interview paperwork to support managers. E-forms module launched 1st May which will ensure a better candidate experience (paperless forms). We are experiencing the highest volumes of recruitment activity (no of files) since October 2023.	Time to hire: Improvement to 2023/24 average figure of 64 days external to average 52 and 37.7 days internal to 34 days internal.
	• Following a successful Community Nursing campaign, 12 hires made. • Nursery recruitment event planned for this month. • Filming for a new MH nursing video has taken place and is now ready to launch. • Health Visiting recruitment event in planning, for July.	Recruit to 100 hard to fill vacancies, prioritised through the recruitment plan.
	• Plans to centralise recruitment for 20 MH nurses for PPH underway. Following some concerns with the authenticity of candidate responses at interview (potential IA/ChatGPT involvement) only 2 offers made, with 2 candidates secured before. We are now looking to source other candidates ready for the OSCE programme in November.	IR target of 10 (up to 20) international MH candidates delivered by March 2025
	• 20 final year placement students have been offered roles in the trust after engagement to understand preferences.	Maintain number of final year students placements converted into substantive posts upon course completion at 30
	• Sponsoring student paper in development. WG set up to move this and other pipelines forward.	Deliver a strategy for sponsoring students ready to trial for Sept 2025
Looking after our people		
Belonging to the Trust	• Anti-racism – guaranteed interviews for Band 8b and above process developed and launched. Three vacancy adverts launched sharing this change this month.	Anti-racism measure?
	• Proposal being developed to support military staff with work placements.	TBC
News ways of working (Transformation)	• Talent pool – train, grow and utilise external talent pool. Currently system being explored by TAP team to maximise how to use it.	Recruit to 100 hard to fill vacancies, prioritised through the recruitment plan.

RAG Rating

Progress delayed	🟥
Some but not all aspects delayed	🟧
All on time and to plan	🟩

Risks & Mitigations

Recruitment Admin resources – managing sickness and gaps

Budget Update

Issues for the TBG/SPG/Board

Upcoming Activity

Trust Strategy Objectives	✓
A great place to work for everyone	✓

Which Strategies does this relate to?

People Strategy	✓
EDI Strategy	
Safety Culture	

Trust POAP

Harm-free care	✓
Good patient experience	✓
Supporting our people	✓
Efficient use of resources	✓

Programme SRO

Tracey Slegg

Support from other Services

Priority Themes & Projects of Work
New projects of work can only be added if an existing project is complete

Themes & Projects of Work	Update on Project & RAG Rating	Measures
Growing and retaining for the future	**Staff Survey** • We are Safe and Healthy updates have been published by NHS England. Minimal changes to our original scores. • Free text divisional breakdown has been shared with Divisional Directors and HRBP's. • Sourcing of a supplier for next year's staff survey has begun.	Increased response rate and engagement score
Looking after our people	**NHS Charities Together Projects** • Remaining underspend in from both projects are going on more rest rooms - one at Fir Tree House, Upton for CFAA, one for the wards at Wokingham and a refresh of the wellbeing room at PPH. Others are being identified currently • We need to begin the final outcome report for the wellbeing classes project.	Final outcome report
	Wellbeing Matters • Recruitment to the 8A vacancy has been successful. Going back out to for maternity leave cover to an increased staffing groups (e.g. band 7 and 8A clinical/counselling psychologist as well as psychological therapist (B7) and psychotherapist (B8A). • System procurement is proving a lengthy process and is impacting our ability to report data. We are working with IG on the DPIA for the system and the service and with procurement on the contract. • We are working through the stance on whether individuals are staff or patients with IG – awaiting legal response.	Wellbeing Matters usage & feedback
	Ergonomics • Now fully staffed in ergonomics. External delivery has ended. • A new administrative process has been launched to improve the ergonomics process and enable us to track waiting times. This will also increase clinical capacity in time.	Improved waiting time for ergonomic assessments/ reports
Belonging to the Trust	**Staff Benefits** • The Health Assured contract has been renewed until July 2025. Another BBC article may be imminent - we are unsure if it will contain new information, or just a refresh of the previous article.	Benefits usage
News ways of working (Transformation)	**Wellbeing Review** - Ambition for the review has been drafted - The review will have it's kick off meeting on 1 July - Procurement have set out contract information to be reviewed - Survey is designed and being sent to stakeholders w/c 16 Jun for review.	TBC

RAG Rating

Progress delayed	(red)
Some but not all aspects delayed	(amber)
All on time and to plan	(green)

Risks & Mitigations

• Wellbeing Matters capacity currently impacted due to 1WTE 8A vacancy
• Ergonomics vacancy has now been offered but recruitment process underway so this won't be seen for another few months. Mitigations include looking at external training support, support from talent acquisition and increased admin support.

Issues for the TBG/SPG/Board

Upcoming Activity

Berkshire Healthcare –Clinical Education Team Projects – Update for June 2024

Which Strategy does this relate to?

Trust Strategy outline to 2025

People Strategy 2021-2024

Trust POAP

Harm-free care	✓
Good patient experience	✓
Supporting our people	✓
Efficient use of resources	✓

People Strategy Objectives | ✓

Growing and retaining for the future	✓
Looking after our people	✓
Belonging to the Trust	✓
New ways of working (Transformation)	✓

Next Steps

Priority Themes & Projects of Work
New projects of work can only be added if an existing project is complete

Themes & Projects of Work	Update on Project & RAG Rating	Measure
Growing and retaining for the future	**Clinical Competency Review and standardisation** : Progressing as planned. Band 4 NA,5,6, 7 nursing competencies completed. AHP competency review; due to finish November 2024. Carla is coordinating competency work ongoing/due to start in MH, Psych and other teams. **Pre-registration**: AHP placement mapping project is in progress. Slightly delayed due to LEL upskilling needs . Slight set back with LEL vacancy. Report has gone to SPG in June 2024 regard to student recruitment. **IEN programme and PIN programme:** Agreement to recruit 20 MH nurses. Belma is organising OSCE programme **Apprenticeship** back fill funding allocation in complete as agreed in the workforce steering group. Currently preparing EoI to HSE. Awaiting government announcement on apprenticeship finance.	Completed documents are available on the Nexus competency hub. AEDs will be available in clinical areas. DNA rates and compliance will improve Apprenticeship programme 2024/25 plan
Looking after our people Identify and resolve systemic barriers to Inclusive and accessible training and CPD opportunities for our clinical workforce	**Clinical Education Programme Improvement** **Future Educator programme** for IIPU is progressing as planned. Two educators have been inducted into in-patient wards and has now started providing teaching and assessment in clinical practice. Pilot report is due in February 2025 . Psychology, Pharmacy and AHP education leads are also in port and have completed induction. Draft work plan/Project plans have been signed off . This programme is under risk due to reduced funding 2024/25 year. **CPD and Essential Training offer**: Significant issues due to the CE funding reduction and increasing training demand this year. Insufficient funds to support the CPD of certain staff groups and ongoing CE projects . Escalated to DoN and a consultation is planned in June 2024.	Pilot evaluation report Complaints data CPD spending data report will be available on Tableau CPD survey results to clinical and operational directors Clinical /CPD Training priorities captures and shared with Divisions
Belonging to the Trust	**Stakeholder Engagement and Experience** : CPD survey is completed. Report is due in July 2024 HCSW conference SHP took place on June 12th. Feedback awaited LEL and apprenticeship conferences are in planning for the Autumn CPD and TNA process are being reviewed of DON.	N/A
News ways of working **Develop and employ digital and technological learning solutions to release time for care**	**Tech Enhanced Clinical Education** Training matrix implementation and embedding is in progress. New video training materials are under development to support information sharing and improve awareness. Apprenticeship digital pathway is under development and is with IG team for sign off. Nexus storefriend implementation discussions have started.	Essential training matrix is available on Nexus Implementation of digital training programmes and staff feedback CPD survey results

---

RAG Rating

Progress delayed	🟥
Some but not all aspects delayed	🟧
All on time and to plan	🟩

Risks & Mitigations

Reduced training fund will challenge our ability to meet essential training demand and offer CPD support to clinical workforce impacting skill mix. No clear mitigations available currently. Discussions with key stake holders are ongoing

Programme SRO

Pearly Thomas

Support

DoN and Professional leads
EDI team, tableau team
Training compliance team

Budget 2023/ 24

CPD fund reduction and increased training demand creating gaps in CPD/Essential Training provision.

Issues for the Trust Board/ SPG

Berkshire Healthcare – Workforce & Temporary Staffing – Projects of work Update for June 2024

Trust Strategy Objectives	✓
A great place to work for everyone	✓

Which Strategies does this relate to?

People Strategy	✓
EDI Strategy	
Safety Culture	

Trust POAP

Harm-free care	
Good patient experience	
Supporting our people	✓
Efficient use of resources	✓

Programme SRO

Vicki Smith

Support from other Services

Informatics (data warehouse and BI) for the use of Optima data

Priority Themes & Projects of Work
New projects of work can only be added if an existing project is complete

Themes & Projects of Work	Update on Project & RAG Rating	Measures
Growing and retaining for the future	Establish adequate temporary staffing planning to ensure A4C bank fill is able to meet required demand, and the move of agency staff (and bank where appropriate) to bank or substantive posts is supported. Bank fill of 89.7% in May, and part time individual secured via the bank to focus on bank fill and agency migration.	Bank fill %
	Understanding of our forecasted workforce gaps created by turnover and any funded growth to support strategic recommendations and inform local actions led by the people partnering teams. Operational plan now submitted for 3rd time, work on the gap analysis has commenced as stage 1.	Performance against plan
Looking after our people	Consideration to team based rostering pilot – not scheduled yet. QI yellow belt project may focus on roster requested within inpatients to support as pre work to inform the pilot.	Pilot commencement
	Continued system automation and configuration review – progressing the inclusion of Optima into SSO. Pilot in place to enable staff to request a/l via their EOL account at any point. Unavailability reasons refreshed in collaboration with HR to align with current policy terminology. Automation now fully rolled out for services not working Bank Holidays and/or with regular working patterns.	
	Clear understanding of, and improvement within both the ESR and e- Rostering Attainment Standards. Work scheduling will mean this will occur in Q2 or Q3 to be determined.	NHSE Attainment Level
	Use of system data to support management of services – data feed from Optima being received into the warehouse. Testing completed. Work booked to visualise data with BI Team, and reduce the number of ad hoc reporting requests being received and support unavailability work completed by Finance. Opportunity to use this to support automations as part of the sickness review. Work to reflect current trust structure in the system for reporting purposes has been completed and is in checking.	Fit for purpose Tableau dashboards
News ways of working (Transformation)	BOB/Frimley Bank MSP procurement (not SE-wide). Task & Finish Group in place chaired by OUH Procurement, and framework selection agreed. Specification in draft, and conversations underway re: coterminous extension with NHSP to enable full process for the organisations part of this.	Contract award
	Implementation of SE A4C agency rate ceilings. Forms completed for breached incumbent workers in place in June – no analysis/rates yet received for primary care (Westcall). All other rates below ceiling set but watch on SLT supply.	Compliance against ratecard (regional reporting in place)
	Compliance with agency spend ceiling, and NHSI Agency Rules/High Impact Actions. In May, 3% of the total pay bill was spent on agency staffing (below the ceiling in 24/25 of 3.2%). Clinical agency spend down year on year (by 23%) but medical agency increased. Non-framework agency usage remains in place in nurseries, dental and medical staffing and is under NHSE scrutiny and weekly reporting.	% of agency against total pay bill Price breaches and non-framework usage submitted to NHSI
	Review of software / systems being utilised and associated contractual arrangements. IT procurement looking at suitable options for ID badge software options and E-Manager contract in place but will need review later this year. In progress but slow movement. Focus in Q2 due to capacity constraints.	

RAG Rating

Progress delayed	🟥
Some but not all aspects delayed	🟧
All on time and to plan	🟩

Risks & Mitigations

ID badge software no longer supported and only available on a single desktop in Cremyll Road (options being reviewed)
IPFE compliance for temporary workers identified as being low (booking process and communications for temporary workers being discussed).

Budget Update

Issues for the TBG/SPG/Board

For awareness: potential pressure regarding the continued use of non framework agencies from NHSE, and increasing medical agency spend.

Upcoming Activity

Cessation of the issue of paper pay slips Late summer (?) - introduction of Loop as EOL is being decommissioned. Migration of frameworks

Berkshire Healthcare – EDI – Projects of work Update for June 2024

Trust Strategy Objectives	✓
A great place to work for everyone	✓

Which Strategies does this relate to?

People Strategy	✓
EDI Strategy	✓
Safety Culture	✓

Trust POAP

Harm-free care	✓
Good patient experience	✓
Supporting our people	✓
Efficient use of resources	✓

Programme SRO

Ash Ellis

Support from other Services

HR,
Communications,
Subject Matter Experts/lived experience,
L&D,
Staff Networks
Execs

Priority Themes & Projects of Work
New projects of work can only be added if an existing project is complete

Themes & Projects of Work	Update on Project & RAG Rating	Measures
Growing and retaining for the future	Refresh EDI strategy collaboratively to enhance culturally-competent, accessible and safe services for our diverse community. Multi-Faith Project - Draft video, developing placements.	New strategy Milestone and evaluation report
	Met with Mtage to develop data training	Improved available metrics
Looking after our people	REN Election is live closing toward end June. Pride event preparing for next month. Women's network preparing for in September. Pride network developing webinars, Radio Pride happened last week. Staff network checklist and events guidance developed. About to launch pro-noun badges, preparing campaign.	Development of maturity assessment
	Reasonable Adjustments QI project- continuing with counter measures. Testing reclaim for A2W. Reviewing RA policy. Medical staff sharing QI project – lack of medical staff engagement coming through as reason for low rates.	Shorter time to access improvements and Access to Work Reclaims reconciled in budget
Belonging to the Trust	TLMF interactive session to engage our leaders on anti-racism recruitment actions. Radio Windrush on 21st June.	New training available and accessed Number of communications shared Number of events attended Feedback rating scores
	Improve LGBTQ+ and non-binary patient experience. Steering group set up and second session happened, continuing developing problem statements.	
News ways of working (Transformation)	Improve our approach to the Accessible Information Standard.	Assurance against standard.
	Exec site visits planned for June across all big sites. Materials developed. Ethnicity pay gap published. Progress against actions continuing. Bids submitted to charitable funds. Developing MoU for community engagement under PCREF. Launched recruitment action of reflection checklist and guaranteed interview to managers.	Cost proportion reduced Actions delivered
	Translation – policy in development	Fill rate sustained
	Explore training income generation opportunities.	Identified opportunities

RAG Rating

Progress delayed	🟥
Some but not all aspects delayed	🟧
All on time and to plan	🟩

Risks & Mitigations

Backlog of admin, now NHSP in covering. Interviews planned late June.

Budget Update

New cost centre setup for Staff Networks

Issues for the TBG/SPG/Board

WRES and WDES reports for September
EDI strategy update for July
EDI strategy closure report for September, and new EDI Strategy ticket.
NHS EDI improvement plan update
EDI strategy engagement for July at SPG

Upcoming Activity

EDI events – Pride, Windrush, Gypsy Traveller Roma History Month
REN chair election
Windrush project – grant deadline
Race Equality charter next week

240

Berkshire Healthcare – Leadership & OD – Projects of work Update for June 2024

Priority Themes & Projects of Work
New projects of work can only be added if an existing project is complete

Trust Strategy Objectives	✓
A great place to work for everyone	✓

Which Strategies does this relate to?

People Strategy	✓
EDI Strategy	
Safety Culture	

Trust POAP

Harm-free care	✓
Good patient experience	✓
Supporting our people	✓
Efficient use of resources	✓

Programme SRO

Ash Ellis

Support from other Services

HR,
Communications,
Subject Matter Experts,
L&D,
Staff Networks

Themes & Projects of Work	Update on Project & RAG Rating	Measures
Growing and retaining for the future Leadership and management training	Follow up 1-2-1's with each service now scheduled to support content refinement and session design. Continuing to Review Managers handbook. Refreshed management training offer commenced June 2024 to include updated day 1 and a new day 2. Also updated evaluation process for EKNM, and now live. Updating our Evaluation process for LFI.	Training compliance of 95% (LFI and EKM) (TBC – re: backlog/catch up) Staff survey line management/compassionate leadership scores Retention figures. +changes to our WRES, WDES, Pay gaps. Access to CPD data.
Talent Management	Build and embed our talent management and succession planning framework. - competency based progression work continues with leadership team input. Review of talent pipelines Behaviour framework, and leadership competency framework shared with Exec ahead of presentation in June. Met with Julian to discuss feedback. Communicate, implement and embed behaviours framework and leadership competencies. To Develop 360 tool and facilitators. Think learning appointed to develop and have had first meet with them. Reviewing approved TNA leadership requests for previous year to identify opportunities for new leadership offers and potential financial savings	
Looking after our people Leader and Manager support	Develop Coaching Network – Updating coaching offer information for nexus page and continuing to develop library of learning resources and templates for our coaches and colleagues wishing to work with a coach. Coaching MS teams channel setup. First coach CPD programme up and running, and well attended. In process of setting up Nexus pages for Manager support Network (MSN). Presented MSN at the TLMF.	No. of people accessing coaching. / Evaluation No of people accessing 360's.
Belonging to the Trust Team development	Continuing to refine Team development offer. Work ongoing to map the process of accessing team support including establishing a multi-professional triage stage. Delivered team development workshops/support for compliance and risk, Audiology, Ward managers at PPH, and PNMH services. Supporting the development of bands 6+7 mangers across Community Directorate. Have developed and advertised a facilitator development programme to be delivered in July. Reviewing Affina coaches, and supporting coaches to complete accreditation. Met with wellbeing matters to align and collaborate on team support offer. Cultural barometer being developed using NSS and people dashboard.	Staff survey team score
News ways of working (Transformation) Resolution work	A resolution pathway has been drafted and will be shared for further input. Work ongoing to develop learning resources and tools to support staff navigate varying degrees of conflict. Develop a pool of mediators – provider procured, met with provider, role descriptor, advert being drafted and course dates being booked.	Reduction in conflict cases / FTSU
Communications	Develop a communications strategy – visual pathways and prospectus – draft produced, and comments collected and working on 3rd draft. Regular promotion of opportunities, targeted inclusive development – via staff networks, L&D news etc. Continuing to update information as we refresh our pages on Nexus to increase awareness of our offers	

RAG Rating

Progress delayed	🟥
Some but not all aspects delayed	🟧
All on time and to plan	🟩

Risks & Mitigations

Staff member back however will be off to access ongoing treatment which may impact resourcing

Budget Update

Ongoing review of Leadership requests for funding through TNA process.

Issues for the TBG/SPG/Board

Behaviour framework to Exec on 19th

Upcoming Activity

Manager's handbook
Review of TNA leadership requests
MSN development
Facilitators workshop
Refreshing L&OD Pages on Nexus
Developing career pathways
Target group development

Berkshire Healthcare – Violence Reduction & Prevention – Projects of work Update for June 2024

Trust Strategy Objectives ✓

A great place to work for everyone	✓

Which Strategies does this relate to?

People Strategy	✓
EDI Strategy	
Safety Culture	

Trust POAP

Harm-free care	✓
Good patient experience	✓
Supporting our people	✓
Efficient use of resources	✓

Programme SRO

Support from other Services

Clinical Leads / Service Leads
Communications, L&D, HR
Patient Experience
Wellbeing Matters

Priority Themes & Projects of Work
New projects of work can only be added if an existing project is complete

Themes & Projects of Work	Update on Project & RAG Rating	Measures
Violence Reduction/Sexual Safety/Domestic Abuse/ Personal Safety	VPR Standard, Sexual Safety Charter, Domestic Abuse Charter – ongoing actions. VPR paper went to Board. Bullying and Harassment 2nd group session QI approach being taken. No Excuse for abuse workstreams – planned comms piece to advertise. VPR Policy and Strategy – first draft commencing July. Trust-wide survey active. Anti-abuse signage for patient facing sites being designed.	Progress against the standards and charters
	(PPH) Criminal Justice Panel – awaiting Service Line Agreement PPH and TVP sign off. Body Worn Cameras – paused	Increase in prosecutions, sanctions or discharge from services
Training Development	Translation of key theoretic elements to support learners whose first language is not English . To identify top languages.	Translation of documents to act as training resources.
	RRN/Training/Lived Experience – Updated theory package for PMVA refreshers including Neurodiversity being created. Expert by experience working regularly with the team to improve training	Expert by experience involvement.
	Scenario based videos to support Personal Safety Training	Creation of videos
	Teaching Centre Status for a Level 3 award in teaching.	Gaining teacher centre status.
Training Needs Analysis (TNA)	Trust-wide TNA and Workforce Risk Ax – all services to define the right level of training for our people. Implement target groups and monitor compliance. To inform improving processes with L&D/HR including the link with job adverts, job descriptions, OH and any exemptions. Awaiting completion of Risk Ax still outstanding.	Completion of TNA and risk assessments. Training compliance of all personal safety training.
	NHSP – exploring cost of delivering PMVA training to understand the cost to Learning and Development. (Dependent on new contract with NHSP). To link with Vikki following scoping exercise.	Completed scoping exercise.
Clinical Development	Link Tutor Project – Full-time tutors working clinically 1 day per month. Project plan agreed by SLT. To meet with managers individually to discuss implementation. Delayed due to vacancies in the team.	Evidence of tutors working clinically.
	Increasing use of Safety Pods (Yellow belt QI) - To reduce floor restraint and improve staff and patient safety. To commence in June. Supported by PPH SLT.	Increased use of Safety Pods
Income Generation	GSA Train the Trainer – Course planned for 22nd July. Confirming participants with line managers. Validator secured.	Completion of course.
	RBH – Restraint courses now booked for 2024-25, awaiting payment (currently £5000). Working with RBH to plan a potential Breakaway Train the trainer. ISS – Breakaway	Income generation over £6000
	Promotion of courses on Trust website and social media	Advertisement of courses externally.

RAG Rating

Progress delayed	(red)
Some but not all aspects delayed	(amber)
All on time and to plan	(green)

Risks & Mitigations

Training Space – using LH and external venues due to demand in Crocus for PMVA.

Currently 1.6 WTE staff down and awaiting new starters.

Budget Update

To identify budget for translation of documents
To identify budget for anti-abuse signage.

Issues for the TBG/SPG/Board

Recognition of the workforce RA and TNA being undertaken and recommendations to be agreed.

Upcoming Activity

Recruitment of 2 positions, awaiting start dates. (Initially 2x 0.6WTE with view for one to progress to 1WTE).
Abuse statement and sexual safety comms.
QI project to start
Abuse survey still live will be closing soon

Appendix 3

Policies Approved by Strategic People Group

The SPG group approved the following policies from January to June 2024:

Flexible working

Hybrid working (previously home working policy)

Recruitment and selection Secondment

Alcohol and substance misuse in the workplace

Death in service

Sexual safety

Annual leave

Equality, Diversity and Inclusion

Menopause

Maternity, Paternity & Adoption

Special leave

Disciplinary

Buying and selling annual leave

Trust Board Paper

Board Meeting Date	9th July 2024
Title	**Digital Strategy – Spring 2024 update**
Reason for the Report going to the Trust Board	• Quarterly progress update • Board to note
Business Area	Corporate
Author	Mark Davison, CIO
Relevant Strategic Objectives	**Patient safety** Digital processes to reduce errors. Identify gaps in care and facilitate earlier intervention. **Patient experience and voice** Improve access to care and empower them to manage their own health. **Health inequalities** Identify gaps in care and facilitate earlier intervention. **Workforce** Support our people to build a digital-ready workforce. Facilitate flexible working anytime, from anywhere. **Efficient use of resources** Utilise process automation, transaction integration and AI to improve our productivity and maximise our time spent with our patients

Digital Strategy – June 2024 update

Background

We agreed our digital strategy in December 2021 with a vision to "Release more time to care, improve our population's health through digital integration with other care providers in our region and automation of our processes. Our patients will have more choice on how they receive their care and will be able to engage more effectively in their own health and well-being." Our strategy has 3 objectives.

❶ **Optimise How we work**	❷ **Empower our Patients**	❸ **Enable our People**
See and treat more patients whilst improving the quality of care we provide	Improve patients access to care and empower them to manage their own health	Support our people to build a digitally ready workforce

This report summarises the progress made since our last update to the board in December 2023.

Summary

Our Digital strategy programmes delivery is broadly in-line with plan. However, some supplier delivery and procurement process delays have had a detrimental impact on our timelines.

Expansion of the digital agenda across the organisation continues to deliver steady growth in productivity savings, enablement of new models of care and use of digital interactions with our patients.

There are significant challenges in national planning, functionality and recruitment, including within the supplier market. Key projects at risk are; Community Nurse scheduling as the supplier is yet to integrate their product with Rio, a new digital staff record as NHSE has published its intentions to deliver the new solution from 2027-2032 and replacement of our medicines management solutions due to a substantially limited market.

Key elements of our digital strategy are designed to support new ways of delivering our care services. Expanded use of on-line therapy, population health based proactive/social/behaviour changing care, virtual wards/monitoring and patient risk stratification will require a definitive clinical strategy and medium-term vision for how services in BHFT should be delivered in future to progress beyond their current scale of use. We need this clinical strategy to be developed during 2024/25 and a 5-year plan developed in 2025 to support the development of a new 5-year digital strategy which is focused on supporting a new clinical model.

Key projects currently in progress:
- Solution for voluntary and charity sector partners to receive referrals from and provide information back to our care records (Rio)
- Increasing our integration with Rio to; SilverCloud (online therapeutic platform), clinical digital dictation, shared care records, Talking Therapies and Microsoft Teams (video/online appointments) systems
- Discharge documentation will be received direct from acute services, initially to address quality concerns for new birth notifications.
- Progression of digital patient engagement through direct patient data into Rio using e-forms, such as patient questionnaires and integration of digital appt. bookings with the NHS app
- Intelligent Automations, digital integrations and digital correspondence to free-up operational time
- Infrastructure upgrades to Windows 11 and enabling single sign-on across most applications.

Highlights – optimise how we work…

Connected Care usage across partner organisations continues to increase with live front-line use across Berkshire 1 million staff accesses per year. The Thames Valley/Surrey programme is progressing the expansion of this service across Oxfordshire and achieving a single integrating record across Bucks, Berkshire, Surrey and Oxford during 2024. Long-term funding agreements for this indispensable service remain un-resolved at ICB level.

The upgrade programme for our Rio electronic patient record (EPR) was delayed as the May upgrade was abandoned due to a critical failure. The supplier has identified and addressed the problems and rescheduled the upgrade for July. This has had a significant knock-on effect to other projects within the strategy delaying them by 1 quarter. The re-procurement of our patient records solution (Rio) is on track to sign a new contract in the summer.

Implementation of the Rio and IAPT integration has been well received by services and is heavily utilised with 46,000 transactions completed in the last quarter. It provides a single view of our mental health services patients and their use of talking and more traditional therapies. This is already generating productivity savings and lowering our annual digital operating costs by a modest amount.

We have made significant progress with the solutions available within the VCSE Digital Marketplace. A new solution has been procured to support VSCE referrals and is integrated with Rio. This will allow staff to refer a patient for VSCE support and a secondary team can then undertake the patient engagement, identification of correct service and make onward referral via the directory of services. A full cost profile of the Marketplace solutions will be available in the summer for consideration by Trust Business Group.

EPR re-procurement activities are concluding with final business case and contract signing expected in July. We have secured a comprehensive contract for an initial term of 5 years with the ability to extend in increments up to 15 years. Average increase in contract cost has been limited to 7% and we have secured safeguards against significant levels of indexation should inflation rise significantly during the initial term of the contract. This contract will enable us to continue to be at the forefront of EPR enabled innovations to support efficient and effective care delivery.

Highlights – empower our patients …

We have expanded the service profile of our appointment correspondence solution which has achieved a significant increase in the number of patients who have had appointment correspondence sent to them via the patient portal. In 2023 we were averaging 2,000 patients per month; we now have over 12,000 per month. Uptake by our patients of the digital option is now at 51%. We are now at the functional limit of what our current portal can support and will procure a new portal with additional functionality to support a wider range of patient and organisational needs. The funding which we secured from NHS England will support this over the summer/autumn period. The new portal will provide additional appointment functionality, access to condition specific health information, pre and post appointment data capture which will be directly integrated into our EPR and the NHS app. As well as functionality to support new models of care such as remote review, patient/clinician Initiated follow up and virtual care pathways.

1,565 patients across 11 services accessed SilverCloud on-line therapies in the last quarter. However, there are some supplier technical and sequencing issues that have delayed our anticipated wider expansion across our services. Development of SilverCloud integration with RiO has now been completed and pilot services will be going live over the summer. There has also been some reduction in activity via Talking Therapies because of the new NHSE remit to enhance quality rather than increase access, changing our clinical delivery emphasis.

On-line, Self-referrals for mandated services has now been live for 6 months. To date, 2300 patients have utilised the new functionality to gain access to MSK and Podiatry services. This has resulted in improved patient access to care and supported a reduction in required GP appointments. (Note: Children's and Talking Therapies patients have been able to self-refer on-line for several years).

The Virtual Wards project has now completed and future work incorporated into business-as-usual in operational services to continue to provide 55 virtual frailty beds. ICS and SE Regional evaluation reports have been published demonstrating the value of using this method of care and identifying future service development opportunities for expansion, which we should consider when looking at our refreshed clinical delivery strategy later in 2024/25.

Highlights – enable our people…

We have vibrant and active internal staff digital development networks in place for product support, clinical leadership, operational deployment, process automation development, career development. Our digital clinical leaders are looking at how we could do similar for clinical safety in digital solutions.

Over 3,000 of our operational and clinical staff have now attended at least one of our digital staff development modules. The new learning approaches have been welcomed by staff with many liking the "free-to-attend-again and again" approach enabling them to fully embed their new skills at times convenient to them. Having delivered basic levels of training to large numbers of Trust staff, we are now focusing on developing intermediate and advanced training pathways across our course catalogue.

Enhancing the speed that are staff can access their digital tools has been completed and the UK "GovRoam" Wi-Fi access is now live across all NHS providers except Frimley Acute. We are now working with Social Care partners over the next year or two to extend this functionality. All staff have un-fettered access to IT end-point devices of their choosing and repair/replacements are now provided within 24hrs to all work & home locations in the UK. Upgrades to Windows 11 have now reached 50% and are on target to complete in Spring 2025.

The Trust met the requirements of the new national multi-factor authentication policy by the end of June, achieved Standards exceeded in the national Data Security & Protection Toolkit (audited by RSM) and Single Sign-On is now available for all staff, regardless of location, across the top 10 most used digital solutions in the Trust.

Our ward bed management solution (FLOW) is now live for Community Inpatients, replacing their manual spreadsheet processes. Short-term leave and bed management for mental health wards will now go-live in Q3 giving staff greater visibility of patients on leave and when they go AWOL.

Our exploration of assistive technologies is progressing well and we now have trials in place for;
- **MS-Co-pilot**, an artificial intelligence service for our office products.
- **Anathem**, an AI used to generate GP and Patient letters from patient records, assessments and clinical consultation transcripts.

A more detailed review and discussion of the application of Artificial Intelligence in the Trust is scheduled for the July Audit Committee.

We have also now completed procurement for a Digital Social Prescribing Solution to create direct links between our digital patient records and access to social prescribing resources in the VCSE sector.

NHS

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	09 July 2024
Title	**Board of Directors Declarations of Interest and Fit and Proper Persons Test Assurance Report**
	For Noting
Reason for the Report going to the Trust Board	The Government introduced the Fit and Proper Person Test (FPPT) requirement via Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following a review of the FPPT by Tom Kark KC, NHS England published a new Fit and Proper Person Test Framework for Board Members in August 2023. The Framework does not change the existing legislation but aims to support NHS organisations compliance with the regulations and makes some changes to the checks and balances that are intended to ensure directors satisfy the regulatory requirements. The paper provides assurance that all Board members continue to meet the requirements of the Fit and Proper Persons Test.
Business Area	Corporate
Author	Julie Hill, Company Secretary
Relevant Strategic Objectives	Relevant to all Strategic Objectives as it relates to the Trust being well-led.

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 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/110205101/board-declarations-of-interest-april-2024.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 Chair 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.

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.

The Government commissioned a review of the Fit and Proper Person Test by Tom Kark, KC in July 2018 to examine the scope, operation and purpose of the Fit and Proper Person Test. In October 2023, NHS England published the Fit and Proper Person Test Framework which incorporates most of the recommendations from the Kark Review.

The legislation has not changed, but NHS England's Fit and Proper Person Test Framework aims to support NHS organisations compliance with the regulations and makes some changes to the checks and balances that are intended to ensure directors satisfy the regulatory requirements.

The Trust has updated its Fit and Proper Person Test Policy in line with NHS England's Fit and Proper Person Test Framework.

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 appraisal 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, Director of People, Anti-Racism Lead, the Governors, Staff Network Chairs, Freedom to Speak Up Guardian, the Chairs of the two Integrated Care Systems and the Chairs of the Royal Berkshire Hospital and Frimley Health

Appraisee	Appraiser	Fit and Proper Person Test Assurance
		The Senior Independent Director conducted the Chair's appraisal and 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 on 13 May 2024 and presented the outcome of the Chair's appraisal.
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 12 June 2024.
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
viii)   Employment Tribunal Check
ix)   Settlement Agreements Check
x)   Social Media

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).

e) The Chair is required to make an annual submission to NHS England's Regional Director to confirm that the Trust has conducted the required Fit and Proper Person Test requirements. The Trust's submission for 2023-24 was made on 14 June 2024 ahead of the deadline of 30 June 2024.

Declarations of Director Interests 2024

Non-executive Directors

Date Appointed	Name	Position	Interest declared
01/07/23	Rebecca Burford	Non-Executive Director	Partner – Gowling WLG – International Law Firm
			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)
01/10/21	Rajiv Gatha	Non-Executive Director	None
01/11/19	Aileen Feeney	Non-Executive Director	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
01/09/16	Mark Day	Non-Executive Director	• Director Chandlers Court (Southampton) Management Company Ltd • Director, Carpathia Drive RTM company limited • Director, White Star Place RTM company limited.
01/12/16	Martin Earwicker	Chair	• Chair of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board's System Recovery and Transformation Board • Member of NHS England's Steering Group overseeing the development of the new NHS England's Management Framework.
01/06/22	Sally Glen	Non-Executive Director	Trustee Certitude Registrant Member of Nursing and Midwifery Council's Fitness to Practice Committee Deputy Chair Morningside Community Primary School, Hackney Trustee of the Cassel Hospital (part of West London NHS Trust and is a Tier 4 Referral Centre for People with Personality Disorder or Complex Trauma 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
			Chair of the Southern Advisory Board for NHS Procurement and Supply and member of the National Board.
01/11/15	Minoo Irani	Medical Director	• Wife is employed by NHSE & currently on secondment as Neonatal Programme Manager in the National team. • Health Innovation Oxford and Thames Valley Board member; Co-Chair, Community Involvement and Workforce Innovation Group • Clinical Reviewer for the Royal College of Paediatrics and Child Health Invited Reviews Programme • Member for the Mental Health BOB Integrated Care Board • Medico-Legal and Expert Witness Instructed Work (from 02 01 24)

07/06/21	Paul Gray	Chief Financial Officer	Wife works for Baxter Healthcare
16/05/22	Tehmeena Ajmal	Chief Operating Officer	• Trustee Age UK Oxfordshire • School Governor at Bartons Park School, Oxford • Deputy Lieutenant, Oxfordshire

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 – Annual Self-Attestation Form

Fit and Proper Person Test annual/new starter self-attestation
Berkshire Healthcare NHS Foundation Trust

I declare that I am a fit and proper person to carry out my role. I:

am of good character

have the qualifications, competence, skills and experience which are necessary for me to carry out my duties

where applicable, have not been erased, removed or struck-off a register of professionals maintained by a regulator of healthcare or social work professionals

am capable by reason of health of properly performing tasks which are intrinsic to the position

am not prohibited from holding office (e.g. directors disqualification order)

within the last five years:

> I have not been convicted of a criminal offence and sentenced to imprisonment of three months or more

> been un-discharged bankrupt nor have been subject to bankruptcy restrictions, or have made arrangement/compositions with creditors and has not discharged

> nor is on any 'barred' list.

have not been responsible for, 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.

The legislation states: if you are required to hold a registration with a relevant professional body to carry out your role, you must hold such registration and must have the entitlement to use any professional titles associated with this registration. Where you no longer meet the requirement to hold the registration, and if you are a healthcare professional, social worker or other professional registered with a healthcare or social care regulator, you must inform the regulator in question.

Should my circumstances change, and I can no longer comply with the Fit and Proper Person Test (as described above), I acknowledge that it is my duty to inform the chair.

Name and job title/role:	
Professional registrations held (ref no):	
Date of DBS check/re-check (ref no):	
Signature:	
Date of last appraisal, by whom:	

Signature of board member:	
Date of signature of board member:	260
For chair to complete	
Signature of chair to confirm receipt:	
Date of signature of chair:	

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 Mission and Vision and to abide by the Trust's Values.

The Trust's Mission is to: Maximise Independence and Quality of Life.

The Trust's Vision is to be: A Great Place to Get Care, a Great Place to Give Care

The Trust's Values are:

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

5. Confidentiality and Access to Information

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

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

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

6. Media, public speaking and use of social media

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

Speaking publicly on the Trust's behalf about the Trust's leadership, policy, performance and regulatory relationships is a matter generally reserved to the Chief Executive and Chairman, or as delegated by them. Appropriate training

should have been given to all individuals asked to speak to the media on the Trust's behalf. Speaking to, or providing written statements to the media about the Trust should be undertaken in liaison with the Trust's Marketing and Communications Team. In all cases views should not be expressed on the Trust's behalf that are at variance from agreed Trust policy.

7.   Fit and proper person

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

8.   Register of interests

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

9.   Conflicts of interest

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

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

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

10.   Gifts and hospitality

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

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

11. Personal conduct

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

Specifically, directors must:

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

12. Compliance

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

Trust Board Paper Meeting Paper

Board Meeting Date	09/07/2024
Title	Trust Behaviour Framework, and Trust Leadership Competency Framework
Reason for the Report going to the Trust Board	To note and approve the two frameworks, the next steps, and seek any clarification.
Business Area	Organisational Experience and Development, People Directorate
Author	Ash Ellis, Deputy Director for Leadership, Inclusion, and Organisational Experience Paul Walshe, Leadership and OD Lead Alex Gild, Deputy Chief Executive (Exec Sponsor)
Relevant Strategic Objectives	Make Berkshire Healthcare a great place to work for our people, and a great place to get care for our patients. The Behaviour Framework will support everyone to live the Trust values. It will also make it easier to identify behaviours that are not supportive of the Trust's values and to target resources to address these. The behaviours will need embedding throughout the organisation.
Legal Implications	The frameworks should align with recruitment practices, Trust policies, performance management, and other Trust people processes. The frameworks also support our public sector equality duty (PSED) under the Equality Act (2010)
Equalities and Diversity Implications	As well as supporting our PSED, this forms part of our work under our commitment to anti-racism, as well as fostering the behaviours to drive the culture needed in reducing the inequalities that we persistently see in our staff survey and workforce equality standards (WRES/WDES).

Our Behaviour Framework

Our behaviours framework forms part of our overall strategy for achieving our vision.

It is a set of core behaviours which define *how* we are expected to approach our day-to-day work in providing high-quality care, as we all contribute to our vision and sit alongside *what* we do, as outlined in our job descriptions and objectives.

The way we behave informs what it looks and feels like to work for and to get care at Berkshire Healthcare. Our success as an organisation is achieved not just by 'what we do' but also 'how we do it'.

If we can align our behaviours with our core values, we can better manage expectations, relationships, and overall performance for high-quality care.

What are our behaviours?
We live our values through our behaviour by being *inclusive*, *compassionate*, *curious*, and *persevering*.

How will the framework be used?
It defines the behavioural expectations that are needed to:

➢ Deliver operational excellence and the best possible patient access, outcomes, and experience.
➢ Continuously improve our performance.
➢ Further our professional development.
➢ Recruit and retain talented people.
➢ Encourage a 'one team' work ethic'.

2
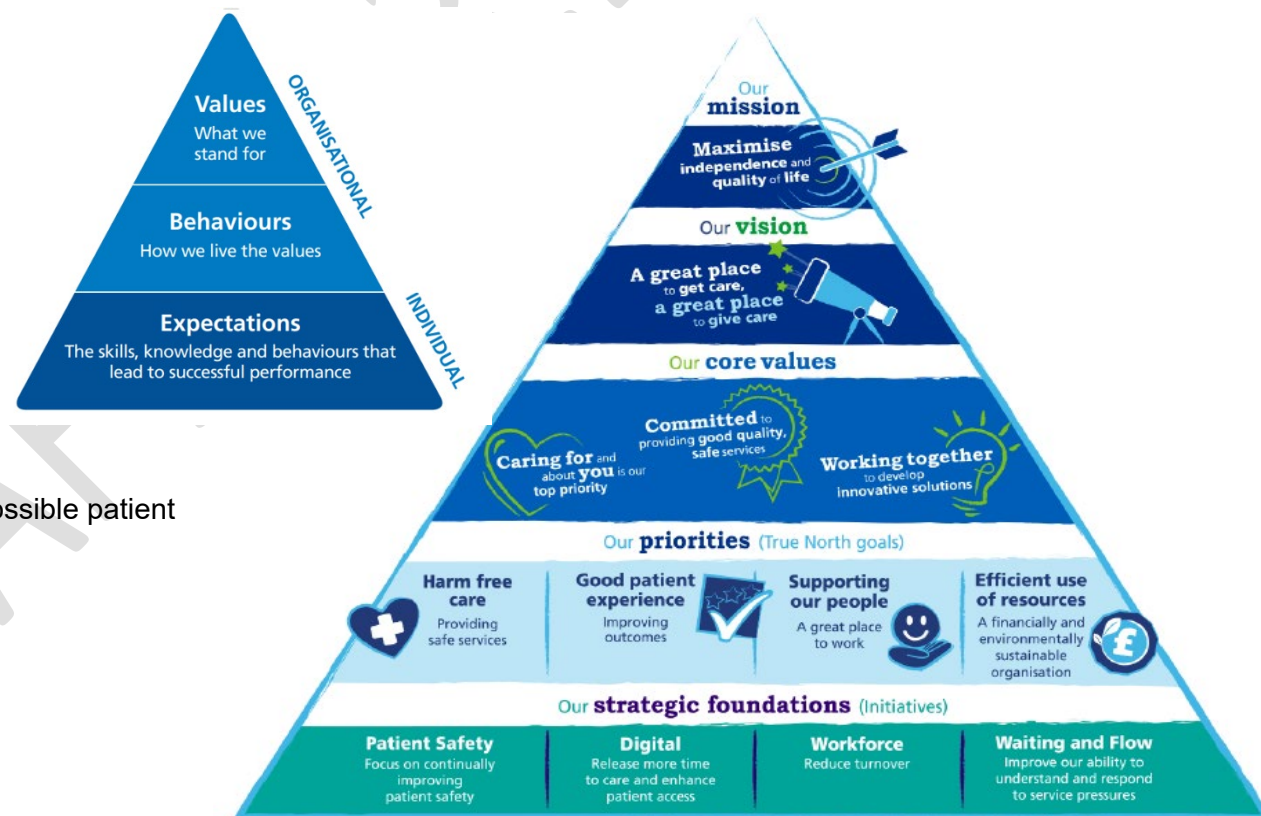
| How we behave towards patients, their families, carers, the public, and our colleagues	
Compassion: *Caring for and about you*	**Inclusive:** *Caring for an about you*
I am sensitive, respectful, and kind. I treat everyone as they wish to be treated, whoever they are and whatever they do. I recognise the physical, and emotional impact working and receiving care in the NHS can have on people and I am committed to taking action to support the wellbeing of others. I behave in a way that promotes open, honest, and fearless conversations. • I am open, honest, and kind to myself so I can be the same to others. For example: Am I ok today? Are you ok? • I actively listen without judgment and ensure I understand the needs of others. • I encourage others to have their ideas and contributions heard. • I acknowledge how my behaviour impacts others. • I am alert and committed to taking action to support others. • I challenge unacceptable, uncivil behaviour and workplace practices from and towards others.	I make time to listen, engage, and seek diverse views of others when making decisions. I take personal responsibility for the way I behave which supports inclusion. I actively contribute to creating a team environment where everybody feels they belong and can provide the highest level of care within an anti-racist organisation. • I continually speak out against racism, discrimination, bullying, harassment, aggression, sexual misconduct, violence, and injustice when it is seen or uncovered. • I value, celebrate, and champion everyone's vital contribution at Berkshire Healthcare. • I constantly role-model good manners and politeness. • I am respectful, inquisitive, and attentive to all; for example, cultures, ethnicities, and neurodiversity. • I ensure everyone I talk to feels able to voice their opinion.

3

How we behave towards patients, families, carers, the public, and our colleagues	
Curious: *Working together to develop innovative solutions*	**Perseverance:** *Committed to providing high-quality, safe services*
I will ask questions and I am not afraid to embrace change. I am committed to continuous improvement and learning. I am analytical and listen to all points of view which encourages solutions and innovation to ensure high-quality care. • I always ask questions about things I don't know or understand. • I actively participate in learning and development. • I listen attentively with a genuine interest in what others are saying and doing. • I make decisions informed by seeking information, to ensure NHS resources (people, products, finances) are used efficiently, and sustainably, promoting quality, and value for money • I look for new, improved, or different ways of doing things and sharing ideas.	I show determination, and I am persistent during periods of uncertainty and challenge. I possess the self-belief and motivation to remain resilient and flexible to achieve goals that contribute to high-quality care and operational excellence. I am open to feedback and know I can ask for help. • I do not give up even when challenges might seem impossible and I will encourage others to do the same. This may mean doing something different. • I seek help, support, and guidance to remain determined, even when facing uncertainty. • I am realistic and positive when looking towards the future, anticipating what comes next for me, the people around me, and the organisation. • I am self-aware, reliable, trustworthy, and responsible for my behaviour, learning, choices, and actions, and I will do the right thing which may not always be easy. • I continuously take a person-centred approach and remain focused on the output that delivers the best outcomes and experience for patients and colleagues.

4

Our Leadership Competency Framework:
We are inclusive, compassionate, curious, and always persevere

Figure 1: How our framework has been informed*
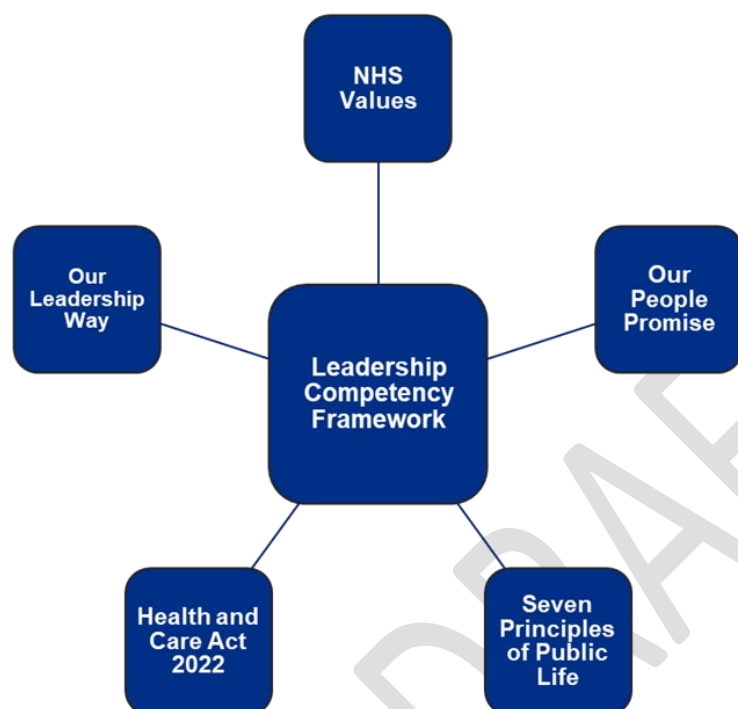
*The competencies are aligned with Our NHS People Promise, Our Leadership Way, and the Seven Principles of Public Life (Nolan Principles). A high-level summary of the values and concepts from these documents is in Appendix 1

269

This leadership competency framework is designed to support emerging, proficient, and expert leaders in their role. It does so in recognition of our ambition to develop and support leaders committed to always delivering high-quality care and services to its people.

Use the framework in ways which recognise that leadership skills can evolve, be learned, and often require signposting to other resources. For example, leaders may have emerging skills in one area of their work and be proficient in another. The framework is not designed to be linear, but rather support you in areas where competencies may need to grow.

The framework has been developed using multiple resources, evidence base, and people to ensure it aligns with the behaviours and competencies Berkshire aspires to. It also takes account of other frameworks which include:

- ✓ NHS England (2024) Leadership competency Framework for Board members
- ✓ NHS England (2023) Head, Hands, Heart: NHS Leadership Academy Our Leadership Way,
- ✓ NHS England (2023) 'The expectations of line managers in relation to people management',
- ✓ NHS Medical Leadership Competencies Framework (2010)
- ✓ NHS England, PCREF (2018) Self-assessment checklist: Six national organisational competencies
- ✓ NHS Long Term Workforce plan
- ✓ NHS Equality, Diversity, and Inclusion improvement Plan
- ✓ NHS National Patient Safety Strategy (2019)

Behaviour	Leadership Competency Descriptors		
	Emerging (able, knowledgeable)	**Proficient** (skilful, adept)	**Expert** (specialist, intuitive, insightful)
	Caring for and about you		
Compassion We are compassionate at all times	✓ Looks after self, and colleagues' wellbeing and actively helps others in times of need. ✓ Developing self-awareness skills of how personal behaviour impacts others. ✓ Be open, honest, and transparent about what can be achieved and take appropriate action. ✓ Always visible, approachable, and makes time for everyone. ✓ Developing coaching skills to resolve conflict and disagreements to encourage learning. ✓ Consistently role model the importance and value of working in ways that promote social justice, diversity, and inclusion. ✓ Ensures a proactive response to complaints by using them as learning opportunities. ✓ Always listens; is open and attentive to new diverse ideas, delivers what is promised.	✓ Upholds a culture where success is always recognised and celebrated and where potential and diversity is valued. ✓ Provides managers with the space they need to lead service change. ✓ Is skilled and shows courage in managing conflict, poor behaviour, and unsafe practice. ✓ Encourages and supports skilled managers and colleagues to drive step change, and act decisively to ensure high-quality services are delivered. ✓ Is alert to the consequences of 'change fatigue' among individuals and teams. ✓ Makes it a mission to attract and retain talented people. ✓ Constantly evaluates teams and services to meet the needs of stakeholders and service users. ✓ Consistently self-aware and in touch with own development priorities. Don't let mistakes deter them from being better.	✓ Has significant insight as to the emotional and physical impact working in the organisation has on the workforce. ✓ Ensures the organisation supports and is recognised as one which promotes compassionate leadership, management capacity, and capability. ✓ Supports senior managers in building a culture of inclusive service redesign and integration, driven by frontline and communities. ✓ Evaluate and action robust methods that reflect the organisation's belief to remain "outstanding" in all it does, locally and nationally. ✓ Focuses on system/organisational reform; actively develops local health and social care economy. ✓ Acts with exemplary integrity and takes action if ethics, values, and behaviours are compromised. ✓ Does not tolerate underperformance in their or

6

			others' teams, challenges their managers/exec colleagues when issues remain unaddressed.
	✓ Champions appraisal, 1:1, feedback, praise, and nurture personal development. ✓ Adapting communication styles to meet needs flexibly and inclusively. ✓ Takes action to proactively address poor behaviour or unsafe practice.		

Caring for and about you

Inclusivity We recognise and support the different needs of our patients and colleagues	✓ Developing skills that celebrate the effort, contribution, and compromises people make. ✓ Talks passionately about their role, their team, and the wider organisation. ✓ Share accurate and timely information and developments with the team. ✓ Acknowledges the value of working and learning alongside a diverse workforce. ✓ Listens and takes others' views seriously. ✓ Develops leadership and management skills that support inclusion which allows people to safely share what they think without being judged.	✓ Role model personal and professional ethics and values of the organisation respecting the culture, beliefs, and abilities of everyone. ✓ Supports everyone to reach their full potential. ✓ Actively seeks the diverse views of others, giving people time to ask questions about changes that might affect them, their teams, and their services. ✓ Skilled in investigating and taking action to resolve unacceptable practices and behaviours. ✓ Champions diversity in all its forms and initiates leadership actions that ensure it is embedded in everyone's work. ✓ Creates an environment in which the attributes, culture, and diversity everyone brings to their work ensure patient safety and QI performance is delivered at its best. ✓ Compare and contrast ways of working that take account of the organisation's recruitment, staff engagement, and retention needs.	✓ Consistently brings their 'whole self' to work. ✓ Supports senior managers to build a culture of inclusive service redesign to remove inequalities in access, outcomes, and experience. ✓ Critically analyses and utilises personal influence in removing barriers to change related to political, social, technical, economic, and professional environments and inequalities. ✓ Acts as a power broker for sharing diverse information, knowledge, and skills relating to emerging trends at a local, regional, and national level. ✓ Commissions local providers and external organisations to help achieve high-quality care.

7

	✓ Collaboratively sets personal and team goals which support organisational priorities. ✓ Can consider and assess the equality impact for any change, review, or project.		✓ Consistently role models the ethos that positive change requires trust, clarity, and participation.
Working together to develop innovative solutions			
Curiosity To always be curious and work together to create innovative solutions in our services	✓ Builds relationships and works collaboratively with everyone. ✓ Turns change and efficiency improvement initiatives into stimulating, enjoyable, and creative activities. ✓ Participates in leadership learning which describes and identifies benefits to self, teams, patients, and service users. ✓ Introduces pace and energy into the work environment; finds ways to make things new, fresh, and different. ✓ Creates a safe space that encourages individuals and teams to discover their own answers. ✓ Leads on new developments rather than waiting to be asked; takes initiative in solving problems.	✓ Makes decisions that provide medium and long-term value for money rather than short-term cost savings. ✓ Actively seeks out how other staff groups work together as part of a community of shared practice and decision-making. ✓ Regularly analyses and interrogates financial, patient, and workforce data to better understand and continuously improve equality and quality services. ✓ Questions practice and processes that seem bureaucratic, freeing up time for people to do the things that make a difference. ✓ Knows local providers and commissioning organisations well, and remains alert to changes and innovations that improve services. ✓ Analyses best evidence and data from subject experts to improve the quality of service provision. ✓ Takes time out to go to where the work is done to observe, listen and learn.	✓ Engages 'critical friends' who help balance the need to reflect positively on what's good, what's great; what could be better. ✓ Adept in bringing internal and external people together, to create a compelling vision for future service provision. ✓ Takes steps to ensure the organisation remains prominent and highly regarded by counterparts, locally and nationally. ✓ Creates a work environment in which teams have space to constructively challenge and question service provision and resources. ✓ Anticipates and prepares for the future by horizon scanning, and spotting emerging trends that will have a positive impact on the organisations' people, health outcomes, and services.

8

	✓ Develops skills to work collaboratively to provide joined-up services. ✓ Seeks out opportunities to ask, 'How am I doing?' 'What could I do more of or less of'. ✓ Supporting and encouraging people to create opportunities to apply, develop, and share their ideas.		
Committed to providing high-quality services			
Perseverance Committed to providing high quality services that improve the patient experience and staff experience.	✓ Sorts through priorities, and focuses energy into the areas where it will have the most impact and add value**.** ✓ Actively seek the inclusive engagement of others to gain their views and ideas about future changes to care and services. ✓ Consistent in the way views are communicated, being respectful and honest in all conversations. ✓ Focuses hearts and minds on a commitment to achieve the best results for the workforce, patients, and service users. ✓ Secures guidance and support to remain resilient when unhelpful	✓ Consistently adopts a 'shared' leadership approach. ✓ Ensures multi-source feedback is promptly followed up on and actioned, visibly and tangibly. ✓ Continues to create collaborative, curious, and holistic high-performing teams. ✓ Lead by example the need to weigh costs and benefits, focusing on adding value for patients and services. ✓ Adapts decisively to change, threat, and opportunity, mobilising the right people at the right time.	✓ Builds and supports strong integrated teams who align themselves with the organisation's goals, to drive continuous improvement in care and services. ✓ Consistently applauds the value of open, respectful, and thoughtful debate with teams and external stakeholders especially where service delivery priorities may appear to differ. ✓ Makes wise and well-informed decisions that lead to continuous improvements and financial accountability.

9

	habits resurface, or new challenges are presented. ✓ Role models a positive and open mindset to harness the potential in individuals, teams, and communities.		

Appendix 1: Values and concepts from key documents which form an anchor for this framework (NHSE 2024)

Our people promise
- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

NHS values
- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

Our leadership way
We are compassionate
- We are inclusive, promote equality and diversity, and challenge discrimination. We are kind and treat people with compassion, courtesy, and respect.
We are curious
- We aim for the highest standards and seek to continually improve, harnessing our ingenuity. We can be trusted to do what we promise
We are collaborative
- We collaborate, forming effective partnerships to achieve our common goals. We celebrate success and support our people to be the best they can be

10

Health and Care Act 2022

- Collaborate with partners to address our shared priorities and have the core aim and duty to improve the health and wellbeing of the people of England.
- Improve the quality, including safety, of services provided.
- Ensure the sustainable, efficient use of resources for the wider system and communities.

Seven principles of public life (Nolan)

- Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, Leadership

11

NHS
Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	9 July 2024
Title	**External Well-Led Review Action Plan Update Report**
	Item for Noting
Reason for the Report going to the Trust Board	NHS England's Code of Governance for Provider Trusts recommends that Trusts commission an external review of governance every 3-5 years. The Trust commissioned DCO Partners to undertake an external well-led review of governance. DCO The DCO's Well Led Review Report was issued to the Trust in May 2023 and its conclusions and recommendations were discussed at the Trust Board Discursive meeting in June 2023. An action plan was developed setting out the Trust's response to any required actions. The Action Plan was presented to the Trust Board meeting in July 2023, and it was agreed that the Trust Board would receive six monthly action plan updates until the action plan was closed. The updates to the two outstanding actions since the Board last reviewed the action plan in December 2023 are set out in red type. The Trust Board is required to note that all the recommendations have been reviewed and where appropriate have been implemented. The action plan is therefore closed.
Business Area	Corporate Governance
Author	Julie Hill (on behalf of the Trust Chair)

Relevant Strategic Objectives	The CQC Well-Led Domain underpins all the Trust's strategic objectives.

External Well Led Review Report Action Plan Update – July 2024

No	Recommendation	Trust's Response	Actions	By	Progress Update/Completed
1	Strategy development needs more specificity, to allow the NEDs to engage and to translate the aspirations of the Trust into concrete plans over a 5-year timeframe and led by the Trust Board. From this can follow harder-edged strategic objectives	When the review was conducted, the Trust was half way through the strategy review process so the Reviewers may not have been aware of the whole process. All Board members received a briefing note setting out the strategy review process. Non-Executive Directors were also invited to participate in various workshops etc.	Future strategy reviews to set out the complete review process at the outset including timescales and outputs from each stage of the process.	Deputy Chief Executive	To be actioned when the Trust's Strategy is next refreshed.
2	A board development plan is now needed to cover a variety of new areas and to reflect gaps in knowledge on the part of NEDs. Areas to cover include: a) Developing a risk appetite	a) **Risk appetite** – the Board's risk appetite needed to be considered in the context of specific initiatives/major decisions etc rather than developing an overall risk appetite	The Board to consider risk appetite in the context of specific initiatives/major decisions etc. The Board should also consider risk appetite in the context of horizon scanning discussions	All Board Members	Risk Appetite is considered as part of the Board's strategic discussions.

No	Recommendation	Trust's Response	Actions	By	Progress Update/Completed
			A checklist of the key things the Board needs to consider to be developed in respect of major decisions	Deputy Chief Executive	Major decisions could factor the following minimum check list in development of Board papers and topic discussion: • Equality Impact Assessment, including community/patient reference • Quality Impact Assessment, including patient reference • Impact on essential standards of care • Alignment with strategic objectives, and link where relevant to BAF • Financial and environmental sustainability • Scope for innovation and digital transformation

No	Recommendation	Trust's Response	Actions	By	Progress Update/Completed
	b) A better understanding of system working and the impact of working with two very different ICSs, now that they are up and running	b) **System Working** – the Board was kept informed about the structural changes to the ICSs but the Chair/CEO could do more to feedback on their informal ICS discussions.	The In Committee Executive Report to include a standing item on ICSs – some months this would only be a verbal update at the meeting	Chief Executive	The In Committee Executive Report template has been amended to include a standing item on System Working.
	c) Understanding the potential for collaboration with stakeholders such as Local Authorities, the Voluntary Sector and Private healthcare, and how best to negotiate this	c) The Board would benefit from having opportunities to meet local authority, voluntary sector and private sector partners.	Local authority, voluntary sector and private sector partners to be invited to attend Discursive/In Committee Board meetings	Chief Executive	The schedule of Board meetings has been amended to increase the number of Board Discursive meetings from 4 to 5 meetings per annum. This will provide more opportunities for strategic discussions including with external partners.
	d) A dedicated programme to pursue innovation and ideas generation	d) **Innovation and Ideas Generation** – this was part of the Trust's current strategy			As above, the additional Board Discursive meeting will increase the time the Board has for strategic discussions, including discussions about digital innovation and opportunities for using digital to support the implementation of the Trust's Strategy.

No	Recommendation	Trust's Response	Actions	By	Progress Update/Completed
3	The Trust is capable of more innovation, especially in the digital area, and the Board should discuss faster progress as part of its strategy, and consider taking on a digital partner	The Trust was in discussions with digital partners to support the Digital Strategy.	In addition to the formal six monthly updates on the Trust's Digital Strategy there should be more opportunities for the Board to have informal discussions about digital innovation etc at Trust Board Discursive/In Committee meetings.	Deputy Chief Executive	As above
4	The Board should consider how best to support the Governors over their Public duty and to look for opportunities to work with NEDs	Governor public engagement was challenging because although this was a governor duty, it was not clear about the purpose of public engagement in the current context. The Governors had a number of opportunities to work with the Non-Executive Directors, for example at the breakout sessions at the Joint	The Chair to discuss this recommendation with the Governors. The Company Secretary to ask NHS Providers to include a slot on governor public engagement at the governor development session on 19 July 2023.	Chair Company Secretary	On the programme for the NHS Provider's training on 19 July 2023

No	Recommendation	Trust's Response	Actions	By	Progress Update/Completed
		NEDs/CoGs meetings and joint service visits.			
5	The Trust should consider establishing a shadow board to expose suitable candidates to the work of senior leadership, and promote diversity	The merits of setting up a shadow Board to review the Board's reports etc was limited. However, providing an opportunity for junior staff, particularly staff with protected characteristics to work on a real-life strategic issue and present their recommendations to the Board could help both the Board and provide a development opportunity for the participants.	The Deputy Chief Executive and Director of People to develop the process for selecting candidates to work on a strategic issue and to develop the terms of reference for the group.	Deputy Chief Executive/Director of People	A shadow/reference board proposal was considered, and agreement was reached that a forum was not appropriate for the Board currently.

Trust Board Paper

Board Meeting Date	09 July 2024
Title	**Audit Committee Meeting – 19 June 2024**
	Item for Noting
Reason for the Report going to the Trust Board	The Audit Committee is a sub-committee of the Trust Board. The minutes are presented for information and assurance. This was an extraordinary meeting to approve the Trust's Annual Accounts 2023-24 on behalf of the Trust Board The Trust Board is required to identify any areas for further clarification on issues covered by the meeting minutes and to note the content.
Business Area	Corporate
Author	Company Secretary for Rajiv Gatha, Chair of the Audit Committee
Relevant Strategic Objectives	**Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value

Minutes of the Audit Committee Meeting held on

Wednesday, 19 June 2024

(Conducted via MS Teams)

Present:	Rajiv Gatha, Non-Executive Director, Committee Chair
	Mark Day, Non-Executive Director
	Aileen Feeney, Non-Executive Director *(substituting for Naomi Coxwell, Non-Executive Director)*
In attendance:	Paul Gray, Chief Financial Officer
	Graham Harrison, Head of Financial Services
	Rebecca Clegg, Director of Finance
	Monika McEwan, Financial and Capital Accountant
	Maria Grindley, E&Y, External Auditors
	Alison Kennett, E&Y, External Auditors
	Melody Padilla, E&Y, External Auditors

Item	Title	Action
1.A	**Chair's Welcome and Opening Remarks**	
	The Chair welcomed everyone to the meeting.	
1.B	**Apologies for Absence**	
	Apologies for absences were received from: Naomi Coxwell, Non-Executive Director.	
2.	**Declaration of Interests**	
	There were no declarations of interest.	
3.	**Annual Accounts 2023-24, including the Annual Governance Statement**	
	The Annual Accounts 2023-24 and Annual Governance Statement had been circulated.	
	The Chief Financial Officer reported that the Trust's final year end position had moved from the one reported to the May 2024 Trust Board meeting. There was a deterioration in the deficit to £7.5m, primarily driven by	

	increasing impairments as a result of the asset valuation work. The movement did not impact the operational control total agreed with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and NHE England. The Trust had informed NHS England about the change.

The Director of Finance corrected in the meeting to report that the final figure was £6.5m due to final adjustments agreed with the auditors.

The Chief Financial Officer went onto highlight the material movements in the accounts arising from the valuation of assets on the balance sheet and revaluations of reserves following the move to IFRS 16 valuation of the PFI sites and also the PFI sites being valued on a modern equivalent asset basis.

The Chief Financial Officer thanked the Finance Team and the External Auditors for their work in undertaking the audit and commented that the process had been much smoother this year.

On behalf of the Committee, the Chair also extended his thanks to the Finance Team and External Auditors. | 2 |
| **4.** | **External Auditors' Draft Audit Results Report 2023-24** | |
| | The External Auditors Draft Audit Results Report 2023-24 had been circulated.

Maria Grindley, External Auditors, Ernst and Young presented the paper and highlighted the following points:

- The audit had been smoother than in previous years. There were a number of potentially challenging issues this year, but the Trust had communicated these issues at an early stage which meant that they could be worked on and resolved without delaying the process
- The Auditors had almost competed their work and were currently resolving a few minor outstanding issues.

The Chair referred to the Draft Audit Results Report 2023-24 and asked for an update on the issues marked as being outstanding at the time when the report was circulated to the Committee.

Alison Kennett, External Auditors, Ernst and Young confirmed that all the testing had now been completed and that the only remaining work was to check the final amendments and to finalise the figures to be included in the Trust Accounts Consolidation (TAC) template and for the Trust to forward their Letter of Representations.

The Chair referred to the Auditors assessment of the control environment which highlighted that management comment was "to follow".

Alison Kennett explained that management comment would be included in the final version of the Audit Results Report.

It was noted that the assessment of control environment had highlighted the following areas: | **AK** |

2

	- Fixed Asset Register reconciliation - Deferred Income - Contract signing The Director of Finance reported that the Trust was moving to a new system which would hopefully resolve the issues around the Fixed Asset Register. Deferred income would be kept under review. The Director of Finance added that the Trust would hopefully be in a better position this year to have signed contracts in place. The Chair commented that there was just one significant unadjusted error this year. Alison Kennett confirmed that this related to the valuation of Hillcroft House. It was noted that Ernst and Young's property experts had produced a valuation range for Hillcroft House, and that the Trust's valuation was slightly outside of the valuation range. It was noted that the Trust had decided to go with their valuer's valuation. Ms Kennett pointed out that also in the corrected misstatements there was a £355k correction regarding an accrual that was posted to deferred include in error. The Chair thanked the External Auditors for their report.	
5.	**Formal Approvals**	
	It was noted that the Trust Board had delegated full authority to the Audit Committee to issue all necessary approvals in respect of the 2023-2024 Annual Accounts on its behalf. It was also noted that the Trust Board had approved the Annual Report. The Company Secretary reported that since the Trust Board meeting on 09 May 2024, the Annual Report had been updated to reflect comments made by the External Auditors. It was noted that the changes would be approved by the Chair and Chief Executive on behalf of the Trust Board. The Committee noted and approved the following relating to the Annual Accounts for 2023/24: • ***Draft Audit Results Report*** The Draft Audit Results Report was received and noted. • ***Annual Accounts 2023/24*** The Annual Accounts for 2023/24 were approved subject to any changes required as a result of the External Auditors outstanding work (as mentioned above), the Committee gave delegated authority to the Chair and Chief Financial Officer to approve any non-material changes.). It there were any issues of significance, another extraordinary meeting of the Committee would be convened to approve the Annual Accounts 2023-24. • **Management Representations** The proposed Trust Management Representations response to Ernst & Young would be signed by the Chief Financial Officer and Chair of the Audit Committee.	

	• ***Annual Governance Statement*** The Annual Governance Statement was approved.	
6.	**Any Other Business**	4
	There was no other business.	
7.	**Date of the Next Meeting**	
	The next meeting will be held on 26 July 2023.	

These minutes are an accurate record of the Audit Committee meeting held on 23 June 2023.

Signed: -

Date: -   26 July 2024

Trust Board - Meeting Dates for 2025

Meeting	January	February	March	April	May	June	July	August	September	October	November	December
Discursive Trust Board		11		8		10				14		9
Trust Board	14		11		13		8	12 (if required)	9		11	
Audit Committee	22			23		18	23			22		
Finance, Information and Performance (FIP)	22		20	23			23			22		
Quality Assurance Committee (QAC)		25			27			26			25	

Council of Governors Dates 2025

Meeting	January	February	March	April	May	June	July	August	September	October	November	December
Formal Council Meeting			12			11			24			3
Trust Board / Council Meeting		12 February (NEDs)			7 (Board)		16 NEDs)				12 (Board)	