

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING HELD IN PUBLIC

**10:00am on Tuesday 11 April 2017
Boardroom, Fitzwilliam House,
Skimped Hill Lane, Bracknell, RG12 1BQ**

AGENDA

No	Item	Presenter	Enc.
OPENING BUSINESS			
1.	Chairman's Welcome	Martin Earwicker, Chair	Verbal
2.	Apologies	Martin Earwicker, Chair	Verbal
3.	Declaration of Any Other Business	Martin Earwicker, Chair	Verbal
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Martin Earwicker, Chair	Verbal
5.1	Minutes of Meeting held on 14 February 2017	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.1	Quality Board Visit: Community Nursing, Maidenhead team	Minoo Irani, Medical Director	Enc.
6.2	Quality Assurance Committee – 21 February 2017	Ruth Lysons, Chair of the Quality Assurance Committee	Enc.
EXECUTIVE UPDATE			
7.1	Executive Report	Julian Emms, Chief Executive	Enc.
7.2	Staff Survey 2016 Results	Bev Searle, Director of Corporate Affairs	Enc.
PERFORMANCE			
8.1	a) Month 11 2016/17 Finance Report b) Financial Plan 2017-18 and 2018-19	Alex Gild, Chief Financial Officer	Enc.
8.2	Month 11 2016/17 Performance Report	Alex Gild, Chief Operating Officer	Enc.
8.3	Finance, Investment & Performance Committee – 22 February 2017 and 29 March 2017	Mark Lejman, Chair of the Finance, Investment and Performance Committee	Verbal
STRATEGY			
9.1	Strategy Implementation Plan 2016-17 – Update Report	Bev Searle, Director of Corporate Affairs	Enc.
9.2	Workforce Strategy Implementation Plan	Bev Searle, Director of Corporate Affairs	Enc.
CORPORATE GOVERNANCE			

No	Item	Presenter	Enc.
10.1	Council of Governors Update	Martin Earwicker, Chair	Verbal
10.2	Use of the Trust Seal	Alex Gild, Chief Financial Officer	Enc.
Closing Business			
11.	Any Other Business	Martin Earwicker, Chair	Verbal
12.	Date of the Next Public Trust Board Meeting – 9 May 2017	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

AGENDA ITEM 5.1

Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday 14 February 2017

Boardroom, Fitzwilliam House

Present:	Martin Earwicker	Chairman
	David Buckle	Non-Executive Director
	Mark Day	Non-Executive Director
	Julian Emms	Chief Executive
	Chris Fisher	Non-Executive Director
	Alex Gild	Director of Finance, Performance & Information
	Dr Minoo Irani	Medical Director
	Mark Lejman	Non-Executive Director
	Ruth Lysons	Non-Executive Director
	Helen Mackenzie	Director of Nursing and Governance
	Mehmuda Mian	Non-Executive Director
	Bev Searle	Director of Corporate Affairs
	David Townsend	Chief Operating Officer
In attendance:	Julie Hill	Company Secretary
	Anne-Marie Vine Lott	Deputy Director of Finance

17/001	Welcome (agenda item 1)
	The Chair welcomed everyone to the including the Governors: Richard Dolinski, Appointed Governor and Paul Myerscough, Public Governor. The Chair also welcomed Anne-Marie Vine-Lott, Deputy Director of Finance.
17/002	Apologies (agenda item 2)
	There were no apologies.
17/003	Declaration of Any Other Business (agenda item 3)
	There was no other business declared.
17/004	Declarations of Interest (agenda item 4)
	i. Amendments to Register – discussed at minute number 17/018
	ii. Agenda Items - none

17/005	Minutes of the previous meeting – 13 December 2016 (agenda item 5.1)
	The Minutes of the Board meeting held in public on Tuesday 13 December 2016 were approved.
17/006	Action Log and Matters Arising (agenda item 5.2)
	<p>The schedule of actions had been circulated.</p> <p>The Chair requested that the format of the action log be changed to make a distinction between those actions which had been taken forward and those which had been fully completed.</p> <p style="text-align: right;">Action: Company Secretary</p> <p>The Trust Board: noted the schedule of actions.</p>
17/007	Quality Board Visit Report – Daisy Ward Prospect Park Hospital (agenda item 6.1)
	<p>Ruth Lysons, Non-Executive Director reported that she had visited Daisy Ward, Prospect Park Hospital at the end of October 2016.</p> <p>Ms Lysons said that she had visited on a typically busy day with high bed occupancy on the ward, mainly due to delayed transfers of care. In addition, difficulties in recruiting staff nurses and succession planning for the ward manager presented additional challenges. Ms Lysons reported that despite the pressures, the team appeared to be very well organised and staff were actively caring for patients.</p> <p>The Chief Operating Officer said that since the visit, the Trust had successfully recruited a number of band 4 posts together with a deputy ward manager post at band 6.</p> <p>The Trust Board: thanked Ruth Lysons, Non-Executive Director the Director for sharing her reflections about her Quality Board Visit to Daisy Ward, Prospect Park Hospital.</p>
17/008	Oxford Academic Health Science Network: A Summary of Work Programme and Engagement with BHFT (agenda item 6.2)
	<p>The Medical Director presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • The Academic Health Science Network model was based upon collaborating to deliver measurable improvements to patient outcomes. • The Trust had contributed clinical expertise and good practice examples and had also benefitted from the support of the Academic Health Science Network’s Clinical Networks. • Although the direct benefit of this involvement to quality of patient care and clinical outcomes in BHFT’s clinical services had not been formally evaluated, it could be assumed, based on informal feedback from staff that engagement with the clinical networks had added value to the respective clinical services. • Academic Health Science Networks will be relicensed from 2018. Funding from NHS England was expected to reduce significantly. Academic Health Science Networks will need to develop alternative approaches and models to support clinical engagement. <p>David Buckle, Non-Executive Directors said that one of the advantages of the Oxford</p>

	<p>Academic Health Science Network was that clinicians had an opportunity to work with their counterparts across five counties and this was particularly valuable to those clinicians working in highly specialised or niche areas.</p> <p>The Trust Board: noted the report.</p>
17/009	<p>Guardians of Safe Working Hours: Quarterly Report (Nov 2016-Feb 2017 (agenda item 6.3)</p>
	<p>The Medical Director presented the report and highlighted the following key points:</p> <ul style="list-style-type: none"> • The Guardians of Safe Working Hours were responsible for protecting the safeguards outlined in the 2016 terms and conditions of service for doctors and dentists in training contract. • The Guardians will provide assurance to the Trust Board or equivalent body that doctors' working hours were safe. • It was proposed that the Quality Assurance Committee would receive quarterly reports from the Guardians on behalf of the Trust Board. <p>Mark Day, Non-Executive Director asked whether the issue raised in relation to handovers had been resolved. The Director of Nursing and Governance said that the issue was around the use of agency staff at Prospect Park Hospital and Junior Doctors not always knowing which nurse to speak to and confirmed that the issue had been addressed.</p> <p>Ruth Lysons, Non-Executive Director said that in places the report was difficult to read because it contained a number of unfamiliar acronyms. The Medical Director agreed to ask the Guardians to include a list of acronyms and their meaning in future reports.</p> <p style="text-align: right;">Action: Medical Director</p> <p>The Chair asked Ruth Lysons, Chair of the Quality Assurance Committee whether she was happy for the Guardians' reports to go to her Committee and to escalate any issues of concern to the Trust Board. Ms Lysons confirmed that she was happy for the Quality Assurance Committee to receive quarterly reports.</p> <p>The Chief Executive said that the annual student satisfaction survey which provided a much richer source of feedback about the quality of the Trust's clinical placements because it student included nurses, allied health professionals as well as junior doctors. The Medical Director and the Director of Nursing and Governance agreed to provide a summary of the key messages as part of the Executive Report when the report was published later in the year.</p> <p style="text-align: right;">Action: Medical Director and Director of Nursing and Governance</p> <p>The Trust Board: noted the report.</p>
17/010	<p>Patient Experience Report Qtr 3 (agenda item 6.4)</p>
	<p>The Director of Nursing and Governance presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • This quarter's report also included the Annual Community Mental Health Survey 2016. • The formal complaint response rate, including those within a timescale re-negotiated with complainants was 100% for the quarter which continued to be exceptional performance. • Overall the Trust saw a decrease in the number of complaints received, however,

	<p>two services continued to receive a relatively high number of complaints: the Community Mental Health Teams and the Prospect Park Hospital acute mental health wards. The Crisis Resolution Home Treatment Team also received a higher number of complaints.</p> <ul style="list-style-type: none"> • The Trust was undertaking a deep dive into the Crisis Resolution Home Treatment Team complaints to identify any underlying themes. • The Trust was undertaking work to try and increase the Friends and Family Test response rate. <p>The Chair commented that the complaint response time performance was impressive. The Chief Executive said that he signed the complaint letters and confirmed that the quality of the responses was high.</p> <p>The Chief Executive said that he had attended a Crisis Resolution Home Treatment Team Carers Group meeting and this had highlighted that in some cases, patients and their carers had opposing views about key issues, such as patients' consent for carers to receive information etc.</p> <p>Mehmuda Mian, Non-Executive Director said that part of the difficulty with the Friends and Family Test was that patients were asked whether they would recommend the service and in the case of mental health patients, especially those who were detained against their will, it was not surprising that they were reluctant to recommend the service.</p> <p>The Trust Board: noted the report.</p>
17/011	<p>Executive Report (agenda item 7.1)</p>
	<p>The Executive Report had been circulated. The following issues were discussed further:</p> <p>Care Quality Commission's Thematic Review of Child and Adolescent Mental Health Services</p> <p>The Chief Executive said that the Care Quality Commission was expected to announce the names of the Trusts it wanted to visit as part of its national thematic review of child and adolescent mental health services over the coming months.</p> <p>Staff Flu Vaccination</p> <p>The Chief Executive reported that the Trust had achieved 75.2% take up of the staff flu vaccination and paid tribute to the Director of Nursing and Governance and the Chief Operating Officer and their teams for achieving the 75% target.</p> <p>Temporary Staffing Report</p> <p>The Chief Executive said that the temporary staffing project was now starting to make a significant contribution to reducing the cost of temporary staff.</p> <p>Chris Fisher, Non-Executive Director commented that in addition to reducing costs, the Trust had also increased the number of filled shift hours which had a direct impact on patient experience and patient safety.</p> <p>Quality Improvement Project – Failure to Return from Leave – Prospect Park Hospital</p>

	<p>The Chair asked for more information about the Failure to Return from Leave Quality Improvement Project. The Chief Executive said that before the Chair was in post, the Trust Board had received a presentation about the project from Caroline Attard, Nurse Consultant at Prospect Park Hospital.</p> <p>The Director of Nursing and Governance explained that Bluebell Ward at Prospect Park Hospital had undertaken the project and had used the Plan, Do, Study, Act methodology to test out a number of different actions. Following the success of the project which had increased the return rate to the ward on time from 15% to 95%, the initiative had been rolled out across all Prospect Park Hospital in-patient wards.</p> <p>The Trust Board: Noted the report.</p>
17/012	<p>Equality and Inclusion Strategy Progress Report (agenda item 7.2)</p>
	<p>The Director of Corporate Affairs presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • The report set out the progress made against the seven goals of the Equality and Inclusion Strategy 2016-20. • The seven goals of the Equality and Inclusion Strategy form the equalities objectives required by the Equality Act 2010. As part of the specific duties of the Equality Act, the Trust was also required to report on equality performance against the Trust's equality and inclusion objectives and report on equality data annually which was previously published in January each year. As part of the new Equality and Inclusion Strategy, the timetable for the Trust's Annual Equality Report was moving to follow the financial year rather than the calendar year. • Nationally a Disability Equality Standard will be introduced from April 2018 which would be followed by a Lesbian, Bi-sexual and Gay Workforce Standard in 2019. • Disappointingly, the Trust had dropped out of the Stonewall Workplace Equality Index top 100, having been ranked at 122 out of 440 United Kingdom employers. The Trust had achieved a ranking of 15 in terms of UK Health and Social Care organisations. <p>Chris Fisher, Non-Executive Director asked whether the Trust's fall in the Stonewall ranking was due to the fact that the overall standard had increased. The Director of Corporate Affairs said that this could be the case but commented that the Trust also needed to get better in terms of gathering the evidence for the Stonewall process.</p> <p>The Director of Finance, Performance and Information reported that he had personally benefitted from participating in reverse mentoring by a LGBT member of staff and this had helped him to gain a greater insight into the issues faced by this staff group.</p> <p>It was noted that the Trust Board's next Discursive meeting in March would be devoted to a board development session with an external facilitator on equality and inclusion.</p> <p>The Trust Board: noted the report.</p>
17/013	<p>Month 09 2016-17 Finance Report (agenda item 8.1)</p>
	<p>The month 09 financial summary report had been circulated.</p> <p>Chris Fisher, Non-Executive Director congratulated the Trust on achieving a positive financial position at a time when so many other Trusts were reporting financial deficits.</p>

The Trust Board noted: the following summary of financial performance and results for Month 09 2016/17.

The “use of resource” metric came into effect from 1 October 2016. A rating of 1 is the highest rating possible with 4 being the lowest. The metric incorporates visibility on agency control.

Year to Date (Use of Resource) metric:

- Rating 2 (plan 2)
 - Capital Service Cover 2.3 (rating 2)
 - Liquidity metric 3.88 (rating 1)
 - Income and Expenditure Margin 0.62% (rating 2)
 - Income and Expenditure Variance 0.02% (rating 1)
 - Agency 19.21% (rating 2)

Year to Date income and expenditure (including sustainability and transformation funding):

- Plan: £1,047net surplus
- Actual: £1,090k net surplus
- Variance: £42k favourable

Month 09: £281k surplus (including sustainability and transformation funding) +£17k variance from plan:

Key variances:

- Short term overspill: **-£109k**; - principally due to 11 acute placements required in month due to bed pressures;
- Independent Hospital Placements: **-£46k** due to observations in budgeted placements and new additional placements;
- Mental Health Inpatients: **-£91k** – net pay spend in month largely due to vacancy cover and observations;
- Children’s Services: **+£141k** – due to vacancies across Children’s Services, including £94k in Health Visitors.

To offset the high cost of overspill beds, £234k provision was released into the month’s position.

The in-month underlying position, excluding sustainability and transformation funding is: £128k surplus.

Forecast:

The Trust was reporting an improvement on NHS Improvement’s control total of +£1.5m and was forecasting around a £2m net surplus, driven by the uptake of £750k of sustainability and transformation incentive funds offered by NHS Improvement, matched against a non-recurrent control target improvement of £750k by the Trust.

Cash: Month 09: £18.2m (plan £18.7m)

The variance to plan was primarily due to delayed receipt of an invoice to NHS England for £0.2m and ongoing (process related) issues relating to the Royal Berkshire NHS Foundation Trust.

Capital expenditure: Month 09: £1.9m (plan £1.9m)

17/014	Month 09 2016/17 Performance Report (agenda item 8.2)
	<p>The Month 09 2016/17 Performance Summary Scorecard and detailed Trust Performance Report had been circulated.</p> <p>The Director of Finance, Performance and Information presented the report and highlighted the following issue:</p> <ul style="list-style-type: none"> • The “People” and “Contractual” Performance indicator groupings were RAG rated as “amber”. <p>The Trust Board: noted the month 09 2016/17 Trust performance report.</p>
17/015	Finance, Investment and Performance Committee – 28 December 2016 and 25 January 2017 (agenda item 8.3)
	<p>Mark Lejman, Chair of the Finance, Investment and Performance Committee reported that in addition to the standing items, the Finance, Investment and Performance Committee had received an update on the Bed Optimisation Project and the Committee had been assured that the Trust had the right plans in place to reduce bed occupancy and to reduce the number of Out of Area Placements.</p> <p>Mr Lejman reported that the Committee had approved additional investment in the Trust’s data network infrastructure which would support the delivery of the Trust’s IT Strategy.</p> <p>The Chair thanked the Chair of the Finance, Investment and Performance Committee for his update.</p>
17/016	Strategy Implementation Plan 2016-17 (agenda item 9.1)
	<p>The Director of Corporate Affairs presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • The Strategy Implementation Plan and Progress Report at the end of quarter 3 showed that good progress was being made with most of the initiatives being delivered to the expected time frames or with minor slippage. • Two areas which were subject to delays related to the estates programmes and workforce recruitment and retention initiatives. • There were no material risks to the delivery of the main elements of the plan. <p>Ruth Lysons, Non-Executive Director referred to page 144 of the agenda pack and asked why the Renal and Cancer Care Unit at West Berkshire Community Hospital had been delayed by 14 months.</p> <p>The Director of Finance, Performance and Information explained that this was a complex project involving a number of stakeholders, including the Royal Berkshire Hospital, the Trustees of the charity and the PFI mortgage providers. The Chief Executive said that in addition, the original plan for the Renal Unit had changed and this had required new planning permission which had added to the delay. It was noted that the 14 month delay related to the original timescale for the project.</p> <p>Chris Fisher, Non-Executive Director referred to page 148 of the agenda pack and asked for more information about the Berkshire East Community Hospital review led by the Commissioners.</p>

	<p>The Chief Executive explained that the Commissioners were reviewing the multi-occupancy of the hospital estate in order to inform NHS Property Services about estate requirements. This was partly in response to NHS Property Services' decision to charge market rents.</p> <p>The Chair referred to page 145 of the agenda pack and asked for more information about the delays to recruitment. The Director of Corporate Affairs said that the Trust had appointed a specialist Recruitment Manager to work on recruitment and retention.</p> <p>The Trust Board agreed that future reports would include the exception report but not the detailed monthly progress report.</p> <p style="text-align: right;">Action: Director of Corporate Affairs</p> <p>The Trust Board: noted the report.</p>
17/017	Council of Governors – Update (agenda item 10.1)
	The Chair reported that the Joint Non-Executive Director and Council of Governors meeting on 15 February 2017 would focus on Quality Improvement.
17/018	Annual Review of Board Declarations (agenda item 10.2)
	<p>The current schedule of Directors' declarations of interest had been circulated.</p> <p>Mark Day, Non-Executive Director asked that his entry be updated to include the following:</p> <ul style="list-style-type: none"> • Vice President of the Institute of Customer Services • Member of the Professional Council of the Global Executive Network. <p>The Trust Board: noted the report.</p>
17/019	Minutes of the Audit Committee held on 25 January 2017 (agenda item 10.3)
	<p>Chris Fisher, Chair of the Audit Committee reported that the Audit Committee had received a "deep dive" report on the Trust's mortality review processes. Mr Fisher reported that the Committee had welcomed the opportunity to receive early assurance on the mortality review systems and processes that had been developed in-house. It was noted that the Audit Committee had requested that the Internal Auditors review the DATIX incident reporting system.</p> <p>Mr Fisher reported that members of the Audit Committee together with the Internal and External Auditors and the Counter Fraud service had completed a self-assessment questionnaire on the effectiveness of the Committee. It was noted that the self-assessment exercise had highlighted the importance of Non-Executive Director succession planning to ensure that the Trust Board and in particular the Audit Committee had members with financial experience.</p> <p>The Chair reported that he and the Company Secretary had discussed succession planning and would be arranging a meeting of the Council of Governors Nominations and Remuneration Committee.</p> <p style="text-align: right;">Action: Company Secretary</p> <p>The Chief Executive thanked the Audit Committee for providing assurance on the Trust's mortality review processes.</p>

	<p>The Chair thanked Chris Fisher for his update.</p> <p>The Trust Board: noted the minutes of the Audit Committee meeting held on 25 January 2017.</p>
17/020	Annual Health and Safety Report (agenda item 10.4)
	<p>The Annual Health and Safety Report had been circulated. The Chair commented that the Trust's Health and Safety performance during 2016 was positive and compared well to national benchmarking data.</p> <p>The Chief Executive said that the Trust had a number of initiatives to support staff well-being, including an in-house counselling service, access to an MSK service, resilience and mindfulness training. The Excellent Managers programme and Compassionate Leadership courses provided additional support for managers.</p> <p>The Chair referred to the mandatory staff fire training data and asked why the target was set at 90%. The Chief Operating Officer said that all staff were required to undertake fire safety awareness training and that the 90% target took account of long term sickness and maternity leave etc.</p> <p>The Chief Executive said that it was important to remember that the fire risk was particularly acute at Prospect Park Hospital because the Trust treated arsonists and therefore Prospect Park staff were required to undertake additional site specific fire and evacuation training and this was reflected in the higher compliance target of 95%.</p> <p>Mehmuda Mian, Non-Executive Director commented that following the Daisy Ward fire incident, the Trust's Fire Safety Officer had undertaken a review and had instigated a number of actions to further reduce the risk of fire at Prospect Park Hospital and asked whether there were plans for an independent assessment of the actions put in place.</p> <p>The Chief Operating Officer said that the Trust would appoint an external Fire Safety Officer to conduct an independent review.</p> <p>The Chief Executive said that another area of risk for the Trust related to home visits and that it was important that staff did not become complacent.</p> <p>The Chair asked whether the Trust had audited compliance with the lone worker and risk assessment systems and processes. The Chief Executive confirmed that the Trust had done this and that there was generally high compliance.</p> <p>The Chief Operating Officer reported that the Trust provided lone workers with electronic devices and was exploring other types of technology to further assist lone workers.</p> <p>Mark Lejman, Non-Executive Director asked whether a lack of hygiene presented a risk for nursing staff visiting patients in their own homes. The Director of Nursing and Governance said that staff could refuse to treat a patient if their own personal health and safety was at risk but that this was only in the most extreme cases.</p> <p>The Trust Board: noted the report.</p>
17/021	Use of the Trust Seal (agenda item 10.5)
	<p>The Director of Finance, Performance and Information reported that the Trust Seal had been affixed to a ten year lease at 81 London Street, Reading. The Lease was to enable</p>

	<p>the Talking Therapies Service to relocate from the Walk in Centre in the Board Street Mall shopping centre, Reading.</p> <p>The Trust Seal had also been affixed to a deed relating to the charitable grant for the construction of a new facility, including a Renal Unit at West Berkshire Community Hospital.</p> <p>Ruth Lysons, Non-Executive Director asked why the Talking Therapies Service had relocated. The Chief Executive explained that the service had expanded and the move was part of the consolidation of services to the Reading University campus.</p> <p>The Trust Board: noted the use of the Trust Seal.</p>
17/022	Board Planner 2017 (agenda item 10.6)
	<p>The Board Planner for 2017 outlining the non-standing items of forthcoming business for the year had been circulated.</p> <p>The Trust Board: noted the annual Board Planner.</p>
17/023	Any Other Business (agenda item 11)
	There was no other business.
	The Chair concluded the meeting and thanked the observers for attending.
17/024	Date of Next Meeting (agenda item 12)
	11 April 2017
17/025	CONFIDENTIAL ISSUES: (agenda item 13)
	The Board resolved to exclude press and public from the remainder of the meeting on the basis that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.

I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the Trust Board meeting held on 14 February 2017.

Signed.....Date.....

(Martin Earwicker, Chair)

BOARD OF DIRECTORS MEETING: 11/04/2017

Board Meeting Matters Arising Log – 2017 – 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	Status
13.12.16	16/337	Month 07 2016/17 – Performance Report	A report on the use of prone restraints to be presented to the Quality Assurance Committee	21.02.17	HM	A report was submitted to the February 2017 meeting of the Quality Assurance Committee
14.02.17	17/006	Action Log	The colour coding on the action log to be changed to make it clearer when an action had been fully completed as opposed to	11.04.17	JH	The action log template has been updated

			being in progress.			to include actions fully completed to be denoted by purple fill.
14.02.17	17/009	Guardians of Safe Working Hours	The Medical Director to ask the Guardians of Safe Working to include a list of acronyms and their meanings in future reports (to be submitted to the Quality Assurance Committee).	16.05.17	MI	The Medical Director has forwarded the Board's requests to the Guardians who have agreed to include a list of acronyms and their meanings in future reports to the QAC.
14.02.17	17/009	Guardians of Safe Working Hours	The Medical Director and the Director of Nursing and Governance to provide a summary of the key messages from the annual student satisfaction survey as part of the Executive Report when the report was published later in the year.	TBC	MI/HM	
14.02.17	17/016	Strategy Implementation Plan 2016-17	Future reports to include just the exception report and not the detailed monthly progress report.	09.05.17	BS	
14.02.17	17/019	Audit Committee minutes	Meeting of the Council of Governors Nominations and Remuneration Committee to be arranged to discuss Non-Executive Director recruitment.	09.05.17	JH	

Trust Board Paper

Board Meeting Date	11 April 2017
Title	Quality Board Visit Report – Community Nursing, Maidenhead Team
Purpose	To receive the report of the Quality Board Visit undertaken by Minoo Irani, Medical Director
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	1. To provide safe services, good outcomes and good experience of treatment and care
CQC Registration/Patient Care Impacts	Providing additional Board level assurance on patient safety and quality of care
Resource Impacts	None
Legal Implications	None
SUMMARY	Board members conduct Quality Visits to Trust services and Localities throughout the year and reports are produced which are circulated to all Board members for information. At regular intervals during the year, a Board Quality Visit report is selected for inclusion on the agenda for discussion.
ACTION REQUIRED	To receive and note the report and discuss any matters raised.

Board Quality Visit—Community Nursing, Maidenhead team

10 March 2017 at St Marks Hospital

Introduction

The Maidenhead Community (District) Nursing team is locality based and is made up of 4 teams which are named according to geographical and GP surgery alignment: Linden and Village teams have their office base at St Marks Hospital and the Claremont and Cedars teams are based at the Health Centre in Maidenhead. Each team generally has up to 2 whole time equivalent nursing sisters who are supported by staff nurses and health carers. From my discussions with Karen Archer (team lead for Maidenhead) I understood that the Maidenhead team has been successful in recruiting to vacancies and has a stable team structure. The 4 teams have a good working relationship and will provide cross cover if required.

Referrals to the teams are mostly from local GPs and also hospitals where patients are being discharged to their homes. Our community nurses maintain a range of skills from wound care, managing essential equipment for patient care, intravenous therapy and also end of life care for patients.

The visits

I accompanied Christine Burrows, one of the sisters in the Linden team, to home visits she had on her schedule. We first visited a gentleman who required intravenous antibiotics. Christine diligently set about ensuring aseptic procedure in preparing the correct dose of the antibiotic from 3 different bottles and vials and started the infusion, reassuring the patient that she would return within the hour to close off the infusion on completion. This was followed by a brief entry in the paper records held by the patient at home and use of mobile working to log onto the Trust RiO system and make the relevant entry.

Our next visit was to support a gentleman with dressing change for diabetic vasculopathy. This was done in a caring and professional manner.

I then discussed the range of cases Christine had on her list for the day, which included supporting a patient with heart failure (urinary catheterisation, dressing change and blood tests), a patient with multiple sclerosis requiring wound dressing and then supporting feeding tube management in another patient.

I concluded the visits with a good understanding of the clinical spectrum of support provided by the nursing team.

The process

I was made aware of the referral process from the BHFT 'Hub' based at the Forge to the frontline community nurses. Each locality has their own triage function (Community Access Point) which receives referrals from the Hub. I wondered if it was good use of time for a qualified nurse to sit by the phone and computer in each locality, waiting for new referrals to be received. I was informed that the importance of this triage function meant that a staff nurse managed this function during the day. New cases are allocated to the teams (on team planner) and urgent referrals are received by phone and passed over to the teams. We explored if the CAP function could be mostly discharged at the Hub (or regionally across 3 localities) and administrators could then be used to manage case allocation in localities. Karen thought that the Hub was in the process of recruiting to some of this expertise.

My impression

Community nurses provide an important service which enables hospitals to discharge patients to their homes where certain aspects of treatment can be completed. The nurses are also valued by local GPs because of the joint support for patient care at home.

The Linden team at Maidenhead is well staffed and works cohesively. They have embraced mobile working practices and are currently working to align with the e-rostering requirements in the Trust.

Dr Minoo Irani

Medical Director

Trust Board Paper

Board Meeting Date	11 April 2017
Title	Quality Assurance Committee – 21 February 2017
Purpose	To receive the unconfirmed minutes of the meeting of the Quality Assurance Committee of 21 February 2017
Business Area	Corporate
Author	Company Secretary for Ruth Lysons, Committee Chair
Relevant Strategic Objectives	1. To provide safe services, good outcomes and good experience of care
CQC Registration/Patient Care Impacts	Supports ongoing registration
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
SUMMARY	The unconfirmed minutes of the Quality Assurance Committee meeting held on 21 February 2017 are provided for information.
ACTION REQUIRED	To receive the minutes and to seek any clarification on issues covered.

Unconfirmed

**Minutes of the Quality Assurance Committee Meeting held on
Tuesday, 21 February 2017, Fitzwilliam House, Bracknell**

Present: Ruth Lysons, Non-Executive Director (Chair)
David Buckle, Non-Executive Director
Julian Emms, Chief Executive
Minoos Irani, Medical Director
Helen Mackenzie, Director of Nursing and Governance
Mehmuda Mian, Non-Executive Director
Amanda Mollett, Head of Clinical Effectiveness and Audit
David Townsend, Chief Operating Officer

In attendance: Julie Hill, Company Secretary

1 Apologies for absence and welcome

The Chair welcomed everyone to the meeting and said that the key topics for discussion were: the Trust's response to the Care Quality Commission's report on Learning, Candour and Accountability; Quality Concerns and Board Assurance Framework Risks; Use of Prone Restraints; and the Thematic Review of Serious Incidents on the Mental Health Inpatient Wards.

There were no apologies for absence.

2. Declaration of Any Other Business

There were no items of Any Other Business.

3. Declarations of Interest

There were no declarations of interest.

4.1 Minutes of the Meeting held on 14 November 2016

The minutes of the meeting held on 14 November 2016 were confirmed as an accurate record after the last bullet point on minute 5.1 (Quality Concerns) had been amended to read:

"The Chief Operating Officer was leading the bed optimisation project which aimed at reducing mental health in-patient bed occupancy."

4.2 Matters Arising Log

The Matters Arising Log had been circulated. The following actions were discussed further:

Prescribing Valproate for Bipolar Disorders

David Buckle, Non-Executive Director reported that he would liaise with the local Clinical Commissioning Group IT Lead about the Trust linking into the DXS GP system to ensure that patients received the same information.

Performance Information

It was noted that David Buckle, Non-Executive Director had raised the issue of performance data published by the Clinical Commissioning Groups with the Performance Team. The action was therefore closed.

The Committee noted the schedule of actions.

5. Clinical Effectiveness and Outcomes

5.1 Quality Account Report 2016-17 – Quarter 3

The Medical Director presented the report and said that the Quarter 3 Quality Accounts Report was a consolidation of the data already presented at various Committees.

The Medical Director reported that in response to comments at the Council of Governors meeting in December 2016, the content of the Quality Account Report had been changed to make it more readable especially for a lay audience. In addition, blue coloured information notices had been added at appropriate points in the report to add clarity and to signpost its content to the reader.

The Chief Executive said that he liked the new format and asked about the final approval process for the Quality Account Report.

The Head of Clinical Effectiveness and Audit said that the Trust would start to share the content of the Quarter 3 report with external stakeholders, including Local Authority Overview and Scrutiny Committees and Healthwatch. The final report would be approved at the May Trust Board meeting.

The Chief Executive requested that when the final report was circulated to members of the Trust Board, the changes from the quarter 3 report and the final report be highlighted to save members of the Committee having to re-read the whole report.

Action: Head of Clinical Effectiveness and Audit

David Buckle, Non-Executive Director said it was a readable document but queried whether it would be helpful to include an explanation around the long waiting times for services.

The Director of Nursing and Governance requested that the Head of Clinical Effectiveness and Audit liaise with the Chief Operating Officer to check the waiting time data as it did not correspond to other data sources which reported much lower waiting times.

Action: Head of Clinical Effectiveness and Audit

The Chair asked whether it would be possible to provide more detailed information about service improvements.

The Chief Executive commented that much of the content of the Quality Account Report was centrally determined and therefore in order to make sure

that the document was not overly long, only summary information would be provided about service improvements.

Mehmuda Mian, Non-Executive Director asked about the process for checking data in the Quality Account Report. The Head of Clinical Effectiveness and Audit reported that the Trust's External Auditors (KPMG) cross checked all the data as part of their audit.

The Committee noted the report.

5.2a Clinical Audit Annual Plan 2017-18

The Head of Clinical Effectiveness and Audit presented the report and highlighted the following points:

- NHS England required provider organisations to participate in National Clinical Audit and Patient Outcome Programme audits which were relevant to their services and to implement all relevant recommendations.
- If the Trust decided not to participate in a particular clinical audit relevant to its services, this would need to be approved by the Quality Assurance Committee and the rationale for not doing the audit would need to be reported in the Quality Account Report.
- The Clinical Audit Annual Plan had been developed in line with the Trust's Clinical Audit Policy. It also reflected Internal Audit recommendations; took account of the risks on the Board Assurance Framework; and the first three quarters of the year's reports on incident trends.
- The Clinical Audit Annual Plan presented all the audits which were identified through the audit planning cycle as relevant to the Trust's services. The plan included a total number of 49 projects.
- Each audit was allocated a Clinical Lead who worked with the Clinical Audit Team to collect the relevant data and to develop and implement the action plan following the audit.

David Buckle, Non-Executive Director said that he was assured that the Trust had a robust process in place for developing the annual Clinical Audit Plan.

The Chair asked about the greyed out sections on the plan. The Head of Clinical Effectiveness and Audit explained that these related to those audits where information had not yet been published.

The Chief Executive commented that the Trust would shortly embark on its Quality Improvement programme and therefore moving forward, it was important that the Clinical Audit Plan was aligned to the Quality Improvement priorities.

The Chief Executive also commented that 49 clinical audits was a large undertaking for a small clinical audit department and said that it was important that Clinicians were actively involved in the process of identifying those audits which were likely to add value to the Trust's work.

The Committee noted the Clinical Audit Plan 2017-18.

5.2b Clinical Audit Reports

i) Prescribing Antipsychotic Medication for People with Dementia Clinical Audit Report

The summary of the clinical audit into prescribing antipsychotic medication for people with Dementia had been circulated.

David Buckle, Non-Executive Director commented that the audit had highlighted that the Trust had low rates of prescribing and administration of antipsychotics.

The Chair referred to page 103 of the agenda pack and commented that the level of compliance in relation to audit standards 3 and 4 had reduced, although it was based on a small number of patients.

The Director of Nursing and Governance said that she was surprised by the level of non-compliance in relation to audit standard 4 (the potential risks and benefits of antipsychotic medication should be discussed with patients and or carers prior to initiation).

The Medical Director said that the audit could only take account of discussions with patients and their carers which had been recorded in the patients' notes.

It was noted that every clinical audit had a follow up action plan.

The Committee noted the report.

ii) National COPD Rehabilitation Clinical Audit Report

A summary of the national COPD Rehabilitation Clinical Audit had been circulated.

The Head of Clinical Effectiveness and Audit said that audit had highlighted that the Trust's Pulmonary Rehabilitation performance was in line with the national findings and ahead in some areas. It was noted that both East and West services had already begun to address the areas identified for improvements.

The Head of Clinical Effectiveness and Audit said that the service was intending to seek national accreditation.

The Committee noted the report.

5.3 Response to the Learning, Candour and Accountability: A Summary of how patient deaths are investigated and learning from deaths is managed in BHFT Report

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

- The Care Quality Commission had published their report: Learning, Candour and Accountability: A review of the way NHS trusts review and investigate deaths of patients in England in December 2016.
- The main findings of the report were: families and carers often reported a poor experience of investigations especially for people in

mental health and learning disability services; there was no single framework for NHS trusts that set out the approach to learning from deaths; and no trust could demonstrate good practice across all aspects of identifying, reviewing and investigating deaths and ensuring that learning was implemented.

- The Care Quality Commission made seven recommendations that required action across the health system. Recommendations 1-6 were directed at the Secretary of State for Health, Department of Health, Royal Colleges, NHS Improvement and Health Education England. Recommendation 7 was specific to commissioners and providers and required them to work together to review and improve their local approach following the death of people receiving care from their services. In addition, the provider boards should ensure that national guidance was implemented so that deaths were identified, screened and investigated where appropriate and that learning from a death was shared and acted on. Provider organisations were also required to engage with families and carers.
- The paper provided assurance that the Trust had developed a robust mortality review process which would be refined to reflect any subsequent national guidance.
- It was proposed that the Medical Director would be responsible for the Trust's mortality review systems and processes and the Chair of the Quality Assurance Committee would be the Non-Executive Director lead and would provide oversight of the process. The Director of Nursing and Governance would retain her responsibility for the serious incident investigation process.

The Chief Operating Officer said that he welcomed the commitment to engaging with families and carers but commented that investigation reports were based on factual information and there maybe occasions when families and carers want to include more subjective information about the deceased as a person. The Director of Nursing and Governance proposed adopting a similar approach to the senior incident investigation process whereby families and carers could input the report by sharing information about the deceased as an individual.

The Medical Director said that the Trust would review and adapt its mortality review systems and processes in line with national guidance when this was published.

The Committee:

- a) Agreed that the Chair of the Quality Assurance Committee would be the Non-Executive Lead and that the Medical Director would have Board level responsibility for the Trust's mortality review systems and processes.
- b) Noted that the Director of Nursing and Governance would retain Board level responsibility for the serious incident investigation systems and processes.
- c) Noted the report.

Patient Safety and Experience

6.1 Quality Concerns Status Report

The Director of Nursing and Governance reported that one new concern had been added since the last meeting: “Leadership at Prospect Park Hospital” and one concern had been removed: “Place of Safety”. It was noted that management and staffing issues in the relation to the place of safety had reduced as a consequence of the actions taken.

The Director of Nursing and Governance said that she hoped to be able to close some of the other concerns after the publication of the Care Quality Commission’s report of their re-inspection visit last December.

The Chair asked about the risk relating to the cultural issues at the Berkshire Adolescent Unit (BAU). The Director of Nursing and Governance confirmed that the BAU now had strong leadership in place and delivered good quality care. The Director of Nursing and Governance said that the building housing the BAU was less than satisfactory.

It was noted that significant progress had been made in addressing the workforce shortages at Prospect Park Hospital by changing the skills mix and developing a new Band 4 post and a new Band 6 Deputy Ward Manager post.

The Chief Operational Officer reported that Andrew Burgess, Locality Director – Mental Health In-Patient Services at Prospect Park Hospital would be retiring in August 2018. As part of the succession planning for his post, Alison Durrands, Agency Programme Director would be seconded into the post and a recruitment process would start to find a permanent replacement. Until his retirement, Mr Burgess would support the Director of Nursing and Governance with the agency programme and other corporate projects.

Mehmuda Mian, Non-Executive Director asked for more information about the concern in relation to the Crisis Response Home Treatment Team. The Director of Nursing and Governance said that the Trust received positive feedback from patients about the service but it was under pressure because of the level of vacancies. It was noted that new leadership was in place and work was underway to review the skills mix to address the workforce shortages.

The Chief Operating Officer said that whilst the feedback about the home treatment side was positive, patients and their families sometimes had unrealistic expectations about what they could expect when they contacted the crisis telephone service.

David Buckle, Non-Executive Director said that it was a very helpful report.

The Committee noted the report.

6.2 Board Assurance Framework – Quality Risks

The Audit Committee had agreed a new approach to developing and reviewing the Board Assurance Framework. The Audit Committee retained overall responsibility for ensuring that the Board Assurance Framework was effective in enabling the monitoring, controlling and mitigation of risks to the Trust’s strategic objectives but in addition, each risk had been allocated to the

relevant Executive and Board Sub-Committee for review. The Quality Assurance Committee had been allocated the quality risks.

Quality Risks

Risk 1 (workforce shortages)

The Chief Executive reported that the Audit Committee had asked the Director of Corporate Services and the Director of Human Resources to identify and prioritise the key actions which would have the most impact on workforce shortages.

The Chief Operating Officer reported that the Prospect Park Hospital workforce project had successfully recruited to the new band 4 post with 21 staff attending the corporate induction session yesterday before taking up their posts. In addition, all six band 6 posts had been recruited to. It was agreed that the actions would be updated to reflect the success of the recent round of Prospect Park Hospital recruitment.

Action: Company Secretary

The Chief Executive said that the Prospect Park Hospital workforce project had demonstrated that changing the skills mix was an effective way to address workforce shortages and could be replicated across the Trust.

It was noted that the new staffing arrangement for the Place of Safety was up and running and was currently being staffed by temporary and agency staff.

The Chair said that she had raised the issue of encouraging staff to return to practice when the Trust Board had discussed the Workforce Strategy. The Director of Nursing and Governance said that the Trust had a programme to support staff who had a career break and who wanted to return to work. The Director of Nursing and Governance agreed to find out more about the return to work scheme and report back to the Committee.

Action: Director of Nursing and Governance

Risk 2 (clinicians and patient involvement in the development of new pathways)

The Director of Nursing and Governance reported that the Quality Executive Committee had discussed the quality risks at its February meeting and in relation to risk 2 had agreed to amend the business case template to include a section on how patients and carers would be involved in the development of new pathways.

It was agreed to include the accreditation process as a source of external assurance as this involved service users and carers in the design of services.

Action: Company Secretary

Risk 5 (Clinical Standards)

The Chair asked whether non-clinical standards were adequately reflected in the risk. The Chief Operating Officer said that one of the controls was the Estates Strategy and this included issues such as buildings and parking.

It was agreed to add the quality accreditation process as a source of external assurance.

Action: Company Secretary

6.3 Quarter 3 - Serious Incidents Report

The Quarter 3 Serious Incident Report had been circulated.

The Committee noted the report.

6.4 A Thematic Review of the Serious Incidents that have occurred on the Mental Health Inpatient Wards of BHFT between September 2015 and August 2016 Report

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

- The Trust had commissioned an independent thematic review of 14 serious incidents that had occurred on the mental health inpatient wards between September 2015 and August 2016 to draw out any common themes.
- The Trust had developed and implemented action plans in response to the investigations into each of individual serious incidents and therefore the majority of the issues raised in the thematic review had already been addressed. One particular area identified in the thematic review was the importance of a patient's first week in hospital.
- The Inpatient Clinical Director was taking forward this action to ensure that was greater focus by the ward team on engagement with the patient, risk assessments and management during the first week in hospital.
- The findings of the independent review were being disseminated to staff and an action plan was being developed.

The Committee noted the report.

6.5 Use of Prone Restraint Report

The Director of Nursing and Governance presented the report which was in response to the recently published figures in a benchmarking report which suggested that the Trust was an outlier in its relatively high use of prone restraint.

The Chair asked whether the Trust was more diligent than other Trusts in its reporting of the use of prone restraint.

The Chief Executive said that the Trust needed to gain a better understanding of the data and the Trust's use of prone restraint before reaching any conclusions.

The Director of Nursing and Governance reported that one of the potential quality improvement projects was around creating a more therapeutic environment for patients with the aim of reducing the incidence of violence and aggression which in turn would reduce the need for prone restraint.

The Committee noted the report.

Corporate Governance

7. Quality Executive Committee Minutes – August 2016, September 2016 and October 2016

The minutes of the Quality Executive Committee meetings held on 14 November 2016, 12 December 2016 and 9 January 2017 were noted.

Closing Business

8. Standing Item – Horizon Scanning

There were no additional items identified.

9. Any Other Business

There was no other business.

10. Date of the Next Meeting

16 May 2017

These minutes are an accurate record of the Quality Assurance Committee meeting held on 21 February 2017.

Signed:- _____

Date: - _____

Trust Board Paper

Board Meeting Date	11 April 2017
Title	Executive Report
Purpose	This Executive Report updates the Board of Directors on significant events since it last met.
Business Area	Corporate
Author	Chief Executive
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
SUMMARY	This Executive Report updates the Board of Directors on significant events since it last met.
ACTION REQUIRED	To note the report and seek any clarification.

Trust Board Meeting 11 April 2017

EXECUTIVE REPORT

1. Never Events

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

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

2. Freedom To Speak Guardian

The appointment of a local Freedom to Speak Up (FTSU) Guardian, was recommended by Sir Robert Francis following his review into the failings at Mid-Staffordshire and subsequent report. In July 2015, the Secretary of State confirmed the steps that needed to be taken to develop a culture of safety, including the appointment of a local guardian in every trust. In January 2017 Elaine Williams was appointed to the position of Freedom to Speak Up Guardian for Berkshire Healthcare Foundation Trust.

FTSU guardians have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled. They do not have a remit to assist staff who are employed outside of their Trust. Guardians do not get involved in investigations or complaints, but help to facilitate the process where needed, ensuring organisational policies in relation to raising concerns are followed correctly.

The Trust is confident that our local guardian role will build on and complement our current raising concerns processes and be embedded with our vision and values (see Appendix 1). Elaine is in the process of raising awareness of her role across the organisation and is networking both nationally and regionally.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

3. Next Steps on the NHS Five Year Forward View

On Friday 31 March 2017, NHS England and NHS Improvement published *Next steps on the NHS five year forward view*. The report outlines progress on the ambitions set out in the *Five year forward view* since its original publication in October 2014 and defines what still needs to be achieved over the next two years and how this will happen. Some of the key messages are outlined below:

- Four national service improvement priorities for 2017/18 and 2018/19 identified as urgent and emergency care, primary care, cancer and mental health.
- Acknowledgement that the need to deliver financial balance will require some trade-offs, including more pressure on waiting times for elective care.
- STPs are now referred to as 'sustainability and transformation partnerships', with the best given the opportunity to evolve into accountable care systems (ACSs).
- A ten-point efficiency plan lays out the steps trusts and CCGs must take to cut waste and improve efficiency.
- NHS England and NHS Improvement commit to joint working at both a national and regional level, while still retaining their distinct statutory responsibilities.

The document names the areas that would be the first to see Commissioners and Providers come together to take joint responsibility for the health of a defined local population and the resources to deliver care services.

The development of Accountable Care Systems (ACSs) is part of a blueprint for "abolishing" the transactional purchaser/provider split in the NHS. They differ from accountable care organisations (ACO) in that they would mostly retain existing health and social care structures. The document is cautious about the development of fully integrated ACOs, noting that this will not be a focus of activity in the coming years in many areas. At the moment there are just nine areas identified as the most advanced in terms of ACS readiness and these include both the Frimley STP and the Berkshire West ACS.

The delivery plan also reveals the 7 mental health providers confirmed as Global Digital Exemplars (see section 4 below), which includes Berkshire Healthcare. Subject to Treasury approval, the seven trusts will each receive £5m in central funding. They will be expected to lead the way in using digital technology, informatics and data to improve care, and to work with other organisations to implement these innovations across the NHS.

A useful and more detailed 9 page summary from NHS Providers is attached at Appendix 2.

Executive Lead: Julian Emms, Chief Executive

4. Mental Health Global Digital Exemplar

The Trust is confirmed as a Mental Health Global Digital Exemplar.

After being shortlisted and invited with eleven other providers to express an interest in becoming a Mental Health Global Digital Exemplar, we are delighted to inform the Board that we have been successful in our application to NHS England (confirmation letter attached at Appendix 3).

Global Digital Exemplar status brings with it funding (£5m, match funded by the Trust), our commitment and responsibility to accelerate a programme of digital innovation in delivery of mental health services to our patients, sharing the learning and new care models across the NHS, alongside six other exemplars.

Executive Lead: Alex Gild, Chief Financial Officer

5. NHS Property and Estates: Why the Estate Matters for Patients

Sir Robert Naylor (former CEO of University College London Hospitals NHS FT) was first appointed as the Government's Estates Tsar in February of last year, tasked with developing a new strategy for the NHS Estate. This was published on Friday 31 March 2017.

Over recent years, there has been growing recognition that the lack of strategic oversight is hampering the development of the NHS Estate, and ultimately leading to worse outcomes for patients. As Sir Robert outlines, the shift towards autonomous local NHS organisations and subsequent re-organisations has slowly reduced the capacity for transformational property reform. The arrival of the 5YFV in 2014 highlighted this deficiency; whilst a British Medical Association survey in the same year demonstrated the scale of the task, finding that 40 per cent of GPs think their premises are not fit for purpose.

The report estimates that a total of £10bn is required to properly fund England STPs and maintain health facilities in the future:

“The general consensus is that the current NHS capital investment is insufficient to fund transformation and maintain the current estate. We estimate that STP capital requirements might total around £10bn, with a conservative estimate of backlog maintenance at £5bn and a similar sum likely to be required to deliver the FYFV... This could be funded through property disposals, private capital (for primary care) and from the Treasury. However, the NHS needs to develop a robust capital strategy to determine the final investment requirements through the STP plans.”

The report also calls on the NHS to rapidly develop robust capital plans that are aligned with clinical strategies, maximise value for money (including land sales) and address backlog maintenance:

“Government should support these plans by providing capital, but only where a strong case has been made. The review recognises that STPs are at different points in their development so we do not expect all areas to progress and require funding on the same scale or at the same time.”

The review recommends that a new NHS Property Board is established to provide leadership and expertise to STPs at arm's length, acting as the primary voice to the system on estate matters. The board must be in place by April and will oversee the functions of NHS Property Services and Community Health Partnerships (CHP) as well as addressing the operational challenges that prevent the delivery of major projects. This process has been underway for some months following ministerial approval in November.

A helpful summary of the report from NHS Providers is attached at Appendix 4.

Executive Lead: Julian Emms, Chief Executive

6. Nurse Revalidation

On the 8th October 2015 the Nursing and Midwifery Council (NMC) approved the introduction of revalidation for nurses commencing with those due to renew their registration in April 2016. Therefore all nurses, due to renew their registration after April 2016, have been subject to the requirements of revalidation when their renewal has been due. All nurses are now required to undertake revalidation on a three yearly basis.

2015-16

In preparation for the introduction for nurse revalidation the following actions were undertaken during 2015-16 within Berkshire Healthcare in order to support the nursing workforce:

- Awareness sessions were provided on the main sites across the Trust and staff/team meetings when requested.
- The awareness session was also developed into an e-learning package that is available for nurses to access via ESR.
- In addition to the awareness sessions, the Learning & Development Department provided sessions on Writing Reflective Accounts and development of a Portfolio in order to provide more detailed support to nurses in this area.
- The reflective discussion and confirmation requirements were incorporated into the appraisal system for 2016-17 and going forward.
- A Revalidation page was developed on Team-net under Nursing for Excellence. This page explains the requirements and has a number of links to supporting documents, tools and templates for nurses to use.
- A generic revalidation email address that nurses can send their questions to was set up.
- Sessions for managers who are required to act as confirmers were commenced in March 2016 to help them prepare for the process.

During 2016-17

The reflection and revalidation awareness sessions continued as bookable sessions via the Learning and Development Department throughout April to August 2016. Ten sessions were offered and six sessions were provided due to minimal uptake. These were discontinued from September 2016 due to lack of demand with a view to re-instating them if demand increased. There have been minimal requests for support since September 2016 and these nurses have been directed to the information on Team-net and the NMC Revalidation microsite. Support has been provided for specific queries.

The awareness sessions for managers who are required to act as confirmers continued on a monthly basis until July 2016 by which time there was minimal demand for further sessions. However any queries have been dealt with on an individual basis. Support continues to be available if the need arises.

There have been minimal queries (n=10) to the generic revalidation email box. Revalidation has now been in place for a full year. During this time, around 478 nurses within the trust have undergone the revalidation process.

Four nurses have chosen not to revalidate and have let their registration lapse. These nurses were all on long term sick leave at the time, which may have influenced their decision not to revalidate.

Three nurses have required an extension, which is granted in special circumstances by the NMC provided the request is made prior to the deadline date.

Confirmation to the NMC that a nurse has met the revalidation requirements is provided by line managers. In addition, the NMC check a random sample of nurses each month nationally. We are aware of at least two nurses within the Trust who have been checked in this way during 2016-17 as part of their revalidation process.

Currently there is one issue referred to the NMC relating to confirmation provided by one of our staff to an NHSP nurse who appears not to have the revalidation requirements. It is likely that our member of staff will be also be investigated by the NMC as part of this.

From November 2016 the NMC stated that any nurse who allows their registration to lapse will have to apply to be readmitted. This process can take up to six weeks. During this time the nurse will not be able to practice and the Trust has taken a decision not to pay any nurses who let their registration lapse until they are back on the register and able to practice again. During 2016-17 two nurses allowed their registration to lapse in this way, both of whom are currently applying to re-join the register.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

7. Care Quality Commission (CQC) Focussed Inspection

On 27th March the CQC published the results of the focused inspection conducted in December 2016. During this inspection, the CQC found that the services had addressed the compliance issues raised during the December 2015 comprehensive inspection. The outcome for the four core services inspected is noted below:

- Learning Disability Inpatient Services were rated 'good' across all domains
- Berkshire Adolescent unit providing tier four Inpatient Services for Young People was rated 'good' across all domains
- Older People's Mental Health wards were rated 'good' across all domains
- Acute Mental Health wards and Psychiatric Intensive Care Unit were rated good for all domains except safety which is still rated as requires improvement. The CQC report indicates that the inspection went very well for these wards however because of the two very serious incidents that have occurred over the last eighteen months and are still under investigation they believed requires improvement was the correct rating. The CQC **observed good evidence that the Trust was taking the right steps to improve risk assessment and management plans for patients. Daisy ward received one compliance action noted below and they are currently developing plans to address this:**

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment there was no ligature risk assessment or a management plan for the garden door on Daisy ward. The door leading into the garden was unlocked and had a fence which could be climbed with comparative ease and it had at least a 12 foot drop on the other side. A patient could have scaled the fence and injured themselves falling over the top. This is a breach of Regulation 12(2)(b)

The teams have worked hard over the last year to make sustained improvements and should be thanked and congratulated for their achievements.

The Trust overall rating remains good and new the matrix showing our current position with regard to core service rating can be seen in appendix 5. The Trust has appealed the overall requires improvement rating for the safe domain and is awaiting the result.

The full reports are available on the CQC website.

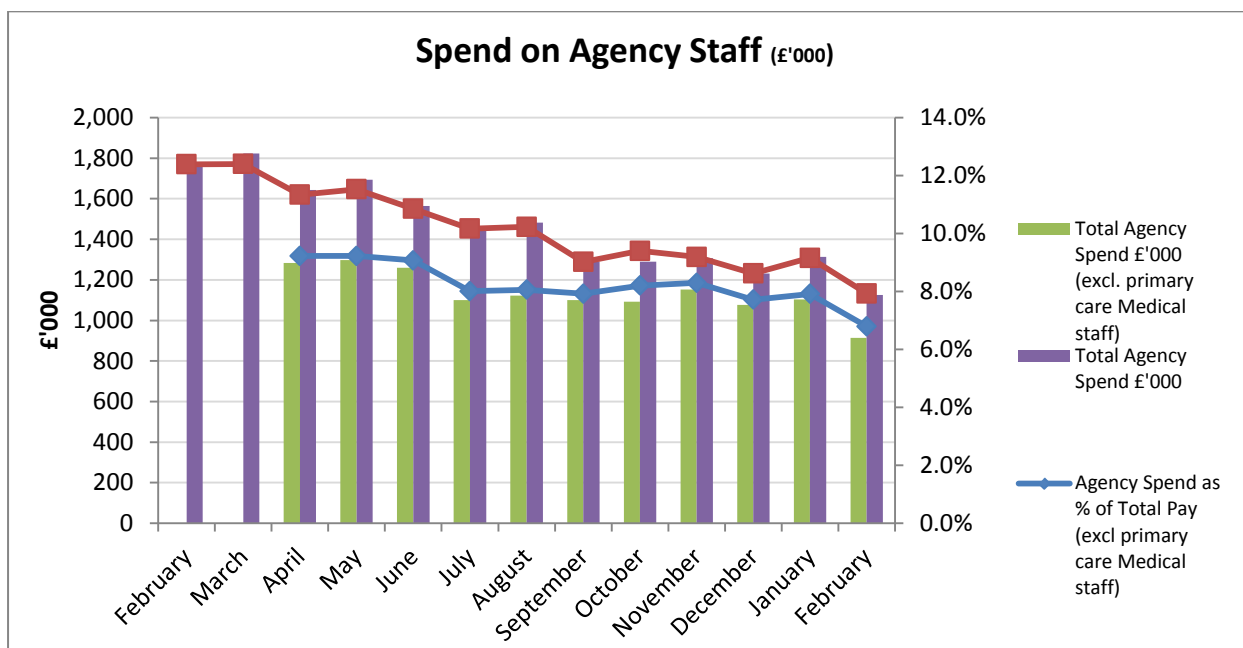
Executive Lead: Helen Mackenzie, Director of Nursing and Governance

8. Temporary Staffing Programme Management

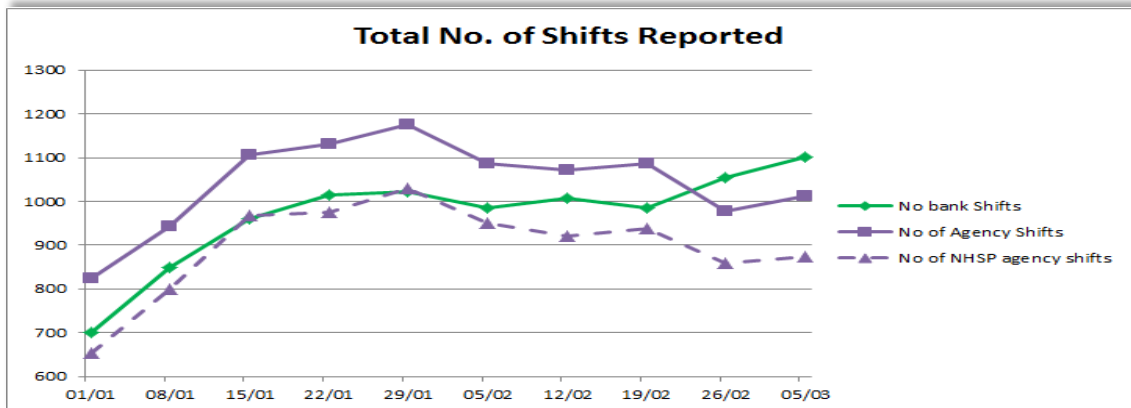
From the 20th February 2017 the management of the programme moved to Andrew Burgess, Deputy Director of Nursing, following the appointment of Alison Durrands as the Interim Mental Health In-patient Locality Director. Vicki Smith has been appointed permanently to the position of Temporary Staffing Manager, and there is now a new NHSP Client Relations Manager [CRM] started in March 17.

Use of agency v NHSP bank staffing and associated issues

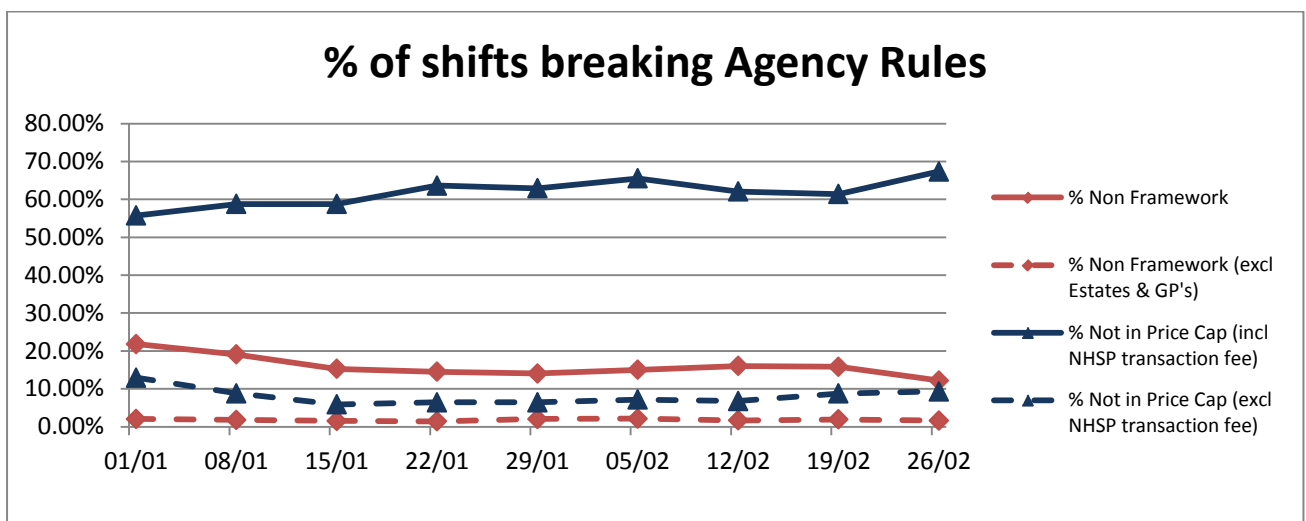
- In month 11 [February] 2016_17 the total percentage of the monthly pay bill spent on agency staff was 7.9%, down from 9.2% in Month 10 [January]. The percentage drops to 6.8% if WestCall Doctors and a number of other medical staff are excluded from this.



- The year to date average [over 11 months] is just over 9% with a Trust ceiling of 8%.
- Spend on agency has reduced from £1.763 million a month in Feb 16 to £1.125 million in Feb 17.
- The number of agency and bank shifts during the first quarter to date in 2017 is shown in the table below:



- In the run up to Christmas and New Year there was a 25-30% reduction in the amount of agency and NHSP shifts being used. This went up again in January 2017 to similar levels seen previously months.
- From mid-February 2017 onwards the number of NHSP bank filled shifts has been greater than those filled with agency workers [either directly booked and/or through the NHSP platform]. This is a positive development and early indication is that this continued through March 2017.
- NHSP currently charge a management transaction fee of 30p per hour for NHSP bank shifts and 70p per hour for agency shifts. The consequence of this addition is to push the hourly rate paid by the Trust above the NHSi capped limits and is shown below. It can be seen that if the fee was removed, compliance would increase very significantly. The transaction fee will be reviewed during the NHSP contract retendering process planned for later this year.



- The current NHSP contact finishes in November 2017. Work has commenced in conjunction with the RBH Foundation Trust to jointly tender for a replacement contract. As this work progresses it will become clearer what efficiency savings [through economies of scale being jointly tendered with RBH] will be delivered post November 2017. Certainly it is expected that there will be a reduction in the management fee and any supplemental hourly transaction fees charged by NHSP.
- Vacancy review panels are being held for all seven service localities and corporate services and will cover:
 - Review of all long term agency bookings, since the last review panel
 - Recruitment to the above posts / plans to reduce the number of bookings
 - Erostering issues – lead time of shifts released to NHSP [aim to have 95% over 30 days in advance], and a review of the latest KPI report for the locality
 - Contingency planning for the agency HCA ban
 - Frequency of the review panel

Ban on the use of Agency Healthcare Assistants from the 1st April 2017

- A decision was taken by the Agency/Temporary Programme Board in early 2017 to implement a ban on the use of agency HCA staff throughout the Trust.
- The main reasons for this included:
 - The lack of commitment and consistency of care shown by most agency HCA staff and the unhappiness that this generated amongst our own substantive HCAs
 - The financial cost of using this group of staff is significant to the Trust
 - Some evidence of excessive hours being worked by some agency HCAs
 - Complaints consistently being made against this group of staff in some areas [mental health]
 - Other Trusts had been able to safely implement the same decision
- Preparation for this decision showed a high degree of support and understanding from all levels of management across services in order to make this work in the weeks preceding the start date.
- At the time of preparing this update three days after the ban started, there have been very small numbers of HCA shifts that have not been able to be filled, but in themselves do not appear to have affected patient care.
- Daily on-going monitoring is in place and will remain for at least the first two weeks of the ban. Management information reports are being produced each day showing the numbers of filled and unfilled HCA shifts across services, which are circulated to key managers and on-call staff.

IR35 and Personal Service Contracts [PSC]

IR35 is tax legislation that is designed to combat tax avoidance by workers supplying their services to clients via an intermediary, such as a limited company, but who would be an employee if the intermediary was not used. The following actions have been taken:

- A review of the temporary/non substantive staff used by the Trust has identified that all workers fall within scope of a piece of legislation called IR35.
- Following recent HMRC/NHSi requirement regarding IR35, all agencies supplying the Trust clinical and medical staff have been written to, advising them of the Trusts view of who falls within the scope of IR35, and that for booking made after the 5th April 2017, the Trust will only be using staff covered under an umbrella company or PAYE, and NOT through a PSC process, and initially requesting that they review the payment processes that they have in place for staff provided to BHFT.
- A follow on letter has been sent to the same agencies, requesting clarification on the payment process in place for all staff provided to BHFT [which as noted must be either a PAYE payroll or umbrella company].
- Internally there have been four/five management contractors being used in a number of different programmes and a number of medical staff in WestCall and a few other services in the Trust. Local discussions are being held with these individuals to look at offering of fixed term or bank contracts as a way of ensuring their continued engagement by the Trust, and where this hasn't been completed by the 6th April, the Trust will start to withhold Tax and NI payment from what they are paid.
- Local information/briefings have been circulated for managers and for all agency staff who may be affected.
- Meetings and plans have continued to progress with WestCall, with a consultative approach being taken and two evening meetings held in March 2017 regarding the IR35/PSC issue. However a number of doctors subsequently withdrew their services and were planning to work through two other neighbouring GP OOH services, which lead to concerns about the ability of WestCall to be able to fill a significant number of shifts through April 2017. A local financial agreement was put into place which migrated the risks and enabled shifts to be filled however and there is on-going work with the medical staff, and involves senior Locality and Finance Managers. Roles for new senior nurses who are NMP trained are being considered and the NHSP medical staff platform which was previously found to be a too expensive platform to use for this small amount of staff - will be reviewed again and considered for inclusion into the NHSP retendering specification.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

9. Thames Valley and Wessex Leadership Academy Leadership Recognition Awards 2017

The Leadership Awards organised by TVWLA provided us with a great opportunity to recognise the achievements of a number of our leaders. Berkshire Healthcare achieved a total of 9 finalists this year, across 8 of the 11 categories. Sharon Andrews, Alison Durrands and Karen Maskell were winners in their categories and will now progress to the NHS Leadership Academy's national awards process. The TVWLA leadership awards are open to staff from all commissioner and provider

organisations across Berkshire, Oxfordshire, Buckinghamshire, Milton Keynes, Dorset and Hampshire.

Leading for service improvement and innovation	Dr Abrar Hussain
Leading system transformation	David Cahill/Stuart Rowbotham (HUB and WISH)
Team Outstanding Achievement – clinical	CAMHS/Louise Noble
Team outstanding achievement – non clinical	Clinical Transformation Team/Bill Johnston
Emerging Leader	Alison Durrands
Inclusive Leader	Cathy Lawlor (LGBT Network Lead)
Living the Values	Sharon Andrews (Wokingham RRAT)
Patient Leader	<ul style="list-style-type: none"> • Shamyra Naveed (CAMHS) and • Karen Maskell (Healthmakers - joint nominee with Windsor, Ascot & Maidenhead CCG)

Executive Lead: Bev Searle, Director of Corporate Affairs

Presented by: Julian Emms
Chief Executive
April 2017

Raising concerns...

Appendix 1



To the
line
manager

To the Freedom
to Speak Up
Guardian

To locality
clinical
director

To Director
of Nursing or
Medical Director

To
Non-executive
Director or CEO



By phone

Speak to the **Freedom to Speak Up Guardian: 0791 929 3570**

Speak to relevant manager or director.

Independent whistleblowing service: (CIC) **0800 197 2814**



Online

Find out more on **TeamNet** under 'Supporting You'/'Freedom to Speak Up'

Direct to relevant manager or director, or use the 'Speak up for safety' button on **TeamNet**, under 'Your Tools'



By email

Freedom to Speak Up Guardian: **speakup@berkshire.nhs.uk**

Independent whistleblowing service: **blowingthewhistle@cic-eap.co.uk**

31 March 2017

on the day
BRIEFING



NEXT STEPS ON THE FIVE YEAR FORWARD VIEW: NHS PROVIDERS ON THE DAY BRIEFING

This briefing is a NHS Providers summary of the Next Steps on the NHS Five Year Forward View document (FYFVNS for the purposes of this briefing), published on 31 March 2017.

FYFVNS has been drafted by both NHS Improvement (NHSI) and NHS England (NHSE). It outlines progress on the ambitions set out in the *Five year forward view* since its original publication in October 2014, defines what still needs to be achieved over the next two years, and how this will be achieved. It also outlines priorities for the service specifically in 2017/18 as follows:

- Deliver financial balance across the NHS
- Strengthen access to GP & primary care services
- Improve A&E performance
- Improve cancer and mental health services

The document breaks down into 11 chapters covering a range of areas - however this briefing focuses on the most relevant points for NHS trusts and foundation trusts in particular the “what still needs to be achieved” parts of the document and new announcements. To see the full FYFVNS document please follow this link: <https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/>. At the end of this briefing we have attached the NHS Providers press statement. If you have any questions about this briefing, please contact Edward.Cornick@nhsproviders.org.

KEY AREAS OF INTEREST

Urgent and emergency care and RTT waiting times

Urgent and emergency care

The document notes the progress made in urgent and emergency care over the past three years, then outlines the key deliverables for urgent and emergency care in both 2017/18 and 2018/19. These deliverables are a mix of actions for both for local organisations and national bodies to deliver.

The key item to note here is the adjustment to the 95% A&E standard trusts will be required to meet. This is in line with what was announced in the Government’s 2017/18 mandate to the NHS. These changes are:

- before September 2017 over 90% of emergency patients are treated, admitted or transferred within 4 hours (up from 85% currently being delivered)
- the *majority* of trusts will have to meet the 95% standard in March 2018
- the NHS overall returns to the 95% standard within the course of 2018
- Also to note, the document confirms the previous standard contract fines for A&E have been dropped for those providers who have agreed control totals. From April 2017 the rules governing the performance element of the £1.8 billion sustainability and transformation fund (STF) for acute trusts that relates to A&E will be amended. The non-appealable rules expected for access to the STF are set out at the end of the FYFVNS document at reference 24.

The document also prescribes how the trusts should achieve these changes and improve their current A&E performance:

By October 2017:

- Every hospital must have “comprehensive front-door clinical streaming”.
- Every hospital and its local health and social care partners must have “adopted good practice to enable appropriate patient flow”. This includes better hand-offs between A&E and acute physicians, ‘discharge to assess’, ‘trusted assessor’ arrangements, streamlined continuing healthcare processes, and seven day service (7DS) discharge capabilities.

By March 2018:

- Trusts should work with local councils to ensure that the extra £1 billion provided in the March 2017 budget for adult social care is used in part to reduce delayed transfers of care (DTC), thereby helping to free up 2000-3000 acute hospital beds. Progress against this figure “will be regularly published” - the document does not say by whom or how frequently.
- ensure that 85% of all assessments for continuing health care funding take place out of hospital in the community setting,
- Implement the “High Impact Change Model” for reducing DTCs.

It also notes a range of actions that the national bodies will undertake:

- Roll-out by spring 2018 of 150 standardised new ‘Urgent Treatment Centres’ which will open 12 hours a day, seven days a week, integrated with local urgent care services.
- Implement the recommendations of the Ambulance Response Programme by October 2017, putting an end to long waits not covered by response targets.

It also notes a range of actions that the national bodies will undertake regarding with NHS 111 and primary care:

- Enhance NHS 111 by increasing from the proportion of 111 calls receiving clinical assessment by March 2018,
- By 2019, NHS 111 will be able to book people into urgent face to face appointments
- Roll out evening and weekend GP appointments, to 50% of the public by March 2018 and 100% by March 2019.

To support these changes, the FVFNS outlines the following support measures:

- £100m in capital funding, as announced in the budget, to support modifications to A&Es to enable clinical streaming by October 2017.
- Aligned national programme management. NHSI/NHSE will appoint a single national leader accountable for all of the above actions. Also from 1 April 2017 a single Regional Director drawn from either NHSI or NHSE will hold to account both CCGs and trusts in each STP area for the delivery of the local urgent care plan.

RTT waiting times

The document makes reference to the referral to treatment time 18 week 92% target. It says:

“Looking out over the next two years we expect to continue to *increase* the number of NHS-funded elective operations. However given multiple calls on the constrained NHS funding growth over the next couple of years, elective volumes are likely to expand at a slower rate than implied by a 92% RTT incomplete pathway target. While the median wait for routine care may move marginally, this still represents strong performance compared both to the NHS’ history and comparable other countries.”

This has been taken as recognition by NHSI and NHSE that performance against the 92% constitutional standard is not likely to be achieved in 2017/8.

Integrating care - STPs, ACOs and ACSs

The FYFVNS document has a chapter dedicated to integrating care. This provides two main functions:

1. Outlining key areas of clarification for STPs (now referred to in the document as Sustainability and Transformation Partnerships), accountable care system and accountable care organisation integration models
2. Outlining new policy changes associated with these models

These areas are summarised in the two tables following below:

Area of clarification	Explanation
<p>Statutory role of STPs</p>	<ul style="list-style-type: none"> • The document says: “STPs are not new statutory bodies. They supplement rather than replace the accountabilities of individual organisations. It’s a case of ‘both the organisation and our partners’, as against ‘either/or”
<p>Uniformity and running of STPs</p>	<ul style="list-style-type: none"> • The document says: “The way STPs work will vary according to the needs of different parts of the country. Place-based health and care systems should be defined and assessed primarily by how they practically tackle their shared local health, quality and efficiency challenges. We do not want to be overly prescriptive about organisational form... [but] all STPs need a basic governance and implementation ‘support chassis’ to enable effective working ”
<p>What Accountable Care Systems (ACSs) are</p>	<ul style="list-style-type: none"> • Essentially what the most advanced STPs will aspire to be. The document says: “ACSs will be an ‘evolved’ version of an STP that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers)...choose to take on clear collective responsibility for resources and population health ...specifically, ACSs are STPs - or groups of organisations within an STP sub-area... that get far more control and freedom over the total operations of the health system in their area”

What ACS's can or should do

- Agree an “accountable performance contract” with NHSE and NHI to commit to make faster improvements in the key deliverables set out in the FYFVNS
- Manage funding for their defined population, committing to shared performance goals and a financial system ‘control total’ across CCGs and providers.
- Effectively abolish the annual transactional contractual purchaser/provider negotiations within their area.
- Create an effective collective decision making and governance structure
- Demonstrate how their provider organisations will operate on a horizontally integrated basis
- Demonstrate how they will simultaneously also operate as a vertically integrated care system, partnering with local GP practices.
- Deploy rigorous population health management capabilities that improve prevention
- Establish clear mechanisms by which residents within the ACS’ defined local population will still be able to exercise patient choice.

What Accountable Care Organisations (ACOs) are

- The document says: “In time some ACSs may lead to the establishment of an accountable care organisation. This is where the commissioners in that area have a contract with a single organisation for the great majority of health and care services and for population health in the area. A few areas in England are on the road to establishing an ACO, but this takes several years”

Area of policy change	Explanation
Assessment of STPs	<ul style="list-style-type: none"> • NHI and NHSE will publish metrics at STP level in July that will “align” with the Single Oversight Framework for NHS provider trusts and NHSE’s annual CCG Improvement and Assessment Framework.
Governance of STPs	<p>STPs must:</p> <ul style="list-style-type: none"> • form an STP board drawn from constituent organisations and including appropriate non-executive participation, partners from general practice, and in local government wherever appropriate. • establish formal CCG Committees in Common or other appropriate decision making mechanisms where needed for “strategic decisions between NHS organisations.” • ensure the STP has the necessary programme management support by pooling expertise and people from across local trusts, CCGs, CSUs and other partners.

Communication of STPs

- From 1 April 2017, NHS organisations will have to show that proposals for significant hospital bed closures, requiring formal public consultation, can meet one of three “common sense conditions”:
- That sufficient alternative provision is being put in place alongside or ahead of bed closures, and that a new workforce can deliver it; and/or
- That specific new treatments or therapies will reduce specific categories of admissions; and/or
- Where a hospital has been using beds less efficiently than the national average, has a credible plan to improve performance without affecting patient care

How to become an ACS

- The document says: “We expect that candidates for ACS status to include successful vanguards, ‘devolution’ areas, and STPs that have been working towards the ACS goal. In Q1 2017/18, NHSE and NHSI will jointly run a light-touch process to encourage other STPs (or coherent parts of STPs) to come forward as potential ACSs. This is a complex transition which requires careful management, including of the financial framework so as to create opportunity while also reducing instability and managing risk.”

Freedoms given to ACSs by the national bodies

- The ability for the local commissioners in the ACS to have delegated decision rights in respect of commissioning of primary care and specialised services.
- A devolved transformation funding package from 2018, potentially bundling together national funding for GPFV, mental health and cancer.
- A single ‘one stop shop’ regulatory relationship with NHSE and NHSI with streamlined oversight arrangements, with an integrated CCG IAF and trust single oversight framework.
- The ability to redeploy attributable contracting staff and related funding from NHSE and NHSI to support the work of the ACS.

OTHER AREAS OF INTEREST

Funding and efficiency

The document outlines a 10 point plan for the next two years to increase efficiency for the NHS in England. This briefing picks out the key points of this plan below and the keys areas where they impact on providers.

1. Free up 2000 to 3000 hospital beds

- Using the extra £1bn awarded to adult social care in the last budget hospital trusts “must now work with their local authorities, primary and community services to reduce delayed transfers of care.”

2. Further clamp down on temporary staffing costs and improve productivity

- Trusts are set a target of cutting £150m in medical locum expenditure in 2017/18. NHSI will require public reporting of any locum costing over £150,000 per annum.

3. Use the NHS' procurement clout

- All trusts will be required to participate in the Carter Nationally Contracted Products programme, by submitting and sticking to their required volumes and using the procurement price comparison tool.

4. Get best value out of medicines and pharmacy

- NHSI support trusts to save £250m from medicines spend in 2017/18 by publishing the uptake of a list of the top ten medicines savings opportunities, and work with providers to consolidate pharmacy infrastructure

5. Reduce avoidable demand and meet demand more appropriately

- NHS provider trusts will have to screen, deliver brief advice and refer patients who smoke and/or have high alcohol consumption in order to qualify for applicable CQUIN payments in 2017/18 and 2018/19.

6. Reduce unwarranted variation in clinical quality and efficiency

- Trusts to improve theatre productivity in line with Get it right first time (GIRFT) benchmarks and implement STP proposals to split 'hot' emergency and urgent care from 'cold' planned surgery clinical facilities for efficient use of beds.

7. Estates, infrastructure, capital, and clinical support services

- The NHS and Department of Health are aiming to dispose of £2bn of surplus assets this parliament, following recommendations from the forthcoming Naylor review.

8. Cut the costs of corporate services and administration

- NHSI is targeting savings of over £100m in 2017/18, from trusts consolidating these services, where appropriate across STP areas. NHSI is also establishing a set of national benchmarks.

9. Collect income the NHS is owed

- The Government has set the NHS the target of recovering up to £500m a year from overseas patients, Twenty trusts will now pilot new processes to improve the identification of chargeable patients

10. Financial accountability and discipline for all trusts and CCGs

- Outlines the operation of control totals - 70% of the STF will again be tied to delivery against control totals. Provider trusts not agreeing control totals will lose their exemption from contract fines. From August 2017 CQC will begin incorporating trust efficiency in their inspection regime based on a Use of Resources rating. Trusts missing their control totals may be placed in the Special Measures regime.

Mental Health

What still needs to be achieved

- An extra 35,000 children and young people being treated through NHS-commissioned community services next year compared to 2014/15
- NHSE to fund 150-180 new CAMHS Tier 4 specialist inpatient beds, rebalancing beds from parts of the country where more local CAMHS services can reduce inpatient use.
- 74 24-hour mental health teams at the Core 24 standard, covering five times more A&Es by March 2019
- An extra 140,000 physical health checks for people with severe mental illness in 2017/18.

How it will be achieved

- Expand the mental health workforce – 800 mental health therapists embedded in primary care by March 2018, rising to over 1500 by March 2019.
- Reform of mental health commissioning so that local mental health providers control specialist referrals and redirect around £350m of funding.
- Clear performance goals for CCGs and mental health providers, matched by unprecedented transparency using the new mental health dashboard.

Cancer

What still needs to be achieved

- Introduction of a new bowel cancer screening test for over 4m people from April 2018.
- Introduce primary HPV testing for cervical screening from April 2019 to benefit 3m women per year.
- Expand diagnostic capacity so that England is meeting all 8 of the cancer waiting standards.
- Performance incentives to trusts for achievement of the cancer 62-day waiting standard will be applied to extra funding available to our cancer alliances.
- 23 hospitals have received new or upgraded radiotherapy equipment in early 2017, and over 50 new radiotherapy machines in at least 34 hospitals will be rolled out over the next 18 months.

How it will be achieved

- Targeted national investment, including £130m for a national radiotherapy modernisation fund. £36m has been spent so far, with a further £94m planned to be spent over the next 18 months.
- Expand the cancer workforce: HEE to have trained 160 non-medical endoscopists by 2018, alongside 35 more places for ST1 clinical radiology training.
- Performance goals for CCGs and cancer providers, and transparency using the new cancer dashboard.
- Three cancer vanguards creating population cancer budgets so as to integrate commissioning of cancer surgery, radiotherapy and cancer drugs for 9.6m people., and

Other areas of relevant interest the document says will be delivered in the next two years

Workforce

- A new nurse retention collaborative run by NHSI and NHS Employers will support 30 trusts with the highest turnover.
- A consultation will be launched on creating a Nurse First route to nursing, similar to the Teach First programme.
- NHSI will publish guidance on effective electronic rostering.
- Undergraduate medical school places will grow by 25% adding an extra 1500 places, starting with 500 extra places in 2018 and a further 1000 from 2019.

Technology

- By summer of 2017 GPs will be able electronically to seek advice and guidance from a hospital specialist without the patient needing an outpatient appointment.
- In the summer 2017 an updated online patient appointment system will be launched, providing patients with the ability to book their first outpatient appointment with access to waiting time information on a smartphone, tablet or computer.
- The NHS e-Referral Service is currently used by patients to arrange just over half of all referrals into consultant-led first outpatient appointments. By October 2018 all referrals will be made via this route, improving patients' experience and offering real financial and efficiency benefit
- By December 2018 there will be a clear system in place across all STPs for booking appointments at particular GP practices and accessing records from NHS 111, A&Es and UTCs

NHS PROVIDERS PRESS STATEMENT

NHS PROVIDERS COMMENTS ON THE NHS FIVE YEAR FORWARD VIEW DELIVERY PLAN

Embargoed until 00.01 hours, Friday 31 March 2017

Commenting on the NHS Five Year Forward View Delivery Plan published today, Chris Hopson, NHS Providers Chief Executive said:

"We welcome the plan's recognition of the scale of challenge the NHS faces - rapidly rising demand, the longest and deepest financial squeeze in NHS history and growing staff shortages."

On the task facing NHS trusts in 2017/18 and 2018/19

"Two weeks ago, in our *Mission Impossible?* report, we set out how impossible the task was for NHS trusts in 2017/18 and we called for greater realism. We therefore welcome the new performance trajectories for the key four hour A&E and 18 week elective surgery targets next year. But we do need to remember the impact on patients. More will have to wait longer in A&E and for routine surgery than they should. That's why, in our report, we said that NHS trusts would much prefer to be properly funded to meet the NHS constitutional standards.

"Trusts look forward to working with NHSE and NHSI to finalise two key details not covered in the plan.

"First, we need to finalise the 2017/18 financial targets. Our recent survey of trust finance directors estimated a £1 billion gap in the 2017/18 budget if trusts are to achieve the required financial balance. Given the new financial year starts tomorrow we need to rapidly work out how to fill this gap and what the overall provider sector financial target should be. We believe trusts will be doing well to reproduce this year's likely performance of an £800-900m deficit.

"Second, we need to work out what can actually be delivered in 2018/19 given that NHS frontline funding increases drop even further from +3.6% in 2016/17 to +1.3% in 2017/18 and then to +0.4% in 2018/19. This means that NHS real terms spending per person (adjusting for age) will actually decrease in 2018/19 - a very rare occurrence.

"We also welcome the explicit acknowledgement in the plan of the scale of risk facing NHS trusts in delivering all they are required to in 2017/18. We must not forget how difficult this winter was for staff and patients with unacceptable levels of patient safety risk. We need to ensure this risk is much better managed next winter. For example, the NHS needs between 2,000 and 3,000 beds freed up as a result of the extra £1 billion social care funding allocated in the Budget. Without this, or other extra capacity, the plan's A&E performance trajectories in the second half of 2017/18 already look very difficult indeed – even though these are already below the NHS constitutional standard.

"Trust leaders also recognise the importance of their role in delivering the new cancer and mental health improvements for patients and service users. It is important that we continue to make progress in these two areas."

On the development of Sustainability and Transformation Partnerships (STPs)

"We welcome the pragmatic and flexible approach to developing STPs. The plan recognises that the 2012 Health and Social Care Act prevents the creation of a formal 'mid level STP tier' with statutory powers.

“The plan also recognises the importance of existing governance and accountability structures focussed on trusts, but also the opportunity for shared decision making at the STP level.

“Finally, it allows different STPs to move at different speeds: enabling the fastest to progress without delay but not forcing others to adopt a single uniform approach they neither want nor are ready for.

“We look forward to working with NHSI and NHSE on the details of how STPs will develop in future over the next few weeks.”

On workforce

“Trust leaders tell us that concerns over workforce are now at the top of their worry list. This includes concerns about growing staff shortages, the unsustainable pressure on staff and the viability of maintaining a 1% pay cap. We note the workforce proposals in the plan and will want to test with NHS trusts whether these really do represent a viable and sustainable solution.”

On the future strategic direction of the NHS

“We welcome the restatement of the Five Year Forward View vision of closing the health, care and financial gaps and the move to new care models, which we strongly support.

“We also welcome recognition that transformation at the required speed can only occur with capital investment and by growing capacity closer to people’s homes in the community. The Chancellor’s commitment to address these needs in the Autumn Statement is welcome but the detail of how that commitment is met will be important. Trust leaders tell us they are very worried by the current approach to capital – it is short sighted and unsustainable to carry on robbing capital budgets to prop up daily running costs

“Transformation also requires the right leadership capacity that is in desperately short supply given the increasing fragility of services and the leadership time required to keep them stable.”

Summary

“The plan reinforces a simple, stark, truth: that you get what you pay for. Trusts will do all they can to transform and realise efficiencies as quickly as possible. But if NHS funding increases fall way behind demand and cost increases NHS services inevitably deteriorate. That is clearly now happening.”

ENDS



**Global Digital
Exemplar Programme**

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3rd April 2017

Julian Emms
Chief Executive Officer
Berkshire Healthcare NHS Foundation Trust
Fitzwilliam House
Skimped Hill Lane
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RG12 1JX

Re: Mental Health Global Digital Exemplar Expression of Interest

Dear Julian

Many thanks for submitting your expression of interest to become a Mental Health Global Digital Exemplar. We are delighted to be able to confirm that the International Panel that met to review the expressions of interest selected you as one of the organisations to be invited to work towards becoming an Exemplar over the next three and a half years.

I am delighted to be able to confirm that we now have HMT approval of the business case for the Global Digital Exemplars.

There are a number of conditions of approval which we have to work through with the Department of Health. However, I am confident that we will be able to pay PDC for eligible expenditure early in the new financial year.

Jaynie Fabershak of the wider Provider Digitisation team will be in touch within the next day or so to confirm next steps in the process; we expect to be asking for further detail around deliverables, timelines, spend profile.

Your expression of interest alongside that from the other 6 successful sites demonstrated that there is a lot of innovative work already underway and we want to ensure that the wider mental health provider sector are able to take and apply the lessons from your experience through the blueprinting process.

Whilst we complete the due diligence activities we expect you to be initiating your programme to achieve Global Digital Exemplar status.

We believe that this initiative provides a great opportunity for you to lead the way in demonstrating how digital technology can positively impact on patient care and support transformation in the way in which we deliver healthcare. We look forward to working with you as you deliver your vision.

To aid transparency in relation to this process we will be publishing all of the Expressions of Interest thus would be grateful if you could confirm whether there is anything that you wish to have redacted on the basis. In addition please be aware that we may receive Freedom of Information (FOI) requests in relation to the programme generally or specifically in relation to the individual submissions. As such, should you have any concerns about any information being released under FOI, please confirm the reasons why you believe the information should be withheld. NHS England will then be able to decide whether we consider that an exemption under the Act is appropriate and therefore whether the information you have indicated should be withheld. Please note, however, that the final decision as to whether information should be withheld rests with NHS England. We would ask that you inform us by COP 28th April 2017 to england.ccio@nhs.net of any proposed redactions or information which you consider should be withheld. If we don't hear from you by that time we will assume that any information which you have provided to us can be published or released as is.

If you have any questions please do not hesitate to get in touch.

Kind regards



Keith McNeil
NHS Chief Clinical Information Officer
NHS England



Prof Tim Kendall
National Clinical Director
For Mental Health NHS England

cc.

Cathy Francis, Regional Head of Information & Transparency and Digital Technology, NHS England

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David Smith, STP Lead, Buckinghamshire, Oxfordshire and Berkshire West
Jaynie Fabershak, GDE Engagement Lead, NHS Digital
Will Smart, Chief Information Officer for Health and Social Care
Paul Rice, Head of Technology Strategy, NHS England
Sue Thompson, Programme Head, NHS Digital
Alex Chaplin, GDE National Implementation Lead, NHS Digital

31 March 2017

on the day
BRIEFING

THE NAYLOR REVIEW OF NHS PROPERTY AND ESTATES: NHS PROVIDERS ON THE DAY BRIEFING

This briefing provides a summary of the findings and recommendations of *NHS Property and Estates: why the estate matters to patients*. This is an independent review undertaken by Sir Robert Naylor for the Department of Health. The review assesses national estate strategy, local delivery of estate management and capital requirements for NHS estate, and provides a view on what actions need to be taken across these areas.

This short briefing provides the following information:

- The key recommendations of the review
- The key findings of the review
- Our view of the report

If you have any questions about the content of the review or this briefing, please contact

Edward.Cornick@nhsproviders.org

KEY RECOMMENDATIONS

The report makes 17 separate recommendations in total. This section of the briefing highlights the most relevant recommendations for NHS trusts and foundation trusts.

NHS Property board

The review recommends:

- The establishment of a new NHS Property Board (NHSPB) which brings together functions of NHS Property Services (NHS PS), Community Health Partnerships (CHP) and other NHS property capabilities into a single organisation. It says this body should provide leadership, and strategic direction and resource to the centre of the NHS and expertise and delivery support to STPs. NHSPB should be an arms-length from the Department of Health (DH), and have a regional structure aligned with NHS Improvement and NHS England.
- NHSPB should be run in shadow form immediately and substantively by April 2018, and should consider if the functions and assets it inherits from the abolition of Primary Care Trusts (PCTs) should be divested back to providers.
- NHSPB should produce improved guidance on estates planning, disposals and estate models that support new models of care. It should also improve the quality of existing data collections and take ownership of the development of the estates benchmarking.
- The NHSPB, in partnership with other national bodies, should review processes to ensure they are proportionate and effective

Sustainability and Transformation Plans (STPs)

The report refers to STPs as ‘sustainability and transformation plans’, rather than ‘sustainability and transformation partnerships’ as they are now referred to in the *Next steps on the five year forward view* document also published today. The review recommends:

- STPs should develop affordable estates and infrastructure plans, with an associated capital strategy, to deliver the *Five year forward view* (5YFV) and address backlog maintenance.
- STP estates plans and their delivery should be assessed against targets informed by the benchmarks developed for this review. Details on the potential benchmarks can be found in the following section of this briefing. The review says the detailed analysis from these benchmarks for individual providers and STPs will be shared with the new shadow NHS Property Board, STPs and providers for validation and comment.
- STPs and their providers, which fail to develop sufficiently stretching plans, should not be granted access to capital funding either through grants, loans or private finance until they have agreed plans to improve performance against agreed benchmarks. This will allow STPs to act as decision-making and planning units, but with access to public capital explicitly linked to achievement of property benchmark targets.

National Targets and requirements

The review recommends:

- £10bn additional capital investment is needed to deliver service transformation as evidenced in STPs. The review states that this could be found from a combination of private investment, support from the treasury and between £2.7bn and £5.7bn realised from current estate (see section below in findings for more detail).
- All national bodies should work together to develop a robust capital investment plan for the NHS by summer 2017. This should make the case for securing both public and private investment.
- The DH should provide assurance to STPs sale receipts from locally owned assets will not be recovered centrally provided the disposal is in agreement with STPs.
- HMT should provide additional funding, for a short time only, to incentivise land disposals through a “2 for 1 offer” in which public funds match disposal receipts. STPs should be incentivised to act as fast as possible rather than “continue to sit on land.”
- Urgent action should be taken to accelerate the delivery of a large number of small scale and low risk developments to deliver housing. Land vacated by the NHS should be prioritised for the development of residential homes for NHS staff, where there is a need.
- There should be a continued focus on back office efficiencies. A cost reduction target of 30 per cent should be maintained by working with the wider public estate and in particular the work of the Government Property Unit.

KEY FINDINGS OF THE REVIEW

The review found that:

- Delivering the Five Year Forward View and addressing inadequate healthcare buildings and tackling backlog maintenance are the key priorities for NHS estate investment. The current public capital budget for the NHS is insufficient to meet these priorities. While the review says it “cannot precisely quantify the gap” it says the cost of implementing the 5YFV could be in the region of £5bn, and addressing backlog maintenance could cost £5bn but that is likely “a substantial underestimate.”
- It therefore concludes that the likely additional capital requirement to be around £10bn, in the medium term this could be met by a combination of three sources, property disposals, private investment and public funding.

The opportunity to release value from the estate

The review found:

- This review commissioned a detailed analysis and benchmarking from Deloitte which identified a risk-adjusted opportunity of c. £1.8bn, which could be released from the acute estate. This has been combined with the review's own analysis of the estate outside the acute sector which estimates approximately £900m could be released. This means in total the review states that the NHS could release estate valued at a total of £2.7bn.
- This could be increased in the longer term if the NHS adopts a "more commercial" property approach, especially within London. The review states "if radical reconfigurations were undertaken particularly within London, or if the risks associated with planning permission and affordable housing could be mitigated... this offers a potential upper bound opportunity of £5.7bn." This is the part of the funding that could be used to supply capital to cover some the £10bn capital gap referenced above.
- The review estimates a there is a potential £0.5bn saving per year from "soft facilitates management (FM) reduction", rising to £1bn per year if both hard and soft FM are included.

Encouraging and incentivising local action

The review found:

- The review identifies the need to incentivise providers and STPs to take action as well as and address backlog maintenance
- It notes that current incentives (3.5 per cent annual cost of capital charged by DH on book values; inclusion of estate costs within the tariff etc.) are not working
- The review dismisses the idea of centralising all the management of the NHS estate (would require huge reorganisation) as well as the tweaking of existing incentives as unlikely to have sufficient influence.
- Its proposed framework therefore is to incentives STPs to deliver improvements (see STPs recommendations section above).

Creating more opportunities to build homes

The review found:

- The DH aims to identify land for 27,000- 33,000 homes by 2020. Deloitte estimates the NHS could release land to build around 30,000 homes on the acute estate, whilst the Naylor review estimates an additional 10,000 homes could be built on the non acute estate, giving a total potential opportunity of 40,000 homes.
- London STPs have around 57 per cent of the opportunity in terms of value but only 33 per cent of the housing units.

Capability and capacity to deliver

The review found:

- The review commissioned The King's Fund to undertake a review of the current estate strategy in the NHS. It found:
 - There is currently no overarching estates strategy in the NHS.
 - Skills and capacity in estates strategy and management in the NHS largely reflect traditional skills, and are not sufficient in developing a comprehensive estates strategy.
 - Many local areas have established structures for place-based estates strategy and partnership working (but the health sector has often been absent).

- The review also notes: “The creation of accountable care organisations (ACOs) would overcome the conflict of interests that currently exist between the “advisory” role of STPs and the statutory responsibilities of NHS provider trusts. Primary care services could either be incorporated into ACOs or contracted to them via confederations of primary care providers... The establishment of ACOs would incentivise acute providers to invest their property assets in primary, community and mental health services”

Funding and national planning

The review found:

- There should be a discontinuation of the practice of using NHS capital budgets to support current activity.
- Providing funding to STPs which do not demonstrate they can use it well would risk poor investment decisions. Therefore access to capital should be linked to the quality of STP plans including alignment with estate value for money and land disposals (see recommendations)
- Although the spending review 2015 settlement held CDEL flat in cash terms, this is mitigated by the intended sale of £2bn of assets, freeing up funds for investment.
- It is difficult to estimate how much capital investment the NHS will receive from the published figures because the NHS doesn't receive all of DH Capital Departmental Expenditure Limit (CDEL) - for example Private Finance Initiative (PFI) commitments are not fully taken into account and capital to revenue switches have consistently occurred.
- There is currently no overarching national picture of the aggregated NHS capital needs
- The review states that a “strong signal” from government that high quality STPs will be supported with £325m capital is a “vital step” to building momentum.

NHS PROVIDERS VIEW

This review by Sir Robert Naylor for the Department of Health of NHS Property and Estates makes a range of measured, sensible and helpful responses to the issues the NHS faces in this important but sometimes neglected area.

Establishing a new NHS Property Board to provide leadership, expertise and delivery support to Trusts and Sustainability and Transformation Partnerships (STPs) will be beneficial to our members if the new Board is effectively resourced and acts on the basis that its role is to help, support and serve the NHS frontline. We recognise that many members have had issues with the predecessor organisations and this presents a good opportunity to develop a different “the mission is to support the NHS frontline” approach.

We are particularly pleased that the review highlights the unsustainability of the current approach to capital and that significantly more capital is required to meet the maintenance backlog and ensure the NHS transforms in the way it needs to. We welcome the review's statement of clear figures in this regard - £10bn in total, £5bn to address essential backlog maintenance, and £5bn to fulfil the capital needs to deliver the *Five year forward view*. We also welcome the report's statement that closing this gap cannot just be addressed through disposals of assets, but will need additional support from the Treasury.

We welcome the recommendation that, as a minimum, any sale receipts from locally owned assets should not be recovered centrally and that the Treasury should provide additional funding to incentivise land sales through a 2 for 1 offer in which public funds match disposal receipts.

We will want to review with members whether the target of raising £2 billion property receipts and delivering 26,000 identified by the DH homes in the short term and £5 billion property receipts in the longer term are deliverable. But the methodology used suggests, at first look, that these seem reasonable targets. However, delivery of these targets will require a degree of leadership focus and development of expertise that trusts do not currently have and we should not under estimate what will be needed to develop them.

As the *Next Steps on the Five Year Forward View* document released today sets out, there is still much work to be done to fully develop STPs. We will therefore want to revisit the detailed proposals on what should be done at an STP level and what should be done at trust level in light of this development work. Specifically, the recommendation that STP estate plans should be assessed against national benchmarks, and that providers within STPs that fail to develop stretching plans should be denied access to capital until they improve against these benchmarks, need careful examination. It is worth remembering that STPs are new, have no statutory powers and are developing at different speeds, and therefore the detail of measuring their delivery in any area still requires considerable work. It may be, for example, that some estate plans and delivery items would be better owned at the level of the single trust. We would also not want to see providers penalised by having capital withheld due to issues that may occur within their wider STP, when they do not have direct statutory responsibility for these issues.

Overall, we welcome the report.

CQC Rating Matrix March 2017

Core Service	Safe	Effective	Caring	Responsive	Well led	Overall
Older People's Mental Health Services (community)	Good	OS	OS	Good	OS	OS
Older People's Mental Health Services (in patients)	Good	Good	Good	Good	Good	Good
Acute Mental Health and Psychiatric Intensive Care Unit	RI	Good	Good	Good	Good	Good
Community Mental Health Team	Good	Good	Good	Good	Good	Good
Crisis Response and Home Treatment Team and Place of Safety	Good	Good	Good	Good	Good	Good
Learning Disability Inpatients	Good	Good	Good	Good	Good	Good
Community Team for People with Learning Disabilities	Good	Good	Good	Good	Good	Good
CAMHs Community	Good	Good	Good	RI	Good	Good
Berkshire Adolescent Unit	Good	Good	Good	Good	Good	Good
Adult Service Community	Good	Good	Good	Good	Good	Good
Children and young people (community)	Good	Good	Good	Good	Good	Good
End of Life Care	Good	Good	OS	Good	Good	Good
Community Health Inpatients	Good	Good	Good	Good	Good	Good
Children and young people (community)	Good	Good	Good	Good	Good	Good
Westcall	Good	Good	Good	Good	Good	Good
Slough Walk In Centre	RI	RI	Good	Good	Good	RI
BHFT	RI	Good	Good	Good	Good	Good

NB RI = requires improvement

OS – outstanding service

12/04/SE151

Trust Board Paper

Board Meeting Date	11 April 2017
Title	2016 National Staff Survey results
Purpose	To summarise the main results from the survey and outline the key actions to be taken.
Business Area	Corporate
Author	Director of Corporate Affairs.
Relevant Strategic Objectives	Supports all strategic objectives
CQC Registration/Patient Care Impacts	Supports the Well Led Domain
Resource Impacts	None
Legal Implications	None
SUMMARY	<p>We have maintained our high performance for overall staff engagement, and we achieved the best score for staff motivation. The overall rating includes:</p> <ul style="list-style-type: none"> • KF 1: Staff recommending the Trust as a place to work and receive treatment • KF 4: Staff motivation at work and • KF 7: The ability to contribute towards improvements at work. <p>There are some good improvements in a number of areas including a reduction in the percentage of staff feeling unwell due to work-related stress in the last year, an increase in the percentage of staff satisfied with the opportunities for flexible working patterns and a reduction in the percentage of staff working extra hours</p> <p>The results confirm a number of areas of concern. We have been doing a lot of work to understand and tackle the differences reported by white, and black, Asian and minority ethnic (BAME) staff about their</p>

	<p>experience of bullying and harassment, discrimination, and equality of opportunity. However, our scores in these areas have deteriorated or not improved enough. We have already prioritised taking action on these issues, and have put plans in place to improve.</p> <p>For some areas, where our scores have worsened compared to 2015, our 2016 scores are still above average or close to the best.</p>
<p>ACTION REQUIRED</p>	<p>The Board is asked to note the results and proposed actions.</p>

2016 NHS National Staff Survey

Board Briefing

Author: Louella Johnson

Title: Director of Human Resources

Presented by: Bev Searle

Title: Director of Corporate Affairs

April 2017

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Introduction

This paper provides a summary of the main findings of the 2016 NHS National Staff Survey.

The Board is asked to note the contents which are summarised below, along with related action in progress.

How the Staff Survey Results are presented

The staff survey results are presented as scores for 32 Key Findings (KF) and a staff engagement score. The Key Findings are based on one or more answers to the survey questions. As a general rule the percentages of staff are based on either:

1. The percentage of staff who picked one of two answers (e.g. yes or no); or
2. Where staff are asked to choose one answer from a scale of possible answers (e.g. choose from five possible answers ranging from strongly agree, agree, neither agree nor disagree, disagree or strongly disagree), the percentage would be a combination of the two top or the two bottom choices – i.e. excluding the 'neither agree nor disagree' response as well as the two choices at the other end of the scale.

Some scores are numbers based on responses to a group of questions rather than percentages (e.g. the staff engagement scores). The survey indicates if high or low is best and what the best and average scores were, enabling the Trust to benchmark itself against other similar trusts as well as previous year's scores. Our benchmarking group includes the 29 community, mental health and learning disability trusts in England.

Berkshire Healthcare NHS Foundation Trust undertook the 2016 NHS National Staff Survey between October and December 2016, which was conducted on-line for the third consecutive year, enabling high participation levels.

National staff survey response rate for 2016 compared with the previous year

The table below shows that our response rate has increased considerably and is also higher than the average in our benchmarking group.

Response rate				
	2015/16 (previous)	2016/17 (current year)		Trust improvement/ deterioration
	Berkshire Healthcare	Berkshire Healthcare	Benchmarking group	Improvement
Response rate	38%	46%	44.1%%	Increase in 8 % points

The top 5 ranking scores

- KF1. Staff recommendation of the organisation as a place to work or receive treatment
- KF4. Staff motivation at work
- KF15. Percentage of staff satisfied with the opportunities for flexible working patterns
- KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months
- KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

The table below shows how these scores compare with last year's performance and those of our benchmark group

Top 5 ranking scores				
	2015/16 (previous year)	2016/17 (current year)		Trust improvement/ deterioration
	Berkshire Healthcare	Berkshire Healthcare	Benchmarking group	
KF1	3.84	3.89	3.71	Increase = Improvement
KF4	4.07	4.06	3.94	Decrease = Deterioration
K15	61%	64%	58%	Increase = Improvement
KF22	7%	9%	15%	Increase = Deterioration
KF28	18%	19%	24%	Increase = Deterioration

The bottom 5 ranking scores

The five key findings in which we achieved our lowest scores were:

- KF16 Percentage of staff working extra hours
- KF21 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
- KF24 Percentage of staff / colleagues reporting most recent experience of violence
- KF27 Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse
- KF29 Percentage of staff reporting errors, near misses or incidents witnessed in the last month

The table below shows how these scores compared with last year's performance and those of our benchmarking group

Bottom 5 ranking scores

	2015/16	2016/17		Trust improvement/ deterioration
	Berkshire Healthcare	Berkshire Healthcare	Benchmarking group	
KF 16	79%	75%	71%	Decrease = Improvement
KF 21	88%	86%	88%	Decrease = Deterioration
KF 24	86%	80%	88%	Decrease = Deterioration
KF 27	53%	55%	58%	Increase = Improvement
KF 29	89%	92%	93%	Increase = Improvement

Staff experience - areas of improvement and deterioration from the prior year

The areas of (statistically significant) improvement in staff experience were:

- KF15 Percentage of staff satisfied with the opportunities for flexible working patterns
- KF16 Percentage of staff working extra hours
- KF17 Percentage of staff feeling unwell due to work related stress in the last 12 months

The areas of (statistically significant) deterioration were:

- KF3 Percentage of staff agreeing that their role makes a difference to patients / service users (our score is still significantly better than the average)
- KF9 Effective team working (a very small reduction on last year, and still better than average)
- KF23 Percentage of staff experiencing physical violence from staff in last 12 months

Whilst the evidence above shows other areas where our scores have worsened compared to 2015, our 2016 scores are still above average or close to the best.

Three areas of improved staff experience or deterioration				
	2015/16 (previous year)	2016/17 (current year)		Trust improvement/ deterioration
	Berkshire Healthcare Trust	Berkshire Healthcare Trust	Benchmarking group	
K15	61%	64%	58%	Improvement
KF16 lower is better	79%	75%	71%	Improvement
KF17 lower is better	40%	36%	39%	Improvement
K3	93%	92%	89% (Best score 93%)	Deterioration
KF9	3.99	3.93	3.87 (Best score 4.00)	Deterioration

KF23 lower is better	1%	2%	2% (Best score 1%)	Deterioration
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Key areas of improvement

We have maintained our high performance for overall staff engagement, and we achieved the best score for staff motivation. The overall rating includes:

- KF 1: Staff recommending the Trust as a place to work and receive treatment
- KF 4: Staff motivation at work and
- KF 7: The ability to contribute towards improvements at work.

There are some good improvements in a number of areas including a reduction in the percentage of staff feeling unwell due to work-related stress in the last year, an increase in the percentage of staff satisfied with the opportunities for flexible working patterns and a reduction in the percentage of staff working extra hours

Areas of concern and action plans to address.

We have been doing a lot of work to understand and tackle the differences reported by white, and black, Asian and minority ethnic (BAME) staff about their experience of bullying and harassment, discrimination, and equality of opportunity. However, our scores in these areas have deteriorated or not improved enough. The overall Trust score for Key Finding 21 (percentage of staff believing that the organisation provides equal opportunities for career progression or promotion) went down from 88% to 86%. For white staff the percentage went down from 91% to 90%, but for BAME staff it went down from 74% to 68%, widening the gaps in perceptions of the two groups to 22 percentage points. We know we will need to make a consistent and sustained commitment over time to achieve the progress that we want to see, and we have a programme of work in place to achieve this (see below future priorities and targets).

Whilst the evidence above shows other areas where our scores have worsened compared to 2015, our 2016 scores are still above average or close to the best.

Future priorities and targets

Staff engagement and equality in the workplace remain two key priorities. Both are supported with dedicated subject matter expertise to provide best practice solutions, focus and project leadership, alongside Executive leadership and Trust Board oversight.

Our objective with regard to staff engagement is to maintain our position in the top best similar trusts (those providing mental health, learning disabilities and community health services). The National NHS Staff Survey, the annual PULSE survey, and the Staff Friends and Family Tests provide information on achievement and progress which will continue to guide us in our work to achieve consistently good results across all our service areas. Listening into Action is now commonly used as part of major projects as well as being continued through the annual round of Chief Executive led 'Big Conversations' with staff. Our Brighter Together conference has also enabled us to build staff engagement with regard to innovation, and our Quality Improvement initiative will provide a framework for the engagement of staff in evidence based service improvements over the coming years.

The Trust's Equality Strategy 2016 to 2020 sets out specific objectives and targets for employment:

- 1) Increased representation of Black Asian and Minority Ethnic (BAME) staff in specific senior grades (Agenda for Change bands 7 and 8a-d), aiming for 20% representation at each of these grades. This reflects the Berkshire population
- 2) No difference in perceptions of equal opportunity in career progression between white and BAME staff (as measured by our annual staff survey)
- 3) A reduction of harassment and bullying as reported in the annual staff survey, in particular by BAME staff. We are aiming to reduce experiences of harassment and bullying to lowest quartile rankings compared with other mental health Trusts in the NHS staff survey index. We also wish to achieve equity in reporting between BAME and white staff.
- 4) A significant improvement in the well-being of disabled staff and a continued reduction in the proportion of staff experiencing stress related illness
- 5) Top 100 Workplace Equality Index Employer status with a ranking in the top five health and social care providers
- 6) A strengthened approach to making reasonable adjustments for disabled people – in particular implementation of the NHS Accessible Information Standard.

We have developed locality and corporate action plans to enable the achievement of the above objectives, supported by Executive Director sponsorship of three staff groups: Lesbian Gay Bisexual and Transgender (LGBT), Black, Asian and Minority Ethnic (BAME) and Disabled Staff. A full-time Equality Human Resources Manager has been appointed to provide expertise and support delivery of plans. The Trust has also established an Equality Leads Network, and identified local champions who are actively supporting localities in the development and implementation of local action plans.

Summary of Key Messages

- We have continued to maintain **high staff engagement scores** which is really important to us, given the link between staff engagement and provision of good quality, safe services.
- We achieved the **best score in our group for a number of key findings, including staff motivation at work**
- Our results for **equality of opportunity**, and reducing the number of **staff experiencing discrimination, bullying and harassment have deteriorated or not improved enough**. We have already prioritised taking action on these issues, and have put plans in place to improve

April 2017

11/04/PMXXX

Trust Board Paper

Board Meeting Date	11 April 2017
Title	Financial Summary Report – Month 11 2016/17
Purpose	To provide the Month 11 2016/17 financial position to the Trust Board
Business Area	Finance
Author	Chief Financial Officer
Relevant Strategic Objectives	3. - Strategic Goal: To deliver financially sustainable services through efficient provision of clinical & non-clinical services
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting regulatory requirements
SUMMARY	The Financial Summary Report included provides the Board with a summary of the Month 11 2016/17 (February 2011) financial position.
ACTION REQUIRED	<p>The Board is invited to note the following summary of financial performance and results for Month 11 2016/17 (February 2017):</p> <p>The 'Use of Resource' metric came into effect from 1st October, a 1 is the highest rating possible and 4 is the lowest. The metric incorporates visibility on agency control.</p> <p>YTD (Use of Resource) metric:</p> <ul style="list-style-type: none"> • Rating 2 (plan 2) <ul style="list-style-type: none"> ○ Capital Service Cover 2.24 (rating 2) ○ Liquidity metric 5.48 (rating 1) ○ I&E Margin 0.56% (rating 2) ○ I&E Variance 0.22% (rating 1) ○ Agency 17.92% (rating 2)

YTD income & expenditure (including S&T funding):

- Plan: £693k net surplus
- Actual: £1,713k net surplus
- Variance: £1,020k favourable

Month 11: £387k surplus (including S&T funding), +£523k variance from plan:

Key variances:

- Short-term overspill: **-£106k** principally due to 12 acute placements required in month due to bed pressures.
- Community Inpatients: **-£73k** due to high observations, particularly in Newbury
- Independent Hospital Placements: **-£71k** due to observations in budgeted placements and new additional placements.
- Westcall: **-£69k** due to continued high spend on locums
- MH Inpatients **-£54k**: net pay spend in month largely due to vacancy cover and observations.

To assure STF funding, £250k was released in month.

The in-month underlying position, excluding S&T funding, is -£289k deficit.

The balance sheet position, in view of the run-rate risk on OAPs going into 2017/18, is subject to review.

Cash: Month 11: £16.7m (plan £17.3m)

The variance to plan is primarily due an increase in aged debt relating to Berkshire CCGs, particularly the East.

Capital expenditure: Month 11: £2.2m (plan £2.2m)

No significant variances, ongoing review and refresh.

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2016 / 17

Month 11 (February 2017)

Purpose

This document provides the Board and Executive with information giving the financial performance as at 29th February 2017 (Month 11).

Document Control

Version	Date	Author	Comments
1.0	14.03.2017	Donna O'Leary	
2.0	04.04.2017	Alex Gild / Anne-Marie Vine-Lott	Board summary
3.0			
4.0			

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Distribution:

All Directors

All staff needing to see this report

Document References

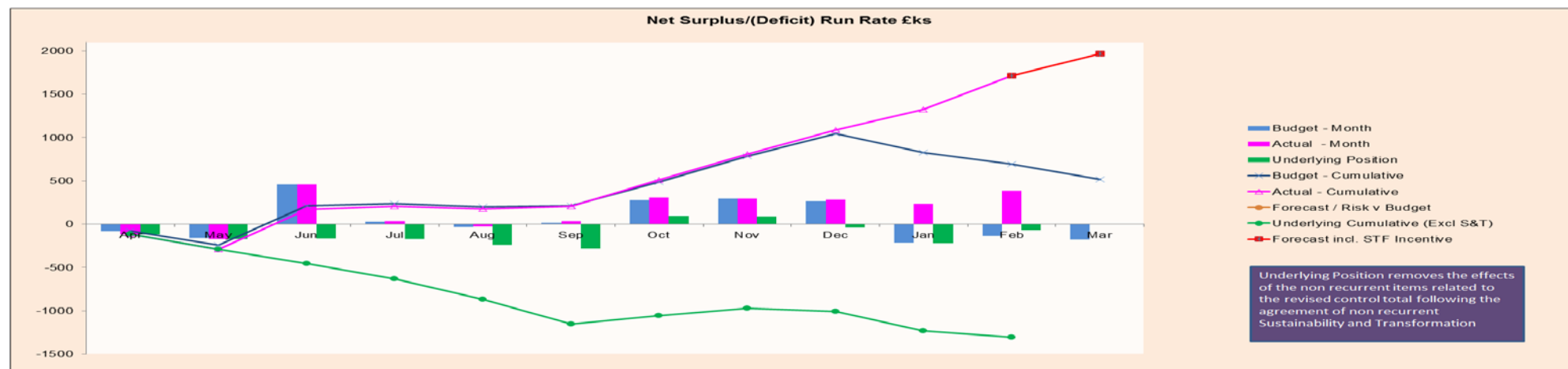
Document Title	Date	Published By

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1.0 Income & Expenditure Summary – Month 11

Description	Current Month			Year to Date			Forecast Outturn		
	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Operating Income	20,005	20,487	482	220,399	223,231	2,833	240,463	243,654	3,191
Operating Expenditure									
Pay	(14,350)	(13,862)	488	(156,537)	(157,181)	(644)	(171,239)	(172,175)	(937)
Non Pay	(4,930)	(5,362)	(432)	(52,922)	(54,025)	(1,103)	(57,674)	(58,329)	(655)
Total Operating Expenditure	(19,280)	(19,224)	56	(209,459)	(211,205)	(1,746)	(228,912)	(230,504)	(1,592)
EBITDA	725	1,263	538	10,940	12,026	1,086	11,551	13,149	1,598
Non Operating Income/Expenditure									
Interest Receivable	3	3	(1)	37	79	42	40	84	44
Interest Payable	(295)	(295)	(0)	(3,246)	(3,246)	(0)	(3,541)	(3,541)	0
Other Finance Costs	0	0	0	0	0	0	0	0	0
Impairment	0	0	0	0	(28)	(28)	0	(28)	(28)
Restructuring	0	0	0	0	0	0	0	0	0
Profit / (Loss) on Asset Disposal	0	0	0	0	0	0	0	0	0
Depreciation & Amortisation	(468)	(483)	(15)	(5,923)	(6,004)	(81)	(6,321)	(6,419)	(98)
PDC Dividend	(101)	(101)	0	(1,115)	(1,115)	0	(1,216)	(1,216)	0
Total non operating income/expenditure	(861)	(876)	(16)	(10,247)	(10,314)	(67)	(11,037)	(11,120)	(82)
Net Surplus/(Deficit)	(136)	387	523	693	1,713	1,020	514	2,030	1,516
Net Surplus/(Deficit) excluding S&T Funding/ Incentive	(289)	(16)	523	(687)	(474)	1,020	(1,326)	(560)	766
CIPs Achievement	422	420	(2)	4,853	4,599	(254)	5,274	4,826	(449)



Use of Resource Metric
Metric
Capital Service Cover
Liquidity
I&E Margin
I&E Variance From Plan
Agency
Use Of Resources Rating

YTD Plan		YTD Actual		ANNUAL Plan		FORECAST	
Metrics	Rating	Metrics	Rating	Metrics	Rating	Metrics	Rating
2.18	3	2.24	2	2.05	2	2.33	2
1.10	1	4.20	1	(1.41)	2	(1.41)	1
0.41%	2	0.53%	2	0.22%	2	0.83%	2
		0.12%	1			0.61%	1
17.25%	2	20.25%	2	15.35%	2	15.35%	2
	2		2		2		2

Income & Expenditure Commentary – Month 11

The trust reports a month 11 surplus of £387k against a budgeted deficit of -£136k and a YTD surplus of £1,713k against a budgeted surplus of £693k. The underlying position in month, excluding non recurrent S&T funding, is a deficit of -£16k against a budgeted deficit of -£289k. The S&T control total was met and exceeded in line with our planned STF incentive control total in month after the release of £246k reserves.

M11 Key Variances to operational budget:

- Short-term overspill (-£106k): principally due to 12 acute/PICU placements resulting from the bed pressures and including 4 placements not suitable for PPH.
- Independent Hospital Placements (-£71k): the number of placements exceeds budget and some placements have increased observation costs.
- Children's Services (£117k): vacancies offset the month's position, including Health Visitors of £74k.
- MH Inpatients (-£54k): net pay spend across wards due to vacancy cover, escort duties and high level of observations -£77k, reduction on Jan spend of £13k
- Westcall (-£69k): high spend on Locum cover to ensure service continuity.
- Inpatients (-£73k) observations have been high in month with Newbury seeing 3 patients requiring 1:1 obs (-£45K)
- STF Incentive (£500k): reserves release £250k to exceed planned control total, £250k STF incentive.
- Reserves release (£250k): £250k was released in month to exceed planned control total by £250k in line with control total incentive stretch. YTD release totals £2,037k.

YTD Key Variances to operational budgets:

- Short-term OAPs overspill (-£1,377k): trend shows increased spend in recent months due to inpatient bed pressures.
- Independent Hospital Placements (-£622k): largely due to the additional observation costs in placements and a small number of additional placements in year. This trend looks set to continue throughout March.
- MH Inpatients (-£370k): YTD overspend continues however there has been a month on month decrease since December. February saw a further decrease of £13K on prior month. Results from high observations and agency premium.
- CRHTT (-£392k): over-establishment and cost to cover sickness, suspension and vacancies. Overspend in Feb (-£24K), a decrease compared with Jan (-£38k).
- SWIC (-£192k): outstanding contract negotiations and agency premium to cover vacancies.
- Westcall (-£263k): driven by sessional costs exceeding the funded hourly rate. Overspend remained constant at (-£70K) for both January and February.
- Unplanned release of reserves (£2,037k): including £200k to offset primary care overspends, £316k full release of NI rebate in advance of plan profile, £206k redundancy, £1,568k operational pressures offset (Oct - Feb), £241k STF incentive match and £150k other non-recurrent items.
- Favourable variances which meet and exceed the Pay CIP and partly offset the unfavourable variance above include Children's Services (£1,804k), District Nursing (£1,137k), Intermediate care (£656k), CMHT/OPMH (£768k).

Agency Spend

February reports an agency spend of £1.125m, a decrease from previous month (£1.31m). The planned agency ceiling is £1.052m in month. YTD agency spend of £15.2m exceeds YTD agency ceiling £15.0m.

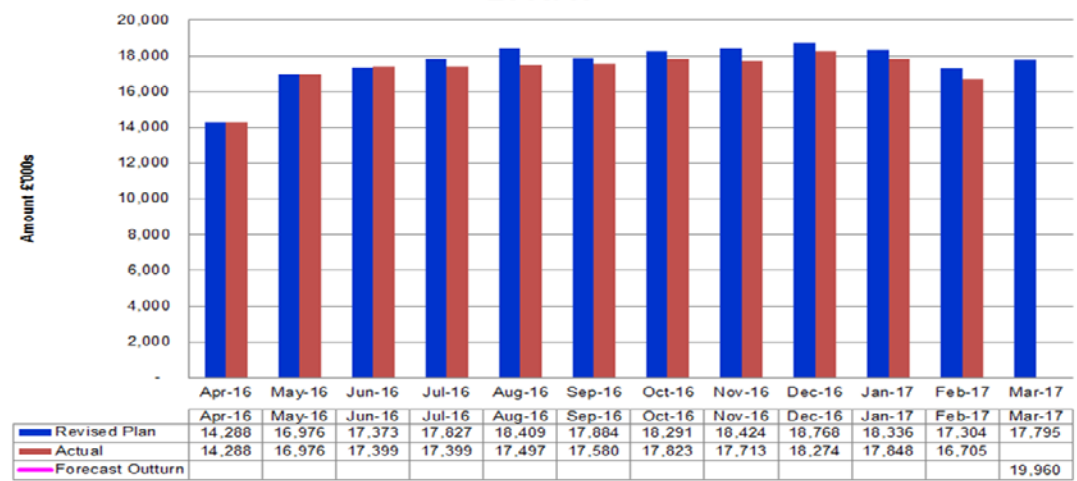
Forecast including STF Incentive

The Trust forecasts a yearend outturn of £2m surplus (including STF incentive to be received of £0.75m, cash receipt in 17/18), however this is subject to year-end review given increasing run rate pressure from OAPs over the last quarter of 2016/17. Overall £2.6m of reserves will have been released to achieve this position and secure STF funding.

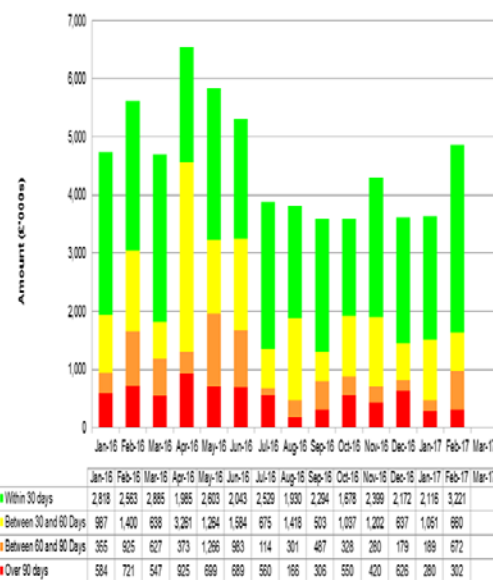
Balance Sheet Summary – Month 11

STATEMENT OF FINANCIAL POSITION	31st March 2017 (Plan) £'000's	28th February 2017 (Actual at Date) £000's	31st March 2016 (Final last year) £000's
Non Current Assets (Intangible, Property, Plant and equipment)	90,252	86,876	90,746
Inventory	104	138	91
Current receivables (Trade and Other Debtors)	12,180	11,273	10,151
Cash	17,795	16,705	16,653
Current Payables (Trade and Other Creditors)	(27,315)	(21,442)	(24,742)
Other Liabilities (Deferred Income)	(2,332)	(1,313)	(1,842)
Provisions (Current & Non Current)	(1,612)	(1,857)	(1,612)
PFI Finance Lease Creditor (Current & Non Current)	(31,704)	(31,777)	(32,592)
Total Net Asset / (Liabilities)	57,368	58,603	56,852
Financed By:			
Public Dividend capital	14,210	14,210	14,210
Revaluation Reserve	30,294	30,294	30,294
Income & Expenditure Reserve	12,864	14,099	12,349
Financed by Reserves	57,368	58,603	56,852
CAPITAL EXPENDITURE	Current Month	Year to Date	Forecast Outturn
	Budget Actual Var. (£'000) (£'000) (£'000)	Budget Actual Var. (£'000) (£'000) (£'000)	Budget Actual Var. (£'000) (£'000) (£'000)
Capital Maintenance & Replacement Expenditure			
- Trust Owned Properties	0 7 (7)	88 94 (6)	209 156 53
- Leased Non Commercial (NHSPS)	0 0 0	126 117 9	235 178 57
- Leased Commercial	65 9 56	185 189 (4)	162 230 (68)
- Statutory Compliance	0 1 (1)	48 61 (13)	270 159 111
- Locality Consolidations	0 2 (2)	87 46 41	412 66 346
- CAHMS T4	0 (7) 7	42 42 0	42 42 0
- PFI	25 26 (1)	53 43 10	474 54 420
Subtotal	90 38 52	629 591 38	1,804 885 920
Development Expenditure			
- IM&T Strategy	25 24 1	1,578 1,387 191	3,968 2,213 1,755
- Locality Schemes	0 (2) 2	53 267 (214)	53 291 (238)
Subtotal	25 23 2	1,631 1,654 (23)	4,021 2,504 1,517
Total	115 61 54	2,260 2,245 15	5,825 3,389 2,437

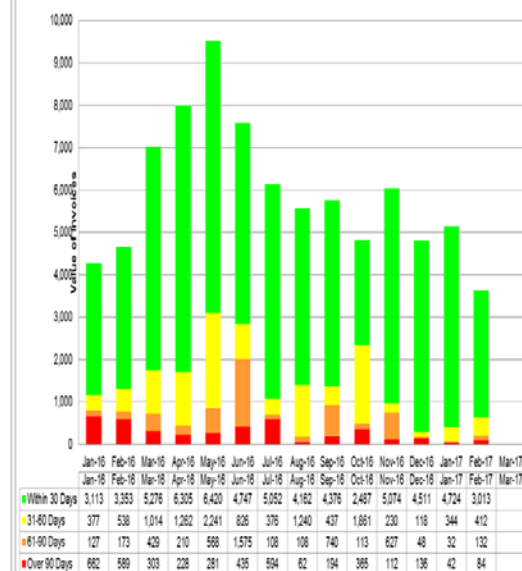
Cash Flow Plan v Actual 2016/17



Age Profile of Receivables 2016/17



Age Profile of Payables 2016/17



Balance Sheet Commentary – Month 11

Cash Position

February's closing cash balance was £16.7m against a revised plan of £17.3m resulting in an adverse variance of -£0.7m (January -£0.5m). This shortfall is primarily due to increases in aged debt against Berkshire CCGs, particularly in the East where aged debtors (over 30 days) have increased to £0.8m in month 11. Actions have been taken to follow up on the delay in payment. We are not aware of any specific dispute on invoices and the Agreement of Balances at month 9 did not highlight any concerns. Following the increase in I&E outturn and slippage on the capital expenditure programme, the year-end cash forecast has been increased to £19.9m on the assumption of receipt of S&T funding for Q3 being received by the end of March 2017, and settlement of larger debtors from Royal Berkshire Hospitals in respect of WBCH rental charges for Q4.

The cash position includes YTD receipt of S&T funds equating to £920K relating to Q1 and Q2 of the financial year.

Trade Receivables

The debtors balance increased by £1.2m in February to the value of £4.8m. The main increase relates to the debtors raised in the current months mainly due to invoices raised to Royal Berkshire (£0.8m) and Frimley Health (£0.2m). Over 30 day debtors increased by £0.2m, however, within that was an increase of CCG debtors, primarily relating to the Berkshire East CCGs, which at month 11 has increase to around £0.8m as detailed in the Cash section above. Over 90 aged debts remained broadly consistent with month 10 at around £0.3m. The invoice to NHS England for recharge of historic pension liability reported in previous months was still outstanding at month 11, but has been settled in month 12.

Trade Payables

Total Trade Payables decreased by £1.5m to £3.6m during month 11 with invoices for NHS Professionals (£1.1m), The Priory Group (£0.3m) and Frimley Health FT (£0.2m) accounting for the overall decrease in payables. Over 30 day aged payables increased marginally by 0.2m during month 12, from £0.4m to £0.3m to £0.6m, with over 90 day aged debt at £0.1m

Capital Programme

In Feb-17 the total monthly capital spend was under budget by £54K. Estates reported a favourable variance of £52k, which was mainly due to profiling mismatch of £65k relating for 81 London Street and unplanned costs of £11k relating Phase 2 Cremyll Rd works. IT incurred £31K cost relating to Data Warehouse expansion and £25K relating to RiO Replacement, which was offset by £44k favourable variance in Business Intelligence Development and £16K in Locality IT due to profiling mismatch.

The YTD spend is under budget by £15K. There are underspends against a number of projects, which offset overspend in Locality IT (£129K) and in Locality Schemes (£214K). Major overspend in locality schemes, as a result of in year approval of allocations not in original/revised plan, relate to the investment in beds for PPH and Oakwood (£68K), Sexual Health IT system (£111K), Champion Ward Furniture (£12K) and Patient Experience Trackers (£22K). Major underspend are £63K in Finance System Replacement, £89K in IT RRP, £56k in Server refresh, £31k in Data Warehouse expansion and £45k in Reconfig of Southcote & Tilehurst Clinic due to profiling mismatch.

As part of the annual plan setting for 2017/18, the forecast outturn was reviewed and a number of 2016/17 projects were slipped either in part or in full to 2017/18. The value of those project totalled £2m. The review also identified projects which are not now proceeding amounting to £761K.

Of the remaining projects in 2016/17, the forecast outturn is now reduced to £3.4m following a decision to defer expenditure on IT's Performance & Resilience Review until the new financial year, which reduces the planned outturn on that from £1.0m to £0.3m. Of the remaining projects still in planned outturn, these are broadly consistent with the original planned budget except for those projects that have been approved in the year. These additional schemes for in year approved locality scheme allocations (£238K), air conditioning replacement for server room (£45K) and Estates Maintenance & Replacement allocation of £155K with high value projects like 81 London Street Reading (£65K), Reading non clinical hub Cremyll Road (40k), BAU School Toilet Upgrade (£13k) and Phase 2 Cremyll Rd (£14K). The net effect of all the above changes result in a favourable variance of £2,437K against the original plan.

Trust Board Paper

Board Meeting Date	11 th April 2017
Title	Financial plan 2017/18 – 2018/19
Purpose	To review and approve the final two year plan and budget for 2017/18
Business Area	Finance
Author	Alex Gild – Chief Financial Officer
Relevant Strategic Objectives	
CQC Registration/Patient Care Impacts	
Resource Impacts	
Legal Implications	
SUMMARY	<p>The attached paper summarises the financial plan for 2017/18 - 2017/19, for Board approval.</p> <p>The plan confirms NHSi control total acceptance of £2.4m surplus for 2017/18 and £3m for 2018/19, supported by £1.7m of STF funding support in each year.</p> <p>Both plan years are underpinned by an improvement requirement of £4.7m recurrent cost savings p.a. (c. 2% p.a. of turnover), and the need to mitigate and reduce existing run rate financial risks, including significant cost pressure from mental health out of area placements.</p> <p>As part of the process to confirm detailed CIP plans, quality impact assessments will be completed by the end of May 2017.</p> <p>The senior leadership team has agreed the budget for 2017/18, and the Finance, Investment and Performance Committee have had the opportunity to review the final two year plan at their March meeting.</p>
ACTION	The Board is asked to approve the financial plan 2017/18 – 2018/19

Financial Plan FINAL 2017/18 & 2018/19

Trust Board Meeting - 11th April 2017

1.0 Executive Summary

The 'Operational Plan' submitted in December projected meeting the NHSi control totals of £2.4m surplus in 2017/18 and £3m in 2018/19 which this paper confirms as the final plan. The plan metric rating is a "1" which is the lowest risk rating available from NHSi.

A number of risks to the plan exist and in particular 'Out of Area Placements' (OAPs). In order to mitigate the risks identified the Trust must assure delivery of cash releasing savings through Cost Improvement Plans (CIPs) as well as work on minimising or eliminating cost pressures.

2.0 I&E Summary

The Trust is planning a £2.4m surplus by the end of FY17/18 and £3.0m surplus by the end of FY18/19; as per NHSi control total requirements. In order to achieve these goals cost efficiencies of £4.7m in each financial year are required and run rate cost pressures at the end of FY16/17, from OAPs in particular, need to be reduced.

To note, an additional £500k has been put into the OAPs independent hospitals budget and an additional £180k into Acute Overspill for patients not suitable for Prospect Park Hospital (PPH), rather than lack of bed availability; however even with these increases work streams that are being undertaken must produce a reduction in costly Independent Hospital placements and result in improved bed management at PPH to avoid further overspill.

Summary Income Statement	£m	£m	£m
£m	16/17	17/18	18/19
Operating Income from patient care activities	222.5	225.0	229.7
Other operating income	21.1	20.1	20.1
Operating Revenue	243.6	245.1	249.7
Employee expense	(172.2)	(172.2)	(176.4)
Non-Pay expense	(64.8)	(65.4)	(65.2)
Operating Surplus/(Deficit)	6.6	7.4	8.2
Finance Costs	0.1	0.0	0.0
PFI Charges	(3.5)	(3.6)	(3.6)
PDC	(1.2)	(1.5)	(1.6)
Non-Operating Expense	(4.7)	(5.0)	(5.2)
Projected surplus, per agreed control totals	2.0	2.4	3.0
Embedded CIPs	4.8	4.7	4.7
Capital expenditure	3.4	8.6	7.1
Cash at year end	20.7	19.5	19.9
Use of Resource Rating	2	1	1

In the planned net surplus profile below the main difference between quarters is the anticipated reduction in agency costs as the year progresses.

Also to note, NHSi have indicated that the Sustainability and Transformation Fund (STF) cash flow will be awarded quarter by quarter in the profile 15% / 20% / 30% / 35% to reward continued adherence to control totals by providers.

Quarter by Quarter £k's	FY17/18					FY18/19
	Q1	Q2	Q3	Q4	Total	
Underlying I&E (Before STF funding & required trust position to access STF Funding)	(163)	(15)	322	525	669	1,270
STF funding	260	346	519	606	1,731	1,730
I&E Surplus	97	331	841	1,131	2,400	3,000

Cumulative £k's	FY17/18				FY18/19
	Q1	Q2	Q3	Q4 & Total	
Underlying I&E (Before STF funding & required trust position to access STF Funding)	(163)	(178)	144	669	1,270
STF funding	260	606	1,125	1,731	1,730
I&E Surplus	97	428	1,269	2,400	3,000

3.0 CIPs

Work-up and analysis of CIPs is underway, the key areas are identified in the table below, and they are aligned to Lord Carter's review recommendations for acute trusts.

To note in particular the two highest identified CIP areas:-

- Within operational areas there is a relatively high level of underlying vacancy factor (c. £5m). It is recognised that in some of these services this is the result of difficulty in recruitment and retention of both substantive and temporary staff, but this is not the case for all. A review of these services is underway targeting a small proportion of that vacancy value (23%, £1.15m in FY17/18) to see what changes can be made to release the vacancy permanently whilst maintaining quality and provision of service.
- Later in the year (Q3 FY17/18) it is expected that further details of efficiency opportunities regarding Mental Health and Community Health trusts will be released by the Carter team; this may help shape CIPs further – nevertheless there is clear indication from national benchmarking work that review of corporate back office is a key priority and, as a result, this forms £2m of an overall £9.4m CIP plan over the two years. Work has begun to see how these corporate back office services could be reshaped to be more efficient whilst maintaining required levels of support to front line services.

Work in crystallising the two items above has already commenced with Locality Directors and their teams reviewing the CIP proposals in detail as a starting point and commitment to reach clarity on the position by the end of May. Scoping meetings with corporate leads have also started; with immediate effect a short term vacancy freeze on corporate functions has been put in place until clear plans can be articulated.

In addition to the above there is on-going work in identification of remaining schemes through either STP / ACS work or other routes; these are a high priority for the remaining unidentified schemes valued at £0.85m in FY17/18 and £2.6m in FY18/19.

CIPs	£m	£m
	FY17/18	FY18/19
Workforce: Operational Vacancy Review	+1.15	0.0
Carter: Procurement	+0.3	+0.3
Carter: Corporate Back Office Review	+1.0	+1.0
Carter: (Localities) Management & Administrative Review	+0.6	0.0
Carter: Estates	+0.2	+0.2
Other: OAPs	+0.5	+0.5
NHSi: Discretionary Expenditure	+0.1	+0.1
Other/STP: Unidentified CIPs (to make 2%)	+0.85	+2.6
Sub-Total CIPs only	+4.7	+4.7

4.0 Capital

Our original plan submission in December 2016 indicated an annual capital expenditure plan of £6.7m for FY17/18.

Review across a number of schemes in Estate and IT during the last quarter of 2016/17, has resulted in £1.8m being carried forward to 2017/18, including:

- £0.8m for IT / telecoms performance and resilience review;
- £0.3m for corporate systems;
- £0.3m for RiO Development;
- £0.3m for Sorrel Ward and other works at Prospect Park Hospital,
- and £0.1m for other small Estates schemes.

The revised plan for capital for 2017/18 is £8.6m; which includes key schemes such as LD to Jasmine (£1.35m), Sorrell Ward (£0.55m), Rio Development (£0.8m) and IT refresh and replacement (£2.1m).

The latest plan for FY18/19 capital expenditure is £7.1m; which includes outline strategies concerning estate consolidation (£1.4m) and IT refresh and replacement (£2.7m).

Annex 1 has a summary of the capital schemes for both FY17/18 and FY18/19.

5.0 Cash

The impact of review and re-profiling of capital expenditure is the primary driver in increasing the cash outturn for 2016/17; from £18m as forecast in the December 2016 plan, to £20.7m for the March 2017 resubmitted NHSi plan.

The planned outturn for cash for 2017/18 is £19.5m. The reduction in cash of £1.2m in 2017/18 is primarily driven by repayment of the PFI Finance Lease (£1.0m), with the capital expenditure plan of £8.6m funded by depreciation, which is a non-cash charge to I&E, (£6.2m), and the I&E surplus (£2.4m).

6.0 Plan risk rating

With the financial plan described above the single oversight framework risk rating for BHFT is a "1"; the lowest risk rating available from NHSi.

The five metric scores below are equally weighted, so if a quarter had three ratings of a “2” and the others a “1” BHFT would score a “2” overall. In the first 3 quarters of FY17/18, either missing the control total or missing the agency spend metrics would do that, as the most likely risks.

Plan Risk Rating	Plan 30/06/2017 Q1 Rating	Plan 30/09/2017 Q2 Rating	Plan 31/12/2017 Q3 Rating	Plan 31/03/2018 Q4 Rating	Plan 31/03/2018 Year Ending Rating	Plan 31/03/2019 Year Ending Rating
Capital service cover	2	2	2	2	2	2
Liquidity (days)	1	1	1	1	1	1
I&E margin	2	2	2	1	1	1
Variance from control total	1	1	1	1	1	1
Agency spend	1	1	1	1	1	1
Plan Risk Rating	1	1	1	1	1	1

7.0 Risk for FY17/18

The trust goes into FY17/18 with a number of financial risks which could result in non-achievement of the financial plan outlined above. Achievement or mitigation of the following key items is required to secure the plan:-

- CIPs (£4.7m); although this item in the interim whilst plans are developed is partly offset by underlying vacancy factor.
- Missing control total targets; STF funding (£1.7m)
- OAPs (£1.0m) (this is risk after the budget funding of £0.5m for independent hospitals and £0.2m for Acute Overspill not suitable for PPH)
- Other financial risks exist as well; mainly in inpatient or urgent care pathways which could range in total to between £0.5m to £2.0m.

8.0 Conclusion

This final plan proposal has been agreed with the Senior Leadership Team, and the Finance, Investment and Performance Committee (FIP) have had the opportunity for review in March.

The Board is requested to formally approve this proposed financial plan noting in particular: the headline risk rating of “1”; the highlighted risks to plan achievement including OAPs; the CIP programme that is to be undertaken; and the capital improvements planned.

Paper prepared by:

Tom Stacey, Head of Financial Management and Planning
Anne-Marie Vine-Lott, Finance Director

Paper presented by:

Alex Gild, Chief Financial Officer

Annex 1

Capital Plan	FY 2017-18	FY 2018-19
	Total	Total
Estates Maintenance & Replacement Expenditure		
- Trust Owned Properties	120	70
- Leased Non Commercial (NHSPS)	540	178
- Leased Commercial	82	82
- Statutory Compliance	640	615
- Locality Consolidations	820	350
- PFI	2,223	2,050
Sub total Estates Maintenance & Replacement	4,425	3,345
Development Expenditure		
- IM&T Refresh and Replacement	2,076	2,667
- IM&T Business Intelligence and Reporting	378	200
- IM&T System and Network Developments	410	310
- IM&T RiO	832	200
- IM&T Other	151	50
- Locality Schemes	200	200
Sub total Development Expenditure	4,047	3,627
Locality Schemes		
Locality Schemes	100	100
Sub total Locality Schemes	100	100
Grand Total Capital Expenditure	8,572	7,072

Annex 2

Bridging the gap	<i>£m</i> <i>FY17/18</i>	<i>£m</i> <i>FY18/19</i>
Gap to control total (as advised on previous plan paper)	-8.9	-14.2
Identified CIP in FY17/18 b/f		4.7
Rev Gen in FY17/18 b/f		6.3
Updates to plan in FY17/18 b/f		-2.1
FY17/18 gap bridge items sub-total	0	8.9
Remaining gap for FY18/19	-8.9	-5.3
CIPs (updated)		
Sub-Total CIPs only	4.7	4.7
Sub-Total at this point for FY17/18	-4.2	-0.6
FY 17/18 Revenue Generation		
Sub-Total Rev Gen (only)	6.3	4
Sub-Total at this point for FY17/18	2.1	3.4
Updates to plan		
Sub-Total Updates to plan	-2.1	-3.4
Total gap to control total	0	0
Surplus at this point	2.4	3
Control Total Target	2.4	3
Total gap to control total	0	0

11/04/PM342

Trust Board Paper

Board Meeting Date	11 th April 2017
Title	Summary Board Performance Report M11 2016/17
Purpose	To provide the Board with a performance summary dashboard, including narrative and KPI exception highlights.
Business Area	Trust-wide Performance
Author	Chief Financial Officer
Relevant Strategic Objectives	2 - To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care and consistently meet or exceed the standards of CQC and other stakeholders.
CQC Registration/Patient Care Impacts	All relevant essential standards of care
Resource Impacts	None
Legal Implications	None
Summary	<p>The enclosed summary performance report provides information against the Trust's performance dashboard for February 2017.</p> <p>Month 11</p> <p>2016/17 EXCEPTIONS:</p> <p>The following Trust Performance Scorecard Summary indicator groupings are Red rated:</p> <p>The "red" indicator grouping has been rated on an override basis, related to 1 specific indicator;</p> <ul style="list-style-type: none"> • Service Efficiency and Effectiveness - RED

	<p>The following Trust Performance Scorecard Summary indicator groupings are Amber rated:</p> <ul style="list-style-type: none"> • People • Contractual Performance <p>Further detail on the AMBER dashboard ratings is narrated within the section commentaries of the summary performance report.</p> <p>The following individual performance indicators are highlighted by exception as RED with their link to the Trust Performance Dashboard Summary identified in brackets:</p> <ul style="list-style-type: none"> • US-5a - Self-harm incidents LD: Number (User Safety) • US-08 - Number of suicides in the last 12 months (User Safety) • US-20 - Mental Health: Seclusion: Number (User Safety) • PM-01 - Staff Turnover (People) • PM-02 – Gross Vacancies (% WTE) (People) • PM-03 – Sickness (People) • SE-02 - SE-02 CHS Inpatient: Acute Average LoS (Service Efficiency & Effectiveness) • SE-03 - Mental Health: Acute Average LoS (bed days) (Service Efficiency & Effectiveness) • SE-03a - Mental Health: Acute Average LOS Snapshot (Service Efficiency & Effectiveness) • SE-06A - Mental Health: Acute Occupancy rate (EX HL) (Service Efficiency & Effectiveness) • SE-06B - Mental Health: Acute Occupancy rate by Locality (EX HL) (Service Efficiency & Effectiveness) • SE-08 - Health Visiting: New Birth Visits Within 14 days (Service Efficiency & Effectiveness) • SE-09 - MH: Crisis Plans for Clients on CPA (Service Efficiency & Effectiveness) • SE-10 - Mental Health Clustering within target (Service Efficiency & Effectiveness) <p>Further RED KPI performance detail and trend analysis is provided in the summary performance report.</p>
<p>ACTION REQUIRED</p>	<p>The Board is asked to note the above.</p>

Board Summary Performance Report

M11: 2016/17 February 2017

Board Summary

Ref	Mapped indicators	Indicators	Overall Performance	Over ride	Subjective
US	US-01 to US-20	User Safety	Green	No	N/A
P	PM-01 to PM-08	People	Amber	No	Yes
MA	MA-01 to MA-15 & MA 17-23	NHS Improvement (non-financial)	Green	No	N/A
	MA-16	NHS Improvement (financial)	Green	No	N/A
SE	SE-01 to SE-11	Service Efficiency & Effectiveness	Red	No	No
CP	CP-01	Contractual Performance	Amber	No	Yes

Key :

Red	Red indicates the measures for this indicator are not meeting planned target levels for the current period being measured		
Amber	Amber indicates the measures for this indicator are at risk of meeting planned target levels for the current period being measured		
Green	Green indicates the measures for this indicator are meeting or exceeding the planned target levels for the current period being measured		
R	A	G	The trajectory will either be green, amber or red depending on whether the measures for this indicator are moving towards or achieving the target by year end.

Mapping Rules to be applied to the indicator set for the performance scorecard summary

The mapping rules to be applied to the performance scorecard categories are detailed below:

MA-01, 04, 06, 09, 10, 11, MA-15, 17, 18 & 19

% rules based approach

- SE-01 to SE-11
- Where 50% or more of the mapped indicators are RED rated, the summary performance scorecard indicator will be RED.

For example:

A performance scorecard category has 5 indicators mapping into these indicators have the following performance reported in the month:

2 RED rated (40%)

2 AMBER rated (40%)

Based on the first two mapping principles, the 50% rule would not apply but clearly the scorecard category should not be GREEN.

Overriding principles based approach

There are indicators within the detailed performance indicator report where the over ride rule applies.

This is driven by severe sanction or breach usually linked to regulatory compliance requirements within the Trust.

Year 2016 - 2017; M11 February 2017

- Mental Health 7 day follow up
- Mental Health new EIP cases seen within 2 weeks
- Mental Health Home Treatment Team gate keeping
- MHSDS – Identifiers
- MHSDS – Priority Metrics
- A&E maximum waiting time of 4 hours
- RTT Incomplete Pathways
- IAPT 6 weeks and 18 weeks

Red performance against any of the above indicators turns the summary performance scorecard indicator red.

Subjective

Where appropriate, Lead Directors may override mapping rules and this will be indicated on the performance scorecard summary.

Exception report

Summary of Red Exceptions M11: 2016/17

Indicator	Indicator No	Comments	Section
LD : Self Harm incidents	US 05a	Decreased from 22 to 20 in the month	User Safety
Suicides in rolling year	US 08	Decreased from 25 to 24 in the rolling year	User Safety
Seclusion	US 20	Increased from 21 to 26 in the month	User Safety
Staff Turnover	PM 01	Decreased from 18.5% to 17.97% in the month	People Management
Gross Vacancies	PM 02	Decreased from 12.2% to 11.7% in the month	People Management
Sickness	PM 03	Decreased from 4.23% to 3.82% in the month	People Management
CHS Inpatient Average LoS (bed days)	SE 02	Increased from 28 to 30 days	Service Efficiency
MH Acute Length of Stay	SE 03	Decreased from 39 to 35 days	Service Efficiency
MH Average Length of Stay Snapshot	SE 03a	Increased from 52 to 56 days	Service Efficiency
MH Acute Occupancy Rate by Locality and Ward	SE 06 a & b	Remained at 94%	Service Efficiency
New Birth Visits	SE 08	Decreased from 90% to 82%	Service Efficiency
MH Crisis Plans for Clients on CPA	SE 09	Decreased from 85% to 77%	Service Efficiency
Clustering	SE 10	Remained at 87%	Service Efficiency

User Safety Commentary

There were 7 serious incidents; 2 suspected suicides (1 jointly Rose Ward/Reading CMHT and 1 for Reading CMHT), 1 unexpected death (Slough CMHT - this has now been downgraded), 1 AWOL (Sorrel Ward), 1 fall and fracture on Rowan Ward and Information Governance breaches for WAM School Nursing and Slough Walk In Centre.

The number of assaults on staff decreased to 52 in the rolling quarter to February 2017 and is now rated green for performance against a local target. 15 incidents were reported on Sorrell Ward (increased from 8 last month), 7 incidents on Bluebell ward (same as last month), 4 incidents were reported on Rose ward (5 last month), 3 on Daisy Ward (same as last month), 9 on Snowdrop Ward (reduced from 16) and 1 on Orchid Ward (4 last month) and 3 on Rowan Ward (decreased from 9). 5 incidents were reported at the Berkshire Adolescent Unit. 31 clients committed assaults against mental health inpatient staff in the rolling quarter to February 2017 including one patient who has committed 6 assaults and another who has committed 5. One incident in Psychological Medicines Service was initially rated as moderate as staff member was knocked whilst talking to a patient in an observation room at RBH, but this has now been downgraded. All other incidents in February 2017 were rated as low or minor risk. This shows an increasing trend.

For Learning Disabilities there was a reduction in the number of assaults on staff to 51 in the rolling quarter to January 2017 and to 44 in the rolling quarter to February 2017. All incidents in February 2017 were rated as low or minor risk. 9 patients have carried out assaults on staff in the rolling quarter, including one patient who has carried out 17 assaults and another who has carried out 8 assaults. This shows an increasing trend.

Patient to Patient Assaults - In Mental Health services this has increased to 29 in the rolling quarter to February 2017, but remains green rated against a local target. 5 incidents each took place on Sorrel Ward, Snowdrop Ward and Rose Ward, 4 on Rowan Ward, 3 on Bluebell Ward, 2 on Orchid Ward and 1 on Daisy Ward. All incidents are rated as low or minor risk. This shows an increasing trend.

Learning Disability - Patient to Patient Assaults reduced to 20 (previously 22) in the rolling quarter to February 2017. All incidents were rated as low or minor risk and the assaults were carried out by 7 clients, including two clients responsible for 6 incidents each.

Slips Trips and falls –All wards were below target in February 2017.

Self-Harm - These have decreased to 100 in the rolling quarter to February 2017, and moves to an amber rating. In the rolling quarter, 23 incidents (reduced from 41 incidents last month) have been reported by Berkshire Adolescent Unit, with one client responsible for 17 incidents. All of the incidents reported in February 2017 at the Berkshire Adolescent Unit, were rated as low or minor risk. There were a total of 67 incidents reported in the rolling quarter in Mental Health Inpatients, an increase from 59 from the preceding month. Of these, 11 incidents were reported on Rose Ward (13 last month), 42 incidents on Bluebell Ward (increased from 30) and 8 on Snowdrop Ward (decreased from 9), 2 on Sorrel Ward (3 last month), 1 on Daisy Ward (decreased from 2) and 1 in the MH Reception. All incidents were rated as low or minor risk. 9 incidents were reported in the localities in the rolling quarter; 2 for Common Point of Entry, 2 for Crisis services, 1 each for Reading CMHT, Slough CMHT and South Central Veterans Service, 1 Court Liaison and Diversion Service and 1 West Berkshire Older Persons services. This shows a decreasing trend.

Learning Disability Self Harm – decreased to 20 in the rolling quarter to February 2017, there were six low risk incidents reported in February 2017, carried out by 3 separate clients. This shows an increasing trend.

AWOLS and Absconsions - this data covers only those clients detained on a mental health section and is measured against a local target. AWOLS reduced (from 11 to 10) and Absconsions (9) remained the same in the rolling quarter to February 2017. In February 2017, there were 6 AWOLs reported; 2 each from Bluebell and Daisy Wards and 1 from Snowdrop Ward and 1 from a patient home (failure to return from Section 17 leave). All incidents were rated as low or minor risk. In February 2017, there were 6 absconsions, 2 each from Rose Ward and Snowdrop Ward, 1 from Bluebell Ward, and 1 from Sorrel Ward. All were rated as low risk. Both AWOLs and Absconsions show a decreasing trend.

PMVA (Control and Restraint of Mental Health patients) – In February 2017, there were 22 uses on 12 clients; this includes 1 client with 4 uses. There were 10 uses on Sorrel Ward, 6 on Snowdrop Ward, 5 on Bluebell, and 1 on Rose Ward. All incidents were rated as low or minor risk. The Board has asked for assurance that the same staffs are not involved with the incidents on each ward.

There were 10 incidents of prone restraint in February 2017 - 5 incidents on Sorrell and 3 incidents on Snowdrop Ward, and 2 on Bluebell Ward. All incidents were rated as low or minor risk.

SCIP (Strategy for Crisis Intervention and Prevention) – there were 21 uses of SCIP (all at Campion Unit) in February 2017 on 3 Learning Disability clients, including 7 uses on one client and 6 on another. All incidents were rated as low or minor risk.

Seclusion: There were a total of 24 incidents of seclusion in February 2017 for Mental Health Inpatients for 6 clients; the longest incident was for 13 hours 45 minutes. In Learning Disability, there were 2 episodes; one of which lasted 75 minutes, the second 6 hours 30 minutes.

User Safety Exception Report

<u>KPI</u>	<u>Target</u>	<u>February</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
LD Self Harm incidents	<10	20		Three clients responsible for all incidents in the rolling quarter.	One client responsible for 17 incidents.
Number of suicides in the last 12 months : Number	<17	24		Suicide prevention group is updating the risk policy and standard operating procedures. New risk tool was launched on 10th January 2017.	This is the number of apparent suicides, which may change following the Coroner's verdict. There is an annual retrospective review of this indicator based on these outcomes.
Seclusion	<18	26		Seclusion is the confinement of a patient in a room which may be locked. This is used to contain severely disturbed patients who are likely to cause harm to others.	6 Mental Health patients were secluded in the month of February 2017. There were 2 incidents in Learning Disabilities.

Other Key Performance Highlights for this Section

There has been a decline in performance in the following metrics:

- Mental Health Physical Patient to Patient Assaults increased from 23 in the rolling quarter to January 2017, to 29 in the rolling quarter to February 2017.
- Seclusion increased from 21 uses in January 2017 to 26 uses in February 2017.

There has been an improvement in performance in the following metrics:

- Mental Health Self-Harm improved from 105 in the rolling quarter to January 2017, to 100 in the rolling quarter to February 2017.
- Mental Health Physical Assaults on staff improved from 63 in the rolling quarter to January 2017 to 52 in the rolling quarter to February 2017.
- Learning Disabilities Physical Assaults on staff improved from 51 in the rolling quarter to January 2017 to 52 in the rolling quarter to February 2017.
- Learning Disabilities Physical Patient to Patient assaults improved from 22 in the rolling quarter to January 2017 to 20 in the rolling quarter to February 2017.
- AWOLS reduced from 11 in the rolling quarter to January 2017 to 10 in the rolling quarter to February 2017.
- PMVA reduced from 30 uses in January 2017 to 22 uses in February 2017.
- Prone restraint reduced from 11 uses in January 2017 to 10 uses in February 2017.

People Commentary

Performance in this category drives an "amber" rating on the performance scorecard summary on a subjective basis. Sickness, turnover, and gross vacancies are stretch targets internally and PDP is a local target. Of the 8 indicators, 3 are red (Staff turnover, Gross Vacancies, and Sickness), 2 are amber (Fire and Information Governance), 2 are green including (Statutory training - Manual Handling and Health and Safety). PDP does not have a rating at present, as the annual target was achieved in June 2016.

Sickness Absence

- There is a significant improvement in the Trust-wide monthly sickness rate in February, which has decreased to 3.68%. The short term sickness rate has also decreased, following a slight reduction in absences relating to cold/cough/flu, and the long term sickness rate has seen a significant improvement in February to 1.86% (under 2% for the first time in the last 12 months).
- The improvements above follow sustained and focused work within the localities to address sickness hot spots and in particular, the management of long-term sickness cases. This work is on-going to ensure that these improvements are sustained.
- The main reasons for sickness remain anxiety/stress/depression and musculoskeletal/back problems, although they are both showing a continued downward trend. There has been a slight increase in the number of referrals to the early intervention physiotherapy service. Analysis of the new episodes of musculoskeletal absence, where no referral was made to the early intervention service, has identified that a number of individuals were already receiving treatment.
- Some localities have developed specific stress and musculoskeletal sickness action plans. The impact of these will be reviewed and any learning will be shared between localities via the HR Managers.
- Data quality issues on ESR, in particular the timeliness and accuracy of sickness reporting, have improved following targeted refresher training and escalation within the localities.

Turnover

- There is a further reduction in the turnover in Mental Health Inpatients in February, with the monthly turnover figure reducing from 4.45% in November to 0.51% in February. The timing of this decrease indicates a link with the recent workforce project aimed at improving recruitment and retention.

- Some localities have identified pockets of high turnover and are encouraging face-to-face exit interviews in these services, with a view to improving the quality of feedback received and the identification of any trends. Other initiatives identified to obtain feedback from leavers include a letter requesting feedback sent from the Locality Director to all leavers in the last six months from a particular service with high turnover. The impact of these initiatives will be reviewed and good practice shared across localities by the HR Managers.




Recruitment

- The most significant factor impacting on the recruitment turnaround time continues to be notice periods, and Community Nursing vacancies continue to be the most difficult to fill posts. A Community Nursing Workshop at the end of March reviewed the issues and explored solutions.
- Following the implementation of the new applicant management system (TRAC) on 1st February, early improvements have been seen in the responsiveness of candidates. Anecdotal feedback also indicates that administrative processes e.g. arranging interviews are much quicker as the system automates the process. It is too early to quantify any improvements and the impact on the turnaround time will be evident over the next 2-3 months. The recruitment administration and HR teams are working with recruiting managers to embed the new system.

Statutory and Mandatory Training

- Statutory Training – Fire Training - has improved to 87%, however all localities are below the revised 95% target. Weekly reports are being sent to Locality Directors and for Corporate staff reports on non-compliance have been sent to the relevant Heads of Service. The Trust has received a letter from Berkshire Fire Brigade requiring that we ensure that all staff receives fire training.
- Mandatory Training - Information Governance (86%) is below target and compliance has reduced. For Information Governance, the reporting has changed to reflect the requirement for annual "refresher" training for all staff. Weekly reports are being sent to Locality Directors and for Corporate staff reports on non-compliance have been sent to the relevant Director/Heads of Service.

People Exception Report

<u>KPI</u>	<u>Target</u>	<u>February</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Staff Turnover (% YTD): Percent	<15.2%	17.97%		Increase in turnover figure from September 2016. This remains a challenging stretch target.	This includes end of fixed term contracts, retirements as well as voluntary resignations.
Gross vacancies (% WTE: Percent)	<10%	11.70%		This figure includes areas where there has been difficulty recruiting such as CHS inpatients and nursing, LD and MH inpatients and Crisis Services.	New staff structures being implemented including an increase in Band 4 and 6 and a reduction in Band 5s (especially at PPH).
Sickness	<3.5%	3.82%		Short term sickness reduced to 1.10% and long term sickness reduced to 2.03%.	

Other Key Performance Highlights for this Section

- Fire Training has improved from 85% to 87%.
- Information Governance worsened from 87% in January 2017 to 86% in February 2017.

The Trust has retained its status in Segment 1 with maximum autonomy according to the latest ratings from NHS Improvement published on 7th March 2017.

The precise construction of all the metrics in the Single Oversight Framework has still not been published, however in the NHSi bulletin of 11th January 2017 advised that the measurement against the complete and valid submission of the Mental Health Services Data Set, which stated that this would comprise of settled accommodation, employment status and ethnicity. The Trust has until the end of 2016/17 to achieve the target of 85%. NHSi and NHS Digital have advised that all codes are valid. For the January 2017 Primary submission the levels were:

- Ethnicity 93%
- Employment Status 79.22%
- Accommodation Status was 79.77%

The next submission of the Mental Health Services Data Set will be for February 2017 and took place on 24th March 2017. Localities have been asked to increase collection of settled accommodation and employment in particular.

The Financial Sustainability Risk Rating has been replaced by the Use of Resources; this is rated as 2 for February 2017.

Service Efficiency And Effectiveness Commentary

There are 13 indicators within this category, 3 are rated as “Green” including DNA rates, Mental Health Readmissions, and Mental Health Non Acute Occupancy. None are rated as “Amber”, 9 are rated “Red”; MH Average and Snapshot Length of Stay, CHS Average length of stay, CHS Occupancy, Mental Health Acute occupancy by ward and by locality, Clustering, Mental Health Crisis plans and New Birth Visits and 1 of which does not have a target (place of safety). As more than 50% of indicators are rated as red, this section is rated as red.

DNA rate reduced from 4.89% in January 2017 to 4.75% in February 2017 and is rated as green. All localities are below target with the exception of Wokingham. A recent data quality audit found that there still a high level of error by staff when entering a DNA instead of a cancellation even when the patient has advised that they will not be attending an appointment.

In CPE, the DNA rate increased from 10.85% in January 2017 to 14.46% (141/975) in February 2017.

In Children and Families services for DNA rates, there were decreases in West Berkshire 9.01% (last month 9.54%), Wokingham 5.70% (last month 6.39%), but increases in all other localities; Reading 8.24% (last month 7.76%), Slough 4.51% (last month 4.35%) and Bracknell were 5.41% (last month 5.01%). CAMHS services DNA rates showed an increase to 8.45% in February 2017 (last month 7.77%).

For Mental Health, there has been some improvements with; Slough 8.48% (last month 8.85%), WAM 5.26% (last month 5.97%), Bracknell 6.80% (last month 7.70%), Reading 7.94% (last month 9.06%), and West Berkshire 6.36% (last month 6.65%) There was a slight worsening in Wokingham at 4.81% (last month 3.93%). SMS text messaging can be used for reminders for appointments which take place in clinics provided that a mobile number is collected and entered into RiO in the correct format. In February 2017, 17,622 text messages were sent.

CHS Inpatient Average Length of Stay – has increased from 28 days to 30 days which is above target, with Wokingham at 33 days and West Berkshire at 37 days, the only areas above target. Delayed transfers have an adverse impact on length of stay. By ward 38% of occupied bed days were blocked in Reading, 10% in Windsor and Maidenhead, 15.5% in Wokingham, 12.2% West Berkshire, and 5.2% at Slough. A total of 60 patient discharges were delayed in February 2017 with a split in the agency responsible as follows: 28 awaiting social care, 21 were awaiting further NHS care and 9 were waiting joint funding/placement, for 2 others the agency is not clear. 13 clients are awaiting further non acute NHS Care.

CHS Occupancy – is at 84% overall a 3% reduction on January 2017.

Mental Health Acute Occupancy excluding home leave remained at 94% in February 2017.

The Average Length of Stay for Mental Health (reduced from 39 days in January 2017 to 35 days in February 2017) and the acute snapshot length of stay (increased to 56 days) were above target. There are a number of clients who have accommodation needs for which funding must be obtained and placements sought before they can be discharged from the ward. At 16th March 2017 there were a total of 21 clients on acute wards (a decrease from 28 from last month regarded as delays with the majority regarded as requiring a specialist placement or accommodation); 12 of which have been confirmed as delayed discharges and a further 9 are classed as potential delays due to accommodation issues. Including the potential delays by locality, there were 5 delays for Bracknell, 4 each for Reading and West Berkshire, 3 each for Slough and Wokingham and 2 for WAM. Including potential delays by ward there are 7 on Daisy Ward, 6 on Snowdrop Ward, 5 on Bluebell Ward, 4 on Rose Ward and 1 on Sorrell Ward.

An additional metric on bed occupancy by locality has been included and work has been developed to facilitate localities managing their allocation of beds and out of area placements. WAM, West Berkshire and Slough were above target.

The Trust is running a bed optimisation programme which has looked at the procedures around admissions particularly in relation to the purpose of admission, with reviews taking place each day of admissions to Prospect Park from each locality. This included from gatekeeping prior to admission, using alternatives to admission such as Yew Tree Lodge, to the involvement of localities in discharge planning.

At the 16th March 2017 there were a total of 7 out of area placement (OAPs) clients, all of which required an adult acute mental health bed. For the national return there were 5 OAPs in February 2017. NHS England have asked CCGs to reduce OAPs spends by Quarter 4 2016/17 with a view to elimination by 2020/21 as per the requirements of the 5 Year Forward View.

Older Adults Mental Health wards length of stay is 26 days for Rowan Ward and 39 days for Orchid Ward for clients discharged.

MH Readmission rates – remained at 6% in February 2017, this is slight increase on the 5% in January 2017, but below target and the 2015/16 benchmarking figure of 8.8%.

CAMHS – A separate paper with an action plan was produced for the February 2017 Finance Risk and Performance Committee.

Learning Disability – Benchmarking data collection has been submitted and a toolkit for validation was issued on 16th January 2016, this was reviewed with the Head of Service and no changes were made to submissions. The reports are scheduled to be released at the end of March 2017.

Community Services benchmarking – a separate paper has been produced for the Finance, Performance and Risk Executive Committee held on 27th March 2017.

Mental Health Benchmarking – the content of the 2016/17 benchmarking exercise was discussed at a Benchmarking Reference Group meeting on 24th March 2017.

Clustering – remains at 87% compliant which is below the 95% target. With the exception of IMPACT (98.4%) and Psychotherapy (100%) all services are below target with Common Point of Entry 65.6% (134 out of 157 clients clustered) and Eating Disorders at 62.4% (193 out of 309 clients clustered in date), Older Adult Liaison 69.1% (78 out of 92 clients clustered) amongst the lowest compliance levels. Trauma services have improved from 79.7% to 89.3%. Focus is on ensuring that services not only change the date of the cluster but rather look at underlying scores covering the type and level of needs that determine the cluster allocation (“red rules”) and ensure that staff assign clusters appropriately; compliance against the red rules has remained at 90% of those clustered. A query has arisen regarding Early Intervention in Psychosis (EIP) clients who are usually in Cluster 10 initially and will be with the team for 3 years but may change cluster which is not then part of the service specification, this has been raised with the Oxford Academic Health Science network who have confirmed that EIP cases should remain on Cluster 10.

Place Of Safety - There were 29 uses in February 2017, which is a decrease of 14 from January 2017. Of the 29 uses of the place of safety, 15 were admitted following assessment including 11 under Section 2 of the Mental Health Act. 8 clients waited over 8 hours for an assessment. The reasons for the delays include bed availability, patient intoxication, availability of AMHP/assessing Doctor are the main reasons for the delays in assessments. 7 of the 29 assessments were carried out by Berkshire Healthcare NHS Foundation Trust Section 12 Doctors, with a further 4 delays not recorded. The most common time to be brought to the place of safety was between 12 midnight and 3 a.m. The most common day for detention in February 2017 was Wednesday’s with 10 detentions followed by 8 detentions on Tuesday’s.

Crisis plans – this report has been revised and shows the compliance against the new risk assessment tool introduced on 10th January 2017. Reporting has been refined to include compliance including those plans still in date.

Health visiting – The Trust has dropped to 82%, significantly below the target of 95%, with all localities in February 2017 below target. There has been long term sickness in Bracknell and Wokingham and issues with agency in Reading together with vacancies which have affected the ability to achieve the target. A new form has been built on RiO and may reflect the low compliance levels. There are reports established on Tableau which show services, those contacts which take place outside the timescale or do not apparently take place, to ask for any reason and the localities monitor this. Other reasons for non-compliance are those babies placed in Special Care Baby Units and where families move intentionally out of our catchment area for a short period (such as to stay with families) of time or where families decline the service.




System Resilience – Waiting times at Frimley North (Wexham Park) achieved 88.7% A&E 4 hour waits in February 2017 with an average of 325 attendances against a plan of 300 attendances. Compliance with the A&E 4 hour target had risen in the week however on Sunday 12th March 2017 the service achieved 74.1% clients seen within 4 hours. The average number of attendances at the Slough Walk in Centre was 101 per day against a plan of 80 attendances with Saturday 11th March 2017 having 117 attendances. The East Community Health wards had beds available throughout the month, however there was a gastroenteritis outbreak on Henry Tudor reported on 6th February 2017 and the ward was placed on restricted activity until 10th February 2017.

In the West – the Urgent Care Board papers showed that Royal Berkshire Hospital Foundation Trust is at 92.2% year to date against 95% target. In February 2017 the week commencing 5th February compliance was 82.94%. The system wide report shows capacity in our Rapid Response Teams across all West localities on 17th February 2017. In terms of inpatients there was 1 male and 3 female patient’s waiting for beds on Oakwood Unit on 17th March 2017, with 2 male beds available. There were no waiting lists for any other wards on the West. There was a Noro virus outbreak on Ascot ward in Wokingham which began on 10th February 2017 and ended on 22nd February 2017 and affected 11 patients and 4 staff and the ward was placed on restricted activity during that time.

Service Efficiency And Effectiveness Exception Report

<u>KPI</u>	<u>Target</u>	<u>February</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
CHS Inpatient: Average LoS (bed days): Number	<28 Days	30		Increase in length of stay due to delayed transfers and complexity.	Delayed transfers due to lack of onward accommodation/care packages in own home have impacted on this metric.
Mental Health: Acute Average LoS: Number	<30 Days	35		Length of stay for patients discharged is reducing. Bed optimisation project underway to look at alternatives to admission, productive stay and productive discharge.	Delayed transfers and lack of onward accommodation have impacted on this metric. In the 2015/16 NHS Benchmarking Exercise the Trust was at the national mean with an average length of stay of 33 days.

<u>KPI</u>	<u>Target</u>	<u>February</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
MH Acute Length of Stay Snapshot	<30 Days	56		This is the length of stay for patients not discharged and still in a bed on 1 st of each month.	Delayed transfers and lack of onward accommodation have impacted on this metric. In the 2015/16 NHS Benchmarking Exercise the Trust was at the national mean with an average length of stay of 33 days.
MH Acute Occupancy rate (exc. HL - by Ward/ Locality)	< 90%	94%		Slough, West Berkshire and Windsor & Maidenhead were above target.	Daily teleconference calls taking place between Inpatients and Localities.

<u>KPI</u>	<u>Target</u>	<u>February</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Health Visiting: New Birth Visits Within 14 days	95%	82%		The number of vacancies within the Health Visiting services have impacted compliance against this target.	A new assessment tool has been added to RiO, which is felt to be the reason for lower compliance levels this month than previously.
MH Crisis Plans for Clients on CPA	90%	77%		A new risk form has been in use for collection of this information since 10th January 2017.	The new form also covers a safety plan.
Clustering within target	95%	87%		There are frequent reviews required for certain clusters which mean that it is challenging to achieve the target.	Teams with high numbers of outliers are being targeted. Clustering Lead is attending the Locality Managers Business Meeting to ensure that focus is maintained.

Other Key Performance Highlights for this Section

- DNA rates reduced from 4.89% in January 2017 to 4.75% in February 2017.
- Mental Health Acute Occupancy remained at 94% in February 2017.
- Mental Health Average Length of Stay reduced from 39 days in January 2017 to 35 in February 2017.
- Mental Health Snapshot Length of stay increased from 52 days in January 2017 to 56 days in February 2017.
- CHS Length of stay increased from 28 days in January 2017 to 30 days in February 2017.
- Mental Health Non Acute Occupancy has reduced from 72% in January 2017 to 67% in February 2017.
- CHS Occupancy rates have reduced from 87% in January 2017 to 84% in February 2017.

Contractual Performance Commentary

For 2016/17 this section has been revised to provide focus and traction on contract monitoring. There have been some additional investments into Trust services and updates are as follows:

Progress on Service Development improvement plans is as follows:

- For Child And Adolescent Mental Health Services - This remains rated as green at present. East CCGs have given positive feedback on the wait time reduction for the first time. The Trust continues to be on plan for the West. The SDIP is now closed.
- For urgent response pilot - Recruitment is progressing with management & some clinical posts are in place and running. Joint Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust operational group in place and meeting on weekly basis. Formal Links with Tier 4 providers [Local and External], Tier 3 teams and duty systems, NHS England case management system in place. Audit work completed and SDIP closed.
- For Common Point of Entry- On-going discussions with Commissioners following the issuing of an Activity Query Notice by the Trust to the CCG. Our first meeting took place on the 10th February 2017 with further data to be provided by the 17th February 2017 with a clinical meeting planned for 23rd March 2017. Non Recurrent funding has been provided by both East and West for Q1 and Q2. Both Information teams met to review data and will continue to refine data collection in particular to understand “other “under referral source. There remain serious challenges to the model and scale of delivery within CPE. A clinical meeting was held on the 23rd March 2017, and a letter sent to the CCGs on 31st March 2017 advising of the clinical risk if the Trust stopped 3000-3500 referrals at source. The Trust’s Head of Contracting is to follow up with the CCGs on 4th April 2017.

The Mental Health Development Tariff Service Development Improvement Plan is rated as green. The Trust shared the proposed shadow tariff with the CSU at the Tariff and Costing meeting on the 8th September 2016. Awaiting response from CCGs.

The format for the process of using a shadow tariff is a work in progress and the group agreed that a presentation would be prepared to send to the Commissioners for approval. SDIP update to CCG went on 23rd November 2016.

Shadow tariff is going through final validation and an accompanying paper is being written to ensure external readers understand the overarching plan which is to be in alignment with national guidance to use cluster currency as part of contracting arrangements. The plan is to release details by end of Q1 2017/18.

For Minor SLA's – the programme is being revisited to reduce fiscal risk by securing a high percentage of income with signed contracts, the emphasis was changed recently to focus on value rather than an absolute number. Whilst we enjoyed some success in 2016-17 we need to have a more rigorous process for 2017-18 and attempt to get SLA's secured for more than 12 months, as many of those secured in 2016-17 are due to expire at the end of March 2017. The unsigned SLA's continue to be highlighted to the Operational Leadership Team. The financial risk whilst rated as small at this time, this may change as the fiscal challenges in the local authorities deepen.

CQUIN - There are gaps to close on the national CQUIN on Improving physical healthcare to reduce premature mortality in people with severe mental illness (cardio metabolic assessment and treatment for patients with psychosis). Issues have been raised with CCGs, who in turn are raising these with NHS England. In addition we have the changed status on indicators Local 1 and 2 to Amber for closer monitoring and improved evidencing to ensure CCG requirements are met.

The contract for the 2 year 2017-19 period was signed on 23rd December 2016. The NHS England contract was signed on 13th January 2017. There are longstop items to be resolved by the end of March 2017, and these are progressing well. The Trust is not flagging any risk at this time and most open actions sit with commissioners.

Trust Board Paper

Board Meeting Date	11 April 2017
Title	Strategy Implementation Plan 2016/17 Progress Report
Purpose	This paper provides a progress report on the implementation of the Board's strategy at the end of February 2017.
Business Area	Corporate
Author	Director of Corporate Affairs
Relevant Strategic Objectives	Supports all strategic objectives
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
SUMMARY	<p>The attached paper sets out the progress at the end of December to deliver the Trust's business strategy expressed as the 2016/17 Strategy Implementation Plan. The paper includes an exception summary report.</p> <p>The Director of Strategic Planning and Business Development is responsible for reviewing and updating the plan on a monthly basis. It is reviewed at each executive Business and Strategy meeting and is presented to the Board regularly during the course of the year.</p> <p>The Strategy Implementation Plan Progress Report at the end of February 2017 shows that good progress is being made, with most the initiatives being delivered to the expected time frames or with minor slippage.</p> <p>Initiatives which are making good progress include Priorities for Quality, our Children Young People and</p>

	<p>Families (CYPF) Service Integration programme, CAMHs Tier 3 Development, Agency and Bank Project, E-Rostering, Information Technology Roadmap (Interoperability) and Patient and Carer Engagement.</p> <p>Two areas subject to delays are around our estates programmes and developing Health and Social Care Hubs with our local authority partners, however progress continues to be made and these are expected to be delivered, in revised timeframes.</p> <p>There are two elements of the plan which will not be delivered: one activity in our annual planning cycle (overtaken by changes in the NHS England annual planning cycle), and our place in the Stonewall Top 100 Workplace Equality Index – we slipped to 122 this year.</p> <p>Slippage and delays are primarily due to factors external to the Trust, recruiting staff/changes in post-holders, and competing priorities. There are no material risks to the delivery of the main elements of the plan.</p>
<p>ACTION REQUIRED</p>	<p>The Board is asked to note the progress made against the plan, and revised target dates.</p>

Strategy Implementation Plan 2016/17

Progress Report to 28 February 2017

Author: Jenny Vaux, Director of Business Development and Strategic Planning

Director: Bev Searle, Director of Corporate Affairs

Date: 2 April 2017

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Purpose

This document has been prepared to update the Trust Board on progress to deliver the Strategy Implementation Plan 2016/17 at the end of February 2017.

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

Document Control

Version	Date	Author	Comments
1	02.04.17	Jenny Vaux	Based on progress report presented to Business and Strategy Executive on 20 March 2017.

This document is considered to be Commercial in Confidence and is therefore not to be disclosed outside of the Trust without the prior consent of the Author or a Director of the Trust.

Distribution:

All Trust Board Members

Document References

Document Title	Date	Published By
Strategy Implementation Plan 2016/17 presented to the Board	May 2016	Business Development
Business Development Strategy	May 2016	Business & Strategy Exec Trust Business Group Finance Investment & Risk Committee

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INTRODUCTION

Background

1. The Strategy Implementation Plan 2016/17 captures the key activities required over this financial year and beyond to ensure successful implementation of our strategy, and annual plan.
2. Progress reports are produced monthly for presentation to the Business and Strategy Executive. The Business and Strategy Executive also receives summary updates on all major programmes and projects through the Projects report.
3. A 'Plan on a Page' was published in April 2016 to provide our staff and key stakeholders with an accessible version of the 2015/16 Strategy Implementation Plan and to support staff with their annual Personal Development Plans and Objectives.

Reports to the Board

4. The Board received a high level summary of the changes to the 2015/16 Plan and the approved 2016/17 Strategy Implementation Plan at the May 2016 Board meeting. Progress reports were noted at the September and January meetings.

Preparation of the 2017/18 Strategy Implementation Plan

5. The 2017/18 Plan is being drafted for presentation to the April Business and Strategy Executive for approval. The 2017/18 'Plan on a Page' has been developed and published to support directorate and service planning, and staff annual appraisals.

Exception report

6. As agreed at the January meeting, the detailed Strategy Implementation Plan Progress Report is no longer included in the Board report. The exception report and narrative will continue to be presented.
7. The summary exception report provides a RAG rated overview of initiatives on a monthly basis to identify trends and highlight areas of risk. Initiatives are conservatively RAG rated in this paper. An initiative will only receive a green RAG rating if all workstreams and activity gateways are green rated in the detailed report. If there are ratings other than green, the initiative will be rated according to lowest RAG rating, to highlight areas of risk.

CHANGES TO ACTIVITIES AND DATES

8. The following initiatives have changes to their target dates since the last report in January, mostly due to external factors:
 - In the Optimising Estates programme
 - Rationalising Reading services into the Whitenights hub on the Reading University campus has two further minor delays. The design of the configuration of the building has been further delayed by 2 weeks, and the

fitting out by 1 month – to be completed by the end of October 2017 (compared to the original timeline of January 2017)

- In the West Berkshire Community Hospital build of the new renal/cancer care unit, there is a small further delay in the contractors starting work – this is expected in March; and the fit out of the first floor is delayed to July.
- Within the Information Technology Roadmap initiative and the Information Technology Architecture Strategy, the implementation of replacing our data network has been delayed for 5 months to the end of August, due to national delays in Health and Social Care Network (HSCN) procurement
- The quarter 4 report of the Sustainable Development Management Plan is delayed for 6 weeks, to mid May.

SUMMARY OF PROGRESS TO DATE

9. Good progress is being made in most areas as we move into the last month of the plan. Initiatives which are making good progress include Priorities for Quality, our Children Young People and Families (CYPF) Service Integration programme, CAMHs Tier 3 Development, Agency and Bank Project, E-Rostering, Information Technology Roadmap (Interoperability) and Patient and Carer Engagement. There are some initiatives showing minor slippage (amber ratings).
10. There are two purple rated activities (action will not be achieved) - one additional initiative to the report in January (which highlighted that the publication of a public version of our 2016/17 Operational Plan has been overtaken by the early start of the 2017-19 Operational Planning cycle). In the Embracing Diversity section, we did not achieve Stonewall Workplace Equality Index Top 100 status for 2017. However, we have undertaken a significant analysis of the feedback received about our submission and have a plan in place to submit a strong application later this year. Another factor was the improvement that other organisations made to their scores in the index while ours remained largely static. Managing the workload represented by all elements of our equality and inclusion activity has presented a challenge this year, but we have successfully recruited an Equality Human Resources Manager who will support both our Stonewall submission and our Workforce Race Equality work in 2017/18.
11. As in the January report, there are two initiatives with red rated activities (significant risk that action will not be delivered or serious delays to project being delivered):
 - Within Optimising Estates:
 - Options for Trust Headquarters is on hold while we wait new timeframes from the Bracknell Regeneration Plan
 - Sale of Craven Road and planning approval for buyer, due to the listing of the building. The Chief Operating Officer is considering options for next steps.

- Berkshire East Community Hospital review, which is led by the CCGs and NHS Property Services. We are awaiting project initiation. To some extent this initiative has been overtaken by the One Public Estate programme which is now underway.
- Within Health and Social Care Systems initiatives, the activity to develop a Health and Social Care Hub in Bracknell and Ascot has been delayed due to changes in key posts at the council. However Reading Borough Council has requested the development of an integrated hub, and we are working with them to scope plans and contractual details.

CONCLUSION

12. The Strategy Implementation Plan Progress Report at the end of February 2017 shows that good progress is being made with most of the initiatives being delivered to the expected time frames or with minor slippage. Where we have delays, particularly around our estates programmes, progress continues to be made and these are expected to be delivered, in revised timeframes. There are therefore no material risks to the delivery of the main elements of the plan.
13. Slippage and delays to delivery as we move into the last month of the plan are primarily due to factors external to the Trust, recruiting staff/changes in post-holders, and competing priorities.
14. The 2017/18 Strategy Implementation Plan is expected to be in place during April, and the 2017/18 Plan on a Page has been circulated to staff to support operational planning and staff 2017/18 Personal Development Plans and Objectives.

ACTION

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

2016/17 Strategy Implementation Plan Exception Report to 28 February 2017

INITIATIVE	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Strategic Goal 1: To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care												
PRIORITIES FOR QUALITY												
Quality Account Reporting 2015/16												
Quality Account Preparation and Reporting 2016/17												
Quality Account Delivery												
Quality Contract Schedule Delivery												
Quality Improvement Programme												
Monitor Annual Plan												
Comments: Slippage in circulation of annual plan for staff and stakeholders due to pressures on Marketing and Communication Team; now overtaken by earlier delivery of the Operational Plan 2017-19.												
DELIVERY OF CQUINS:												
Comments: CCGs have asked for more information for the quarter 3 delivery.												
OPTIMISING ESTATES												
West Berkshire Community Hospital - New Renal/Cancer Care Unit												
Reconfiguration of Prospect Park Hospital												
Options for Trust Headquarters												
Rationalise Reading Services in the hub												
Berkshire East Community Hospital Review (led by CCG and NHSPS)												
Comments: West Berkshire Community Hospital - new renal/cancer care unit: slippage on build starting - expect to commence March 2017; 1st floor designs going to tender for fit-out in March and completion end of July 2017. Options for Trust Headquarters: Awaiting new timeframe from Bracknell Regeneration Plan. Reconfiguration of Prospect Park Hospital: Options being held awaiting confirmation of commissioning intentions for CAMHs Tier 4 services. Rationalise Reading Services into the hub: Minor delays with design and fit out of Whitenights at Reading University. Decommission of Craven Road ongoing, delayed due to designation as listed building. Briefing paper prepared for COO to consider next steps.												
MENTAL HEALTH SERVICE DEVELOPMENT												
Mental Health Strategy Implementation												
Mental Health Pathways (note also SDIP and DQIP)												
Out of Area Placements (OAP)												
Effective Management of Adult Inpatient Beds at Prospect Park Hospital												
IAPT Growth Strategy Implementation												
Comments : Mental Health Pathways: Paper proposing resourcing and future direction reviewed at February Trust Business Group, being further developed.												
CHILDREN YOUNG PEOPLE AND FAMILIES (CYPF) SERVICE INTEGRATION:												
Comments:												
CAMHs DEVELOPMENT												
Tier 3 (Note also SDIP)												
Implementation of new Community CAMHs Eating Disorders Service												
Tier 4 Phase 1												
Tier 4 Phase 2												
Comments : CAMHs T4 Phase 2: Business case submitted to Trust Business Group December 2016; on hold waiting further clarification from commissioners.												
AGENCY AND BANK PROJECT												
Use of agency staff from Framework organisations												
Creation of Berkshire Healthcare staff bank												
Comments: Centralised control of medical temporary staff on pause while awaiting decision about employment of GPs working in Westcall service. We are above the target to reach 8% of paybill through framework agencies (YTD 9.67%), hampered to some degree by GP practices (divested) and Westcall.												
Strategic Goal 2: To deliver sustainable services based on sound financial management												
COST IMPROVEMENT PLANS:												
Comments: Projected to carry a £448k risk into 2017/18												
EFFICIENCY THROUGH BUSINESS TECHNOLOGY												
E-Rostering												
Comments:												
INFORMATION MANAGEMENT												
Information Technology Architecture Strategy												
Interoperability (East & West)												
Comments: Implementation of replacing our data network delayed due to national delays in Health and Social Care Network (HSCN) procurement.												
Strategic Goal 3: be the provider of choice for people who use and commission our services												
PEOPLE STRATEGY PROGRAMME												
Attraction and Retention project												
Health and Wellbeing project												
Workforce Planning project												
Organisational Development Objectives												
Comments: Attraction and Retention project: Two workstreams on hold: attracting retired nurses back to the workforce, and using financial incentives to attract staff to high priority vacancies.												

INITIATIVE	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Strategic Goal 4: To establish a comprehensive range of integrated 'out of hospital' services												
LEARNING DISABILITY (LD) STRATEGY												
LD Service Optimisation and Redesign												
Comments: Delays due to working with commissioners and partners on Transforming Care plans. Bid made for transition funding to the Transformation Fund.												
HEALTH AND SOCIAL CARE SYSTEMS INITIATIVES												
Berkshire East New Vision of Care												
Berkshire East Sustainability and Transformation Plan (Frimley Footprint)												
Berkshire West Frail Elderly Pathway												
Berkshire West Accountable Care System												
Berkshire West Sustainability and Transformation Plan (Thames Valley Footprint)												
Development of the Health Hub												
NHS111 Clinical Coordinator Hub - joint/partnership tender with SCAS												
Review of Community Nursing (note also SDIP)												
Better Care Funds (BCF) - Delivery of BCF funded Berkshire Healthcare initiatives												
Comments:												
Development of the Health Hub: Changes in key posts in Bracknell Forest council have resulted in delays. Reading Borough Council have requested the development of an integrated hub.												
Review of Community Nursing: Berkshire West project delayed with discussions with commissioners on-going.												
Better Care Funds: note that reports are not received on this initiative. There is an assumption that we are delivering on targets.												
Strategic Goal 5: To work with our partners to play our part in developing caring and compassionate communities												
EMBRACING DIVERSITY												
Equality Delivery System (EDS) Priorities												
Equality and Inclusion Strategy 2016-20												
Maintain Top 100 ranking in Stonewall work place equality index												
Time to Change - Phase 3												
Implementation of the Workforce Race Equality Standard and EDS 2 objectives												
Comments: Top 100 Stonewall Workplace Equality Index not achieved this year. Actions underway to improve in this year's submission.												
PATIENT AND CARER ENGAGEMENT												
Hearing the Patient Voice												
Carers' Strategy												
Comments:												
SUSTAINABLE DEVELOPMENT												
Sustainable Development Management Plan												
Strategy for the Health and Care System 2014 - 2020												
Notes: Sustainable Development Management Plan: Quarter 4 report delayed by 6 weeks.												

12/04/SE151

Trust Board Paper

Board Meeting Date	11 April 2017
Title	Workforce Strategy – update paper
Purpose	To provide an update on the implementation of the workforce strategy approved by the December Board
Business Area	Corporate
Author	Director of Corporate Affairs.
Relevant Strategic Objectives	Supports all strategic objectives
CQC Registration/Patient Care Impacts	The creation and implementation of the Workforce Strategy will mitigate the risk to delivery of safe, good quality services represented by workforce shortages.
Resource Impacts	The strategy will support delivery of our cost improvement plans and efficient use of resources more generally. Improved workforce planning capability is a key function identified as a priority for development as part of the strategy.
Legal Implications	N/A
SUMMARY	<p>The attached update provides a Workforce Strategy Plan on a Page as requested in December by the Board.</p> <p>Progress on the implementation of the various initiatives described in the December paper is provided under the headings adopted in the Plan on a Page, namely:</p> <ul style="list-style-type: none"> • Planning and meeting demand sustainably • Developing and promoting an authentic employer brand to maximise recruitment • Growing our own workforce • Building our strategic workforce planning

	<p>capability</p> <p>The paper seeks to address the specific question, what impact can be expected from the workforce strategies?</p> <p>Reflecting the lack of change in the workforce market to improve the supply of (critical) staff, the paper highlights the likelihood of upward trends in gross vacancies, turnover and recruitment turnaround shown monthly in the Performance Assurance Framework.</p> <p>The paper also outlines the challenge in terms of securing baseline data for key metrics and predicting the likely impact of initiatives or a combination of initiatives.</p> <p>In the three months since the Workforce Strategy was approved, a number of matters have emerged which will be reflected in the detailed implementation plan. Four critical service areas with high vacancies have been identified for in-depth analysis and development and implementation of workforce plans.</p> <p>A Strategic Workforce Steering Group has been established, training in workforce planning secured, the piloting of a NHS workforce planning tool (WRaPT) confirmed, and specific Human Resources expertise engaged to support the implementation of the Workforce Strategy.</p> <p>The next steps proposed are outlined, including completion of an Equality Impact Assessment.</p>
<p>ACTION REQUIRED</p>	<p>The Board is asked to note the progress made and provide further guidance on implementation of the Workforce Strategy.</p>

The Workforce Strategy update for Trust Board, April 2017

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Introduction

The Trust Board approved the Workforce Strategy in December 2016, with minor amendments, and a request for a summary to be produced, highlighting key priorities for action.

The Trust Board also highlighted the importance of developing an understanding of the anticipated impact of planned action.

The purpose of this paper is to provide:

- A Workforce Strategy Draft Plan on a Page summary which highlights the priority actions identified to deliver our aim “a workforce with the capabilities and capacity needed to deliver great care and treatment in a financially sustainable way”
- An update on the initiatives which were described in the workforce strategy paper, and which are grouped under the broad headings of the Workforce Strategy Plan on a Page. Emphasis has been given to our priority actions for 2017 to :
 - Plan and meet demand sustainably
 - Develop and promote an authentic employer brand
 - Grow our own workforce
 - Build our strategic workforce planning capability
- The “Know our Numbers” element of the Workforce Strategy Plan on a Page is not included in this report as the key contributions of e-rostering and temporary staffing are subject to separate monitoring and reporting. However, the membership of the Workforce Strategy Steering Group ensures that independencies with priority initiatives will be addressed.
- The strategy includes work to align workforce and service models through the use of Quality Improvement Methodology and increasing digital capability. Planning for both of these elements will take place during 2017.

Anticipated Impact of the Workforce Strategy

The current position regarding turnover, recruitment turnaround and agency staff use are all reported to the Board on a regular basis as part of the performance framework. We are aiming for positive impact on all three of these measures as a result of improvements in recruitment and retention of substantive staff, achieved by implementation of the actions included within our workforce strategy. Our objectives for the Prospect Park Hospital staffing project target a 5% reduction in turnover and a vacancy level of less than 10% , and it is anticipated that workforce plans to be developed for major service areas highlighted on page 7 will target similar levels.

An important piece of work is in progress to improve our use of data to accurately understand our baseline position and predict likely impact of initiatives - this is outlined on page 8. This will be supported by other Business Intelligence developments, including the use of Tableau and Patient Level Information and Costings.

Work will also be undertaken to ensure alignment between workforce planning and our cost improvement plans, avoiding double counting of benefits and clarity of plans.

The Trust continues to operate in a challenging environment in terms of constrained resources and increased volume/ complexity of referrals. Workforce supply challenges are not improving, and although new opportunities are opening up in terms of apprenticeships, use of technology and new roles, the impact of these is modest at the moment. We do not yet know what the long term impact will be on removal of training bursaries and local housing costs are continuing to rise. Taken together, this means that a “do nothing” scenario in terms of our workforce risk is likely to increase turnover, maintain vacancies levels and compromise progress in achievement of all strategic goals. .

Workforce Strategy 2016 – 20

Draft Plan on a Page - The 6 key elements

1. Grow our own workforce

Offer attractive and structured career pathways and pay progression in critical / hard to fill roles

We will:

Develop new roles, increase apprenticeships and recruitment of recently qualified clinicians

Reduce staff turnover by investing in development and career progression

2. Develop and promote our employer brand

Promote the benefits of working for the Trust to maximise recruitment

We will:

Use our refreshed Trust website and social media to develop an authentic brand based on high levels of staff engagement and organisational performance

3. Align our workforce and service models

Optimise quality and workforce productivity

We will:

Design and deliver evidence based ways of working, supported by benchmarking, accreditation, peer review and Quality Improvement methodology.

We will develop the digital capability of our workforce.

Our aim: a workforce with the capabilities and capacity needed to provide great care and treatment in a financially sustainable way

4. Plan and meet demand sustainably

Aligning workforce capacity and capabilities with service demands

We will:

Complete and implement evidence based workforce plans for mental health & community inpatient, physical and community adult and children's services.

5. Know our numbers

Monitor, manage and improve workforce utilisation, and efficiency.

We will:

Embed e-rostering and temporary staffing best practices to manage staffing resources efficiently.

6. Build our strategic workforce planning capability

Fit for purpose processes, information and decision-making

We will:

Develop in-house expertise, draw on best practice and bring together activity, financial and staffing data to strengthen planning and monitoring.

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Update on initiatives and implementation

31st March 2017

Healthcare
from the heart of
your community

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Progress to date on growing our own workforce

The development of career pathways is increasingly seen as a way of retaining existing and attracting new staff. Three initiatives have enabled us to make progress in this area. We have also had some success in developing new roles which both provide career development opportunities and address workforce supply challenges

Development of Career Pathways and Pay Progression Structures for Band 5 & Band 6 Mental Health Nurses in Berkshire Healthcare & Oxford Health Foundation Trusts:

The Trust has selected a provider with the expertise to help develop career pathways. This work will develop the competency framework, the training, the accreditation tools and the framework for pay progression that will enable us to offer structured career development. This will help grow our own staff, retain staff and make our employment offering more attractive to potential candidates.

Experience gained to date will be shared with community physical health services to identify the potential for application in these areas as part of the development of workforce plans for community inpatient services outlined on page 6.

Development of new roles

Advanced Nurse Practitioner roles, Therapy Assistant, new Band 4 and 6 roles at PPH, Nursery Nurse roles in our Children's services are all examples of roles that have been developed to provide career development and address workforce supply challenges.

A selection of these roles will be featured at our Trust Leaders and Managers Forum to encourage further developments.

We will also consider the potential establishment of an Approved Clinician role (trained and approved to carry out mental health act responsibilities of medical staff) as part of our PPH Staffing Project.

Recruiting apprentices – clinical and non-clinical

We have been successful in filling 84 of our 90 apprenticeship vacancies. These were a mixture of clinical and non-clinical roles. The level of success was exceptional and noted by Health Education Thames Valley.

Our next steps will be to share the lessons to be learned from the approach with other recruitment campaigns.

Optimising appointment of our final year nursing students into substantive posts

Recruitment events have been run for final year nursing students (including mental health, adult and learning disability students in January. 47 final year students took part and feedback was very positive. 10 interview panels interviewed 32 students and verbal offers were made for 16 nurses. This is being followed up by written job offers and ongoing contact with those **who have accepted an offer, to sustain their commitment to joining the Trust.** There was interest during the day from students for rotational posts to be developed, and we will follow this up to assess the likely impact in terms of increased recruitment and retention.

This approach will be developed further to maximise recruitment of our students, and we will look for opportunities to enhance the experience of our students at all stages of their training.

Progress to date on development and promotion of our employer brand

This initiative is focussed on promoting the benefits of working for the Trust to maximise recruitment. We will improve the effectiveness of our Trust website pages; to increase people's awareness of us as a great place to work and to develop an attractive offer for Berkshire based foreign qualified nurses those in unregistered roles. The improved website pages will be the platform for reaching a wider pool of candidates through other social media like LinkedIn, Facebook and twitter.

Recruiting local non-UK qualified nurses

It is estimated (through the CCG led programme) that there are about 80 foreign qualified nurses in Berkshire working in non-registered healthcare roles.

Within Berkshire Healthcare, we identified 6 of our own staff working in non-registered nursing roles and who have nursing qualifications from abroad. With our support they are going through the necessary steps to acquire a UK nursing qualification. The aim is that we have identified posts for them in the Trust by the end of April 2017 and agreed the training plans required to complete their registration with the Nursing and Midwifery Council (NMC).

This will provide practical experience of what is involved in recruiting from the larger pool of foreign nurses identified by an East Berkshire CCG initiative which also includes English language training.

Attending Job fairs and recruitment days:

In January, we attended the Adult Nursing Career Day for third year students at the Swindon Campus of Oxford Brookes University. We registered 19 student nurses, and local managers are following up to maximise the likelihood of their taking up permanent posts with us

In February, we attended a job fair in the University of West London. About 60 students showed an interest in hearing more about our recruitment events and provided contact details. N.B Students who had had offers from us through the PPH recruitment day were also attending this event.

In March, we are planning to attend King's Nursing & Midwifery Careers Fair covering adults and mental health student nurses. In June will host the Berkshire RCN Student Nurses conference in Reading.

Developing content for the “Work for us” section of the Trust website:

The structure and the content for 'work for us / join us' pages was developed and agreed and signed off on 31st of January by the Deputy Director of Nursing, Locality Director for Reading, the Head of Allied Health Professionals, Listening to Action Lead, Temporary Staffing Manager and Recruitment and Administrative HR Manager.

Website pages were tested with staff on 24th March.

We recognise the importance of our website as an organisational “front door” and that the largest group of visitors to the website are prospective staff. We will continue to develop our website content and regularly seek feedback on how it is perceived and use data about website activity to inform further work.

Progress to date on planning and meeting demand sustainably

Our Workforce Strategy highlighted the need to develop plans to address high levels of vacancies being experienced in key service areas, where traditional approaches to recruitment of staff were not achieving required results. Some of these areas also experience high levels of turnover indicating the need to develop new approaches. Our aim is to develop fit for purpose demand and supply modelling to inform evidenced based workforce plans. We have identified a number of major / critical services with the greatest staffing challenges for an in-depth review of the workforce, followed by development and implementation of workforce plans.

Prospect Park Hospital – Staffing Project

This project has been established as part of the PPH Development Programme. Our initial targets are to reduce turnover by 5% and achieve vacancy levels of less than 10%. A targeted set of actions were implemented in response to high levels of Band 5 vacancies and a range of issues identified by analysis of data and engagement with staff:

- Creation of new Band 4 and Band 6 Nursing roles.
- Resolving specific issues e.g. additional responsibility payments, long day shifts and relocation expenses.
- Establishing a careers advisory clinic.
- A structured approach to recruitment of students
- Developing staff communications and engagement and highlighting positive achievements of staff.

Between the commencement of the project in November 2016 and progress review in mid-March, 38 staff have been recruited, turnover has reduced and very positive feedback received from staff about the changes. We are now incorporating actions to address medical staffing issues, to review our skill mix and implement structured “group” recruitment,

Community Inpatients (West) Region

An initial workshop has been held to inform a recruitment and retention action plan and a number of “quick wins” as well as medium term solutions were identified. Next steps include confirmation of specific targets and detailed implementation planning.

Community Nursing

A project group has been established to address the significant recruitment challenges in some localities. A similar approach is being taken to that established for the PPH Staffing Project, using a “rapid improvement” structure and engagement of staff in the development of solutions. At present, our staff are prioritising increased recruitment efforts and incentives as opposed to a change of skill mix. However, the project is in relatively early stages, with specific action planning in progress.

Alongside this, a **review of East Berkshire Community Nursing Services** has been undertaken and a report compiled to meet the requirements of the Service Development and Improvement Plan agreed with commissioners. (A similar report has been provided in Berkshire West commissioners.) The outcomes of this work provide the preparation for the main part of the review in Phase 2 that will inform the future service model

Community Mental Health Services

Work is now being undertaken to analyse the workforce implications of our mental health pathways. This will be considered alongside vacancy and turnover information to inform workforce plans and priority actions, drawing on lessons learned from the PPH, Community Inpatients and Community Nursing work currently underway

Children's Services

A well-established development programme is currently in progress and the programme board will be asked to recommend appropriate workforce targets and any associated action required.

Progress on building our strategic workforce capability

We are developing our in-house expertise, drawing on best practice and bringing together activity, financial and staffing data to strengthen our planning and monitoring capability. We have also established leadership and governance arrangements to ensure robust monitoring and reporting of progress.

Identifying workforce planning tools to support internal and systems change.

The Trust gained sponsorship from Health Education Thames Valley / Berkshire, Oxfordshire and Buckinghamshire STP to undertake training in the use of the NHS developed workforce planning tool - WRaPT (Workforce Repository and Planning Tool). WRaPT is a strategic workforce planning tool for health and social care. that enables the collection, analysis and modelling of workforce information from providers across the whole health and social care economy. The training will be piloted in the Reading Community Nursing Service. Those being trained include senior managers in finance, HR and workforce information who will support a wider roll-out subject to analysis of benefits secured.

Building a Berkshire Healthcare Vacancy Report

Work is in progress to address the challenges inherent in obtaining regular and accurate vacancy information. A multi-disciplinary team (Resourcing and Retention, Financial Transformations, Systems Development, Recruitment Administration and Temporary Staffing) have combined to investigate the issues and solutions. We are currently researching how other trusts work to collect data for their vacancy reports – particularly where they have used ESR to provide the answer. This work is being used to support the PPH Staffing Project which has used a combination of ESR, finance and temporary staffing reports to inform development of targets and progress monitoring

Establishing a strategic workforce steering group

This group is being established to take responsibility for implementation of the workforce strategy. It will also support monitoring and mitigation of the workforce risk included in our Trust Board Assurance Framework. A multidisciplinary delivery team including learning and development, human resources, operational and clinical leads will ensure effective engagement of subject matter experts, alignment of internal and external projects and avoid duplication of effort. Membership of both groups will ensure effective communication between interdependent initiatives – particularly temporary staffing, organisational development and leadership and equality and inclusion.

Building In-house capability

A Head of Resourcing and Retention post has been established and recruited to, and this is enabling the provision of specialist advice to support our Workforce Strategy implementation. Additional capacity will be provided by the Recruitment and Retention Manager which we are seeking to recruit as a matter of urgency.

With advice from the University of West London, we identified training for 3 Workforce Steering Group members who completed a workforce planning course in February. Consideration will now be given to the potential return on investment for training additional staff via this course which is suitable for Heads of Services and their senior teams.

Next Steps

- Confirmation and communication of the Workforce Strategy Plan on a Page.
- Complete the Equality Impact Assessment for our Workforce Strategy, for approval by the Diversity Steering Group.
- Completion of the Workforce Strategy Implementation Plan, building on the high level plan included within the approved Workforce Strategy. This will include confirmation of the timescales and scope of in-depth reviews and completion of workforce plans for identified services.
- Confirm the opportunity available through the use of our Electronic Staff Record to provide vacancy information in a timely, effective and efficient way, analysing the contribution of other data sources to our understanding. We will work with other organisations to identify examples of best practice to inform our approach.
- Assess the alignment between the Workforce Strategy activities and our Quality Improvement Programme to understand what amendments may be required, and also identify activities required for development of digital capability (including the workforce implications of the global digital exemplar status that the Trust was recently successful in securing).
- Through the strategic workforce steering group, establish a central library of information to share learning and good practice across the organisation.
- Maximise the benefit of the commencement in post of the Recruitment and Retention Manager, prioritising evidence-based activities to improve performance.

Trust Board Paper

Board Meeting Date	11 April 2017
Title	Use of Trust Seal
Purpose	This paper notifies the Board of use of the Trust Seal
Business Area	Corporate
Author	Director of Finance, Performance & Information
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Compliance with Standing Orders
SUMMARY	<p>The Trust's Seal was affixed documents relating to the Renal Unit at West Berkshire Community Hospital as follows:</p> <ul style="list-style-type: none"> • Deed of surrender of part of Underlease and deed of variation of Underlease • Deed of covenant relating to grant agreements for a new facility (including a Renal Unit and Cancer Care Unit) at West Berkshire Community Hospital • Agreement for the grant of a lease of Renal Dialysis Unit, Ground Floor, West Berkshire Community Hospital
ACTION	To note the update.