

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING HELD IN PUBLIC

10:00am on Tuesday 13 December 2016
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 08 November 2016	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.1	Quality Board Visit - Talking Therapies (Improving Access to Psychological Therapies) at Wokingham Hospital	Helen Mackenzie, Director of Nursing and Governance	Enc.
6.2	"Guardians of Safe Working" - Implementation Report	Minoo Irani, Medical Director	Enc.
6.3	Senior Clinical Leadership Programme Update Report	Minoo Irani, Medical Director	Enc.
6.4	Quality Assurance Committee Meeting – 14 November 2016	Ruth Lysons, Chair of the Quality Assurance Committee	Enc.
EXECUTIVE UPDATE			
7.	Executive Report	Julian Emms, Chief Executive	Enc.
PERFORMANCE			
8.1	Month 07 2016/17 Finance Report	Alex Gild, Director of Finance, Performance and Information	Enc.
8.2	Month 07 2016/17 Performance Report	Alex Gild, Director of Finance, Performance and Information	Enc.
8.3	Finance, Investment & Performance Committee – 30 November 2016	Mark Lejman, Chair of the Finance, Investment and Performance Committee	Verbal
STRATEGY			
9.1	Mental Health Strategy	Bev Searle, Director of Corporate Affairs	Enc.
9.2	Workforce Development Strategy	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	External Audit Letter	Alex Gild, Director of Finance, Performance and Information	Enc.
10.3	Revised Programme of Meetings 2017	Martin Earwicker, Chair	Enc.
Closing Business			
11.	Any Other Business	Martin Earwicker, Chair	Verbal
12.	Date of the Next Public Trust Board Meeting – 14 February 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 8 November 2016

Boardroom, Fitzwilliam House

Present:

John Hedger	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

16/293	Welcome (agenda item 1)
	John Hedger, Chair welcomed everyone to the meeting, including the Governors: Tom Lake, Public Governor, Amanda Mollett, Staff Governor and Ali Melabie, Appointed Governor. The Chair also welcomed Ramnik Saund, former Non-Executive Director and Dr Jenny Chopra, Community Paediatrician Registrar.
16/294	Apologies (agenda item 2)
	There were no apologies.
16/295	Declaration of Any Other Business (agenda item 3)
	There was no other business declared.
16/296	Declarations of Interest (agenda item 4)
	i. Amendments to Register - none declared.
	ii. Agenda Items – none declared
16/297	Minutes of the previous meeting – 11 October 2016 (agenda item 5.1)

	<p>The Minutes of the Board meeting held in public on Tuesday 11th October 2016 were approved.</p>
16/298	<p>Action Log and Matters Arising (agenda item 5.2)</p>
	<p>The schedule of actions had been circulated.</p> <p>The Trust Board: noted the schedule of actions.</p> <p>Matter Arising – Slough Walk In Centre (page 6 of the agenda pack)</p> <p>David Buckle, Non-Executive Director said that he would be happy to participate in the mock Care Quality Commission inspection of the Slough Walk In Centre. The Director of Nursing and Governance thanked Dr Buckle for his offer of help.</p>
16/299	<p>Quality Board Visit Report – Henry Tudor Ward, St Mark’s Hospital (agenda item 6.1)</p>
	<p>The Medical Director reported that Henry Tudor Ward was a community rehabilitation inpatient ward based at St Mark’s Hospital in Maidenhead. The Medical Director reported that during his visit he had talked to both staff and patients and that his overall impressions of the ward were very positive.</p> <p>Chris Fisher, Non-Executive Director said that he had recently conducted a 15 steps visit to Henry Tudor Ward and said that he supported the Medical Director’s view.</p> <p>Ruth Lysons, Non-Executive Director referred to the Performance Assurance Framework (agenda item 8.2) which reported that 12 falls had occurred on Henry Tudor Ward in September and asked whether the Medical Director had discussed this with staff. The Medical Director said that he had not specifically raised the issue of falls as his visit was during August (ie before the spike in the number of falls) but had observed that patients were colour coded according to their risk assessment for falls.</p> <p>The Director of Nursing and Governance said that staff on Henry Tudor Ward were fully engaged in the falls prevention work and because this was a rehabilitation ward, it was not surprising that falls occurred. The Director of Nursing and Governance said that none of the falls had resulted in a fracture. It was also noted that 8 out of the 12 falls involved staff placing patients safely onto the floor.</p> <p>The Trust Board: thanked the Medical Director for sharing his reflections about his Quality Board visit to Henry Tudor Ward.</p>
16/300	<p>Patient Experience Quarter 2 Report (agenda item 6.2)</p>
	<p>The Director of Nursing and Governance presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • The formal complaint response rate, including those within a timescale re-negotiated with complainants was 100% for the last seven continuous months which was exceptional performance; • Just below 92% of patients had rated the Trust’s services as good or better in the Trust’s internal patient survey. <p>The Chair commented that Reading Community Mental Health Team had received more complaints than other locality Community Mental Health Teams. The Director of Nursing</p>

and Governance said that she had asked the Reading Clinical Director to review the upheld or partially upheld complaints in more detail to see if there were any emerging trends which needed to be addressed.

David Buckle, Non-Executive Director said that it was a useful report and asked what steps the Trust was taking to encourage more patient feedback.

The Director of Nursing and Governance said that the Trust was reviewing the Friends and Family Test process because it had come to light that many Trusts only asked patients on discharge to complete the Friends and Family Test, whilst the Trust invited patients to complete the Friends and Family Test at each individual attendance and this made benchmarking with other Trusts more difficult.

Ruth Lysons, Non-Executive Director asked about the Trust's engagement with Healthwatch and noted that the Patient Engagement and Experience Team held a meeting every three months with Healthwatch.

The Director of Nursing and Governance said that each local authority area had its own Healthwatch and the quarterly meeting with the Patient Engagement and Experience Team provided an opportunity for the six local Healthwatch organisations to come together and for the Trust to provide updates on patient experience and incidents.

The Director of Nursing and Governance commented that Healthwatch was a relatively new organisations and that locally it was now embedding itself and was becoming more influential as well as providing valuable insights and perspectives on patient experience.

Chris Fisher, Non-Executive Director referred to table 8 of the report and said that it was disappointing in the National GP Survey that only 70% had responded positively about the helpfulness of Receptionists at the Slough Walk-In Centre compared with the national average of 87%.

The Director of Nursing and Governance agreed that the score was disappointing but said that the score had improved from the last survey and said that the Trust was addressing a number of issues as part of the improvement plan developed following the Care Quality Commission Inspection which had rated the service as "requires improvement".

The Chief Executive said that he personally signed all complaint letters and recently there had been a number of complaints which covered a wide range of issues, such as Social Care and funding for placements for which the Trust did not have responsibility but was being asked by the complainant to act as their advocate. The Chief Executive asked whether it would be possible to distinguish these complaints from complaints relating to the Trust's services.

Action: Director of Nursing and Governance

Mehmuda Mian, Non-Executive Director referred to section 1.4 of the report relating to MP enquiries and asked in addition to responding to MPs' enquiries whether the Trust had any other engagement with its local MPs. The Chief Executive said he had regular discussions with local MPs about a range of issues.

The Chair said that a key complaint theme was lapses in communication and asked how this was being addressed. The Chief Executive said that the Trust now recorded telephone conversations and that this was proving to be useful both in terms of identifying exceptional practice and in identifying areas for improvement.

Mehmuda Mian, Non-Executive Director asked whether people who had complained were

	<p>asked to participate in staff training sessions. The Director of Nursing and Governance confirmed that this was the case.</p> <p>On behalf of the Trust Board, the Chair agreed to write to the Patient Experience Team to congratulate them on achieving a complaint response rate of 100% for the last seven months.</p> <p style="text-align: right;">Action: Chair</p> <p>The Trust Board: noted the report.</p>
16/301	<p>Research and Development Annual Report (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 Trust received funding for research via the National Institute for Health Research Clinical Research Network to enable the organisation to participate in high quality research which would be of benefit to patients, NHS staff and the public and which would add value to clinical practice and contribute to the evidence base. • Although the Trust did not yet sponsor any major clinical trials, it acted as a participating site for studies sponsored by other organisations or commercial companies. • The Trust was now collaborating with the University of Reading and the Royal Berkshire NHS Foundation Trust to promote and facilitate ‘home-grown’ research through the development of a clinical trials unit. <p>David Buckle, Non-Executive Director said that he supported the Trust’s involvement in research but commented that this was outside of the Trust’s core service and asked how the Trust measured the value of research both in terms of financial gain and outcomes.</p> <p>The Medical Director said that the Trust did not generate income from research and that the value was mainly around contributing to the evidence base and in terms of individual clinician’s development and the benefits of a research active culture in attracting high calibre staff to the Trust.</p> <p>Ruth Lysons, Non-Executive Director suggested that research linked to the Trust’s Research Strategy could be added to the criteria for Clinical Excellence Awards.</p> <p><i>(Post-meeting note: the Medical Director has confirmed that the Trust uses the nationally approved Clinical Excellence Awards Scheme Application Form which has Domain 4 (contributing to the NHS through research and innovation) weighted equally to the other 4 domains).</i></p> <p>David Buckle, Non-Executive Director asked the Medical Director to consider whether it would be helpful for the Trust Board to receive an update about the work of the Academic Health Science Network (AHSN).</p> <p style="text-align: right;">Action: Medical Director</p> <p>Post-meeting note: the Medical Director reported that he had engaged with the Oxford AHSN after his substantive appointment in July 2016. A paper summarising the AHSN work and achievements will be submitted to the Trust Board in the Spring of 2017.</p> <p>Ruth Lysons, Non-Executive Director asked whether it could be made mandatory for researchers to give presentations about their studies at the monthly Research Club held at Prospect Park Hospital.</p>

	<p>The Medical Director said that researchers were encouraged to attend the Research Club to discuss their research but could not be mandated to give research presentations. However, the dissemination of research findings was mandatory.</p> <p>The Trust Board: noted the report.</p>
16/302	<p>Executive Report (agenda item 7)</p>
	<p>The Executive Report had been circulated. The following issues were discussed further:</p> <p>Care Quality Commission The Director of Nursing and Governance reported that since the report was written, the Care Quality Commission had confirmed that they would be re-inspecting the three services (Learning Disability Inpatient wards, Berkshire Adolescent Unit and Older People's Mental Health Inpatient wards) which had received compliance actions on 13-16 December 2016.</p> <p>Flu Vaccination Campaign The Director of Nursing and Governance reported that 50% of clinical staff had now received the flu vaccination. A further 640 clinical staff were required to be vaccinated if the Trust was to achieve the 75% target needed to be eligible for the NHS CQUIN monies.</p> <p>Mark Day, Non-Executive Director reported that he had attended the Trust Induction Day which included a session about the flu vaccination and commented that he was surprised at the level of myths about the flu vaccination.</p> <p>The Director of Nursing and Governance said that the Trust used a variety of media to dispel any myths and to encourage take-up of the vaccine, including podcasts and articles in Teamnet.</p> <p>Temporary Staffing (including Agency and Bank Staff) The Director of Nursing and Governance reported that the full options appraisal in relation to how medical temporary staffing shifts were recorded under the NHS Improvement rules was not yet completed.</p> <p>The Director of Nursing and Governance reported that NHS Improvement had written to Trusts on 26 October 2016 stating that the price cap calculation with the agency rules must be inclusive of any agency processing and invoicing charge that NHS Partners charged the Trust. NHS Partners charged the Trust 70p per hour per shift per agency member of staff, so that cost will need to be added into the overall calculation of the maximum hourly rate. This would result in the Trust breaching the price cap rates approximately 90% of all shifts booked.</p> <p>Shadow Segmentation of NHS Provider Trusts The Chair said that it was pleasing that the Trust was only one of the 35 Trusts (15%) placed in NHS Improvement's Segment 1 of Trusts who were afforded the maximum level of autonomy. It was noted that Segment 1 Trusts were expected to provide support to Trusts who were performing less well.</p> <p>The Chair said that it was proposed that the Trust Board delegated responsibility for completing NHS Improvement's self-certification on agency staff to the Finance, Investment and Performance Committee.</p> <p style="text-align: right;">Action: Chair, Finance, Investment and Performance Committee</p> <p>The Trust Board:</p>

	<ul style="list-style-type: none"> a) Noted the report; and b) Agreed that the Finance, Investment and Performance Committee would review and approve the self-certification at their meeting on 30 November 2016 on behalf of the Trust Board.
16/303	Month 06 2016-17 Finance Report (agenda item 8.1)
	<p>The Director of Finance, Performance and Information presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • The Trust had delivered the control target in Quarter 2 and would therefore be eligible to receive transformation and sustainability funding. • The high volume of out of area placements during Quarter meant that the Trust had used reserves in order to secure the control target. • The cash position at month 6 was in line the financial plan. <p>The Trust Board noted: the following summary of financial performance and results for Month 06 2016/17 (September 2016):</p> <p>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.</p> <p>Year to Date (Use of Resource) metric:</p> <ul style="list-style-type: none"> • Rating 2 (plan 2) <ul style="list-style-type: none"> ○ Capital Service Cover 2.17 (rating 2) ○ Liquidity metric 1.48 (rating 1) ○ Income and Expenditure Margin 0.20% (rating 2) ○ Income and Expenditure Variance -0.01% (rating 1) ○ Agency Ceiling Variance 18.84% (rating 2) <p>Year to Date income and expenditure (including sustainability and transformation funding):</p> <ul style="list-style-type: none"> • Plan: £215k net surplus • Actual: £208k net surplus • Variance: -£7k adverse <p>Month 06: -£29k deficit (including sustainability and transformation funding) +£20k variance from plan:</p> <p>Key variances:</p> <ul style="list-style-type: none"> • Psychiatric Intensive Care Unit/Acute overspill: -£234k; - 24 acute placements were required in month due to bed pressures; • Learning Disability In-patients: -£68k net pay spend due to vacancies, management support and additional cover required; • Mental Health Inpatients: -£66k – net pay spend in month largely due to vacancy cover and observations; • Children’s Services: +£220k – due to vacancies across Children’s Services, including £133k in Health Visitors. <p>The in-month underlying position, excluding sustainability and transformation funding is: £120k deficit.</p>

	<p>To offset the high cost of overspill beds, £190k provision was released into the month's position.</p> <p>Cash: Month 06: £17.6m (plan £17.9m)</p> <p>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.</p> <p>Capital expenditure: Month 06: £1.3m (plan £1.2m)</p> <p>The small variance was due to low value items not included in the re-profiled plan.</p>
16/304	Month 06 2016/17 Performance Report (agenda item 8.2)
	<p>The Month 06 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”, “service efficiency and effectiveness” and “contractual” performance indicator groupings were rated as “amber”. <p>Mehmuda Mian, Non-Executive Director said that she had attended a recent event about ways of reducing stress related sickness. The Director of Corporate Affairs agreed to discuss any learning from the event with Ms Mian outside of the meeting.</p> <p style="text-align: right;">Action: Director of Corporate Affairs</p> <p>Chris Fisher, Non-Executive Director referred to the upward trend in the number of assaults on staff and asked whether this reflected the particular acuity of the current cohort of patients. The Chief Operating Officer said that it was important to note that the assaults were rated as “low”. The Chief Executive said that the Trust was closely monitoring the number of assaults on staff but it was too early to draw out any conclusions.</p> <p>The Trust Board: noted the month 06 2016/17 Trust performance report.</p>
16/305	Finance, Investment and Performance Committee – 26 October 2016 (agenda item 8.3)
	<p>Mark Lejman, Chair of the Finance, Investment and Performance Committee reported that the Finance, Investment and Performance Committee meeting on 26 October 2016 had discussed the requirement to use reserves in order to meet the control target for Quarter 2.</p> <p>It was noted that the Committee had received a briefing from the Chief Operating Officer on the Bed Optimisation Project which aimed at reducing mental health in-patient bed occupancy. Mr Lejman reported that the Committee had been assured about the plans that had been put in place.</p> <p>The Chair thanked the Chair of the Finance, Investment and Performance Committee for his update.</p>
16/306	Audit Committee Meeting on 26 October 2016 and Changes to the Audit Committee's Terms of Reference (agenda item 9.1)
	<p>Audit Committee Minutes</p> <p>Chris Fisher, Chair of the Audit Committee reported that the Committee had planned to do a deep dive review of workforce challenges but this had been taken off the agenda in view</p>

	<p>of the new Workforce Strategy which would be discussed at the In Committee meeting later today.</p> <p>Mr Fisher reported that the Committee had discussed the proposed changes to the Board Assurance Framework which were agreed at the Trust Board Away Day on 12 October 2016. Mr Fisher reported that the Trust's Internal and External Auditors had welcomed making the Board Assurance Framework more strategic.</p> <p>It was noted that the Committee had approved the Quarter 2 submission to NHS Improvement on behalf of the Trust Board.</p> <p>Mr Fisher reported that the Committee had received six internal audit reports which were all rated amber/green (reasonable assurance) with the exception of Bed Management which was rated amber/red (partial assurance).</p> <p>Terms of Reference Chris Fisher reported that the Committee was proposing a number of minor changes to the terms of reference (highlighted in red tracked changes).</p> <p>The Trust Board considered the proposed changes to the Terms of Reference and made the following additional amendments:</p> <ul style="list-style-type: none"> • Section 4.1 - In attendance at Meetings – the list of Executive Directors to be deleted with the exception of the Director of Finance, Performance and Information. • Section 6.2 – the word “monitoring” to be replaced with “provide assurance”. <p>The Company Secretary agreed to update the Committee's Terms of Reference to reflect the Trust Board's comments.</p> <p style="text-align: right;">Action: Company Secretary</p> <p>The Chair thanked Mr Fisher for his update.</p> <p>The Trust Board: Approved the changes to the Audit Committee's Terms of Reference as highlighted in red on pages 153-158 of the agenda pack and the additional amendments as set out above.</p>
16/307	Council of Governors – Update (agenda item 9.2)
	The Chair reminded everyone that there was a Joint Trust Board and Council of Governors meeting on 22 November 2016.
16/308	Any Other Business – Tribute to the Trust Chair (agenda item 10)
	<p>The Chief Executive reported that John Hedger, Chair would be retiring from his position as Chair on 30 November 2016.</p> <p>On behalf of the Trust Board, the Chief Executive paid tribute to Mr Hedger who had been in office for the last seven years and had played a pivotal role in the work of the Trust, including the merger of mental health and community services and more recently, achieving a “good” Care Quality Commission inspection rating and a positive external Well-Led Review outcome.</p> <p>The Chair thanked the Chief Executive for his warm words and said that being the Chair had been the most challenging and satisfying period of his working life.</p>
	The Chair concluded the meeting and thanked the observers for attending.

16/309	Date of Next Meeting (agenda item 12)
	14 December October 2016
16/310	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 08 November 2016.

Signed..... Date.....
(Martin Earwicker, Chair)

DRAFT

BOARD OF DIRECTORS MEETING: 13/12/2016

Board Meeting Matters Arising Log – 2016 – Public Meetings

Key:

Green – completed

Unshaded – not due yet

Red - overdue

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
13.09.16	16/240AB	Equality Benchmarks and Performance Report and Workforce Race Equality Standard	A summary of the Trust's equalities and diversity work to be presented to a future meeting of the Trust Board.	10.01.17	DT	
08.11.16	16/300	Patient Experience Quarter 2 Report	The Director of Nursing and Governance to review whether it was possible to distinguish complaints which related to issues outside of BHFT's remit.	13.12.16	HM	It is possible to distinguish complaints which relate mainly to other

						organisations but upon review, there were only a few complaints which fell into this category.
08.11.16	16/300	Patient Experience Quarter 2 Report	The Patient Engagement and Experience Team to be congratulated on their complaint response performance.	13.12.16	JH	Completed
08.11.16	16/301	Research and Development Annual Report	The Medical Director to consider when it would be useful for the Trust Board to receive an update about the work of the Academic Health Science Network.	Spring 2017	MI	A paper summarising the AHSN work and achievements will be submitted to the Trust Board in the Spring of 2017.
08.11.16	16/304	Performance Report	The Director of Corporate Affairs to discuss any learning with Mehmuda Mian from an event on reducing sickness and absence.	13.12.16	BS	To be arranged
08.11.16	16/306	Audit Committee	The Audit Committee's Terms of Reference to be amended.	13.12.16	JAH	Completed

Trust Board Paper

Board Meeting Date	13 December 2016
Title	Quality Board Visit Report – Talking Therapies (Improving Access to Psychological Therapies) at Wokingham Hospital
Purpose	To receive the report of the Quality Board Visit undertaken Helen Mackenzie, Director of Nursing and Governance
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	1. To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	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.

**Visit to Talking Therapies (Improving Access to Psychological Therapies) at
Wokingham Hospital on 31st October 2016**

Having been with the trust for over 4 years now I had not visited Talking Therapies (TT) for a long time. I was met by Anne-Marie Davis who me reminded that TT was originally based in the old porter's room at the front of Wokingham Hospital and with that memories came flooding back and it is obvious that TT provision has changed beyond all recognition, meeting the needs of hundreds of people every month.

Anne Marie showed me the building they service use at Wokingham Hospital. The building is dedicated to TT and the facilities are good although the rooms could be seen as sparse they are bright and airy. TT are provided across Berkshire from many locations including GP practices.

I met with Matthew Poll, Operations lead and Susan Scupham, Quality lead who are responsible for running the service overall supporting Judith Chapman, the Director responsible for the service.

Psychological wellbeing practitioners (PWP) provide the front end of the service. This workforce completes an assessment of the patient and then agrees the best course of treatment in conjunction with the patient. The assessment is very structured, being part of the IAPTUS recording system. The PWP workforce is trained in conjunction with the University of Reading and the Charlie Waller Institute. This enables people from diverse backgrounds to apply for these positions and the training is renowned for its quality and rigour. There is high turnover of PWP because they are cherry picked by universities for clinical psychology training opportunities.

IAPTUS is a national software system that has been developed purely for use by TT and allows rigorous, transparent monitoring. The system enables commissioners and others nationally to review performance and this openness means that the service has to understand its current position on a daily with regard to referrals and outcomes so that any deficits can be addressed quickly. The commissioners have confidence in this service because it is able to demonstrate outcomes and activity so clearly. However the scrutiny applied to the service is both positive and negative giving all parties to have early recognition of slipping performance.

The service has recently restructured to give a better career pathway for PWP and other staff, including Matthew and Susan. PWP's are now managed by band 6 and 7 team leaders. These changes are trying to provide a more stable workforce and a diverse career pathway. There are approximately 150 staff in total, and with the new investment to further address long term conditions, this will rise significantly to 190.

PWP's assess and signpost to early treatments, including silver cloud online treatment on a light touch basis with high intensity therapists providing a more intense intervention. Courtesy calls are also undertaken with patients who have not engaged with an agreed programme.

I met with Sarah Sollesse, PWP team leader. She explained the patient pathway. Patients are predominantly referred by their GPs but self-referral is encouraged. Approximately 350 first appointments are offered per week. A patient is offered a telephone assessment by a PWP, unless patients have specific requests or requirements, which takes 40 – 50 minutes following which they are offered a choice including a face to face assessment. Consent is formally sought prior to the assessment. All phone assessments are audio-recorded for quality and learning purposes. A qualified PWP has a caseload of between 100 – 120 patients. As the PWP builds a picture of the patient the following treatments are considered depending on presentation:

- Guided self-help (CBT)
- Well-being groups
- Stress control groups
- Silver cloud (supported online CBT programme)
- High intensity therapy (including CBT, IPT, DIT, Counselling for Depression and Mindfulness)

The service uses the standard PHQ-9 and GAD 7 questionnaires to assess the patient's mental health state. Supervision is provided to all PWP and therapists and immediate support is available where a PWP believes risks are high and/or safeguarding concerns are presenting.

In the past there have been a small number of serious incidents associated with the service and Matthew and Susan were able to describe the process of support provided to affected staff including direct support and adjustment of duties. It was very good to learn about the improved liaison with the common point of entry (CPE) as this had been a problem in the past that did result in a serious incident. Matthew and Susan described the excellent service provided by CPE with weekly referral meetings now in place for over a year. There is robust daily liaison between the two teams and time has been spent educating staff as to what CPE can and can't do.

During my visit I also met Tania Foad and Julia Hudson, High Intensity Therapists who obviously enjoyed their roles and being part of the service. Patient feedback is sought at regular points using a questionnaire. Patients receive a welcome pack which sets expectation and gives an outline of different therapies they might be offered. Patient forums are in place in localities which are well-attended and provide excellent qualitative feedback.

Nicola Farrin, Business and Performance manager who manages the administrative team explained that she oversees the performance of the service, producing reports on activity. Nicola has been with the service since 2009 and has gained other opportunities to develop. She oversees the patient pathway to ensure it is smooth. Over the years the service has improved its offer and experience. Each locality receives a monthly RAG rated report, this is also provided to the clinical commissioning groups.

From my very short visit to the service based on discussions and observations TT is a high quality service. TT has grown and evolved rapidly exceeding performance requirements (see appendix) Judith Chapman has a strong senior team in place that is obviously exceptionally talented and competent. Good leadership makes all the difference to service provision.

Helen Mackenzie - November 2016

Talking Therapies were commissioned in 2015/16 to see 15% of the Berkshire East and West populations

Berkshire West

In 2015/16 across West of Berkshire there were:

- 10,743 referrals
- 8,343 clients entering the Service
- 17.5% of the prevalence received a treatment appointment

CCG Key Performance Indicators 15.16

Wokingham	Q1	Q2	Q3	Q4	15.16	15.16 - Plan
Referrals	682	718	761	771	2930	2511
Numbers Entering (502)	563	573	502	629	2352	2009
Recovery	54.7%	55.9%	58.5%	55.2%	55.5%	50%
% Prevalence Met	4.2%	4.3%	4.35%	4.7%	17.56%	15%

Newbury	Q1	Q2	Q3	Q4	15.16	15.16 - Plan
Referrals	573	598	645	692	2509	1990
Numbers Entered (398)	475	453	474	536	1947	1592
Recovery	52.5%	60.3%	56%	58%	58%	50%
% Prevalence Met	4.5%	4.3%	4.5%	5%	18.34%	15%

South Reading	Q1	Q2	Q3	Q4	15.16	15.16 - Plan
Referrals	679	713	793	822	3007	2390
Number entering (478)	531	533	570	628	2263	1912
Recovery	48.9%	49.8%	54.6%	55%	52%	50%
% of prevalence Met	4.2%	4.2%	4.5%	4.9%	17.75%	15%

N&W Reading	Q1	Q2	Q3	Q4	15.16	15.16 - Plan
Referrals	528	565	603	822	2297	2019
Numbers entering (404)	432	417	451	482	1781	1615
Recovery	55.1%	56.5%	54.2%	53%	55%	50%
% of Prevalence Met	4.0%	3.9%	4.2%	4.5%	16.55%	15%

Berkshire East

In 2015/16 across East Berkshire there were:

- 9416 referrals
- 7306 clients entering the Service
- 16.5% of the prevalence received a treatment appointment

CCG Key Performance Indicators 15.16

Slough	Q1	Q2	Q3	Q4	15.16	15.16 – Plan
Referrals	700	708	812	868	3086	2880
No. of people entered	542	536	588	634	2305	2134
Recovery	52.1%	48.4%	55%	54%	52%	50%
% of prevalence met	3.81%	3.77%	4.13%	4.2%	16.21%	15%

Bracknell	Q1	Q2	Q3	Q4	15.16	15.16 - Plan
Referrals	777	771	737	833	3117	2843
No. of people entered	605	592	614	656	2462	2274
Recovery	54%	49.6%	56%	59%	55%	50%
Prevalence Met	3.99%	3.91%	4%	4.3%	16.24%	15%

WAM	Q1	Q2	Q3	Q4	15.16	15.16 - Plan
Referrals	689	738	871	916	3213	2766
No. of people entered	578	586	640	737	2539	2213
Recovery	50.9%	56.1%	57%	58%	55%	50%
Prevalence	3.92%	3.97%	4.3%	5%	17.21%	15%

Trust Board Paper

Meeting Date	13 December 2016
Title	Guardian of Safe Working: Implementation in BHFT
Purpose	To assure the Trust Board of progress with the establishment of the Guardian of safe working hours role in BHFT
Business Area	Medical Director
Author	Dr Matthew Lowe, Dr James Jeffs, Dr Minoo Irani
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and safe patient care
Resource Impacts	Currently 1 PA medical time which will be reviewed in Feb 2016
Legal Implications	Statutory role
SUMMARY	<p>The Guardian is responsible for protecting the safeguards outlined in the 2016 Terms & Conditions of Service for Doctors and Dentists in training. The Guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the doctor and /or employer, as appropriate. The Guardian will provide assurance to the Trust Board or equivalent body that Doctors' working hours are safe.</p> <p>In BHFT, the Guardians (job share between 2 Consultant Psychiatrists) were appointed in July 2016 and have been implementing the requirements of this role in 'shadow' form. Transition to the new Terms and Conditions of service for Junior Doctors will come into effect from February 2017 when this applies to trainees in Psychiatry, Foundation Year 2 and GP trainees.</p> <p>The first quarterly report/ annual report to the Trust Board from the Guardian will be due in April/May 2017 (covering the period February to April 2017) and will also be provided to the LNC.</p> <p>Further quarterly reports to the Board and LNC will be due in July and October 2017.</p>
ACTION REQUIRED	<p>The Trust Board is requested to:</p> <p>Note the progress with the Guardian role in the Trust</p>

Guardian of Safe Working: implementation in BHFT

Introduction

The safety of patients is a priority for BHFT. Staff fatigue is a significant risk to both, patients and to the staff themselves. The safeguards around working hours of doctors and dentists in training are outlined in the Terms and Conditions of service (TCS) and are designed to ensure that this risk is effectively mitigated and that this mitigation is assured.

The Guardian of safe working ('guardian') is a senior person, independent of the management structure within the organisation for which the doctor in training is working and/or the organisation by which the doctor in training is employed. The guardian is responsible for protecting the safeguards outlined in the 2016 TCS for doctors and dentists in training. The guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the doctor and /or employer, as appropriate. The Guardian will provide assurance to the Trust Board or equivalent body that doctors' working hours are safe.

Guardian of safe working in BHFT

The guardian of safe working role in BHFT is shared by two Consultant Psychiatrists, Dr James Jeffs and Dr Matthew Lowe. The guardian is expected to be accountable to the Trust Board. Key professional relationships of this role include the Director of Medical Education (DME), Junior Doctors' forum, Local Negotiating Committee (LNC), Medical Staffing Lead and service leads and managers.

In BHFT, transition to the new Terms and Conditions for junior doctors will come into effect from February 2017 when this applies to trainees in psychiatry, Foundation Year 2 and GP trainees. The guardian will be expected to attend the junior doctor induction and introduce themselves and their role.

The guardians have attended the first NHS Employers guardian of safe working hours conference in July 2016 and will attend the second conference in March 2017.

The guardians will have access to the electronic exception reporting system and will regularly review their exception reporting dashboard from February 2017.

The first quarterly report/ annual report to the Trust Board from the guardian will be due in April/May 2017 (covering the period February to April 2017) and will also be provided to the LNC.

Further quarterly reports to the Board and LNC will be due in July and October 2017.

Responsibilities of the Guardian

The guardian will:

- act as the champion of safe working hours for doctors in approved training programmes and ensure that action is taken to ensure that the working hours within the trust are safe.
- provide assurance to the trust board or equivalent body that doctors are safely rostered and are working hours that are safe and in compliance with the TCS.
- record and monitor compliance with the restrictions on working hours stipulated in the TCS, through receipt and review of all exception reports in respect of safe working hours.
- ensure that exception reports regarding training hours, as set out in the work schedule, are sent to the DME or equivalent officer.
- work in collaboration with the DME and the LNC to ensure that the identified issues within exception reports, concerning both working hours and training hours, are properly addressed by the employer and/or host organisation.
- escalate issues in relation to working hours raised in exception reports to the relevant executive body for decisions where these have not been addressed at a local level.
- require a work schedule review to be undertaken where there are regular or persistent breaches in safe working hours that have not been addressed.
- directly receive exception reports where there are immediate or serious risks to safety and ensure that the organisation at a local level has addressed the concerns that led to the exception report. Where this is not addressed within the timescales identified, and the guardian deems it appropriate, the guardian will raise this with the Medical Director.
- review the reports received when a manager does not authorise payment for hours worked beyond those described in the work schedule in order to secure patient safety, and recommend action where appropriate.
- have the authority to intervene in any instance where the guardian feels the safety of patients and/or doctors is compromised, or that issues are not being resolved satisfactorily.
- distribute monies received as a consequence of financial penalties to improve the training and working experience of all doctors. These funds must not be used to supplement the facilities, study leave, IT provision and other resources that are defined by Health Education England as fundamental requirements for doctors in training, and which should be provided by BHFT as standard. Examples may include but should not be limited to:
 - Improving IT systems beyond what is fundamentally required
 - Facilitating study leave (but not funding the study leave itself)
 - Improving rest facilities
 - Improving handover systems

- Improving expertise in rota design
 - Service improvement projects
 - Examination/course/professional support
 - Role redesign pilots
 - Improving staff engagement
 - Improving library facilities
 - Corporate journal subscriptions.
- Prepare, no less than quarterly, a report for the Trust Board or its subcommittee, which summarises all exception reports, work schedule reviews and rota gaps, and provides assurance on compliance with safe working hours by both BHFT and doctors in approved training programmes.
 - Prepare, no less than annually, a plan for improvement on rota gaps, and submit the plan in a statement in the trust's quality account, which will also need to be signed off by the trust's chief executive.
 - Submit details of the disbursement of fines for inclusion in the organisation's annual report, including clear detail of where fines have been spent.
 - Jointly establish with the DME, a junior doctors forum, to include relevant representatives from the LNC, including the chair, and other elected junior doctor members to provide quality assurance of safe working practice, and scrutinise the distribution of fines.
 - Oversee all diversity and equality issues associated with ensuring safe working practices. This will include liaison with the DME to ensure that a member of the educational faculty in the trust is designated as a champion for flexible training.

Progress made between July and September 2016

- Both guardians attended the Guardian of Safe Working Hours conference in London on 26th July 2016 and developed a fuller understanding of the role.
- have joined up with local guardian colleagues into a good practice forum/network
- have met with junior doctors and facilitated the first "Trainee Forum".
- have identified all trainees within the trust and set up an email list for them. Trainees have been allocated to a Guardian of Safe Working each.
- Have met the Director of Medical Education, chair of the BMA Local Negotiating Committee in BHFT, Medical Staffing Lead and Medical Director to identify the key relationships for the role.
- have identified trainee representatives for the trainee forum
- Dr Lowe attended the LNC meeting on 15th Sept 2016

Exception Reports

- There have been no exception reports in any form to the Guardians of Safe Working.
- The new contract, new rotas and formal exception reporting systems are not required to be in place until 2017. However no trainee has made use of the current 'shadow' systems to highlight rota issues or concerns about excess working hours.

Future Actions

- Guardians will meet again with Medical Staffing Lead to assess the suitability of current electronic rostering software to meet requirements of the new contract and the processes of "exception reporting".
- Educate Clinical and Educational Supervisors within the trust as to the nature of their role within the new contract around work schedule reviews.
- Agree with the junior doctors the terms of reference of the Trainee Forum and future processes for appointment of representatives
- Quality assurance of Work Schedules and induction processes

Reporting

Guardian of Safe Working Report to Board and LNC every quarter

Consolidated annual report on rota gaps and plan to reduce these gaps in Trust's Quality Account

Exception reports to the Board for unresolved serious issues

Reports go on to Health Education England, Care Quality Commission, GMC and GDC

Key terms

- Exception Reporting – replaces monitoring. Junior Doctors to report each time the agreed working hours are breached. If major or persistent problems then a work schedule review is required and the trust may be fined.
- Work Schedule – a plan for the hours the Junior Doctor will work. Based in a Generic Schedule for the post that is personalised for the individual trainee with the Clinical and Educational Supervisors.
- Work Schedule review: Triggered by any exception report. The doctor and their supervisor meet within 7 working days to agree a plan including the options of no change, change the work schedule, time-off in lieu (TOIL) or highlight organisational changes needed. If they are unable to resolve the causes of the exception a level 2 review can be requested with the DME and GSWH.
- Fines will be levied when working hours breach one or more of the following provisions:
 - a) The 48 hour average weekly working limit
 - b) Contractual limit on maximum of 72 hours worked within any consecutive 7-day period
 - c) Minimum 11-hour rest has been reduced to less than 8 hours
 - d) Where meal breaks are missed on more than 25 per cent of occasions
- Fines are levied at 4 times the rate of pay. Part of which goes to the doctor and part to a fund administered by the Guardians of Safe Working.

Trust Board Paper

Meeting Date	13 December 2016
Title	Senior Clinical Leadership Programme: Review and evaluation of Cohort 1
Purpose	To update the Trust Board of progress and outcome of the programme
Business Area	Medical Director
Author	Nicola Howells, Head of Training & OD
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
SUMMARY	<p>This programme was proposed by the Acting Medical Director in December 2015 with the intention of encouraging medical leadership in BHFT and to consolidate the content and value of the programme for the next cohort of clinical leaders drawn from a wider pool of professional groups in the Trust.</p> <p>Feedback received during the training sessions and the more structured feedback at the end of the training was used to develop the programme for the second cohort of senior clinicians. The feedback also underlines the value placed by the participants in the contribution of the programme towards their personal development in the 5 domains of enquiry.</p> <p>A correlation can also be drawn between the current medical leadership and attendees on this programme as a measure of the value of the programme in the area of developing medical leaders.</p>
ACTION REQUIRED	<p>The Trust Board is requested to:</p> <p>Note update regarding cohort 1 and plans for cohort 2 of the programme</p>

Senior Clinical Leadership Programme

Review and evaluation of Cohort 1 (January-June 2016)

Aim: To build the leadership capabilities of senior clinicians in Berkshire Healthcare NHS Foundation Trust

Learning objectives:

- To gain insight into leadership as a concept and what it means to step into leadership today
- To raise self-awareness through exploration of personality and leadership
- To develop skills of influence and change leadership
- To co-design a programme of learning that will equip delegates to have positive influence and be excellent clinical role models
- To make better informed decisions about readiness/inclination for increased leadership responsibility within the Trust and the wider system

Facilitators

- Jo Hennessy, CPsychol, Talent Works Ltd
- Nicky Howells, Head of Training and OD, BHFT

Programme Overview

The Senior Clinical Leadership Programme for this cohort comprised five workshops delivered over six months. The first workshop was designed to give an overview of the field and the subsequent modules were selected by the cohort. There was a small amount of individual work between modules to ensure that learning from the workshops was transferred into practice.

Workshop 1 – Consultant as Leader (full day)	28 January
Workshop 2 – Leading change (half day)	1 March
Workshop 3 – Building a quality culture (half day)	14 April
Workshop 4 – Effective team working / working across boundaries <i>(half day)</i>	13 May
Workshop 5 - Strategic thinking / action learning sets for change projects <i>(full day)</i>	10 June

Action learning sets have been set up for January to April 2017 where delegates will use peer coaching to support each other in delivery of a key challenge or quality improvement they are leading.

The first cohort comprised 15 medical consultants, predominantly from psychiatry.

Evaluation

At the end of the taught programme, delegates were asked to evaluate the impact of their learning over the five months by answering five questions:

With regards to teams – how are you behaving differently?

What have you learnt about yourself?

How has your leadership shifted or developed?

What are you doing to influence and deliver change?

How are you contributing to a quality culture?

The responses (included in full below) suggest a deepened awareness of self; a growing appreciation of the impact of different behaviours; the effective use of influence and a developing understanding of the role of the senior clinical leader in delivering quality.

1. Teams – how are you behaving differently?
Focusing on individuals more
Listening and engaging with an open mind
Trying not to join in endless grumbling and moaning!
<u>Active</u> listening
Taking change in a proactive way
Be / act more like a leader
More aware of my behaviours
Role model / example
More approachable
Awareness of impact on team
Seeing things through other people's perspectives
Less hierarchical but retaining impact in own role
Ensure everyone in the team has a voice

2. What have you learnt about yourself?
I can make a difference to my team / service with changes in style of working
Some of the things I am not good at about leading others
More extrovert than I thought
Can make more change than I thought
Personality type
That just modelling a behaviour isn't enough
Taking time to think about leadership is valuable
Potency of leadership style in positive and negative ways
Wish to experiment and improve
ENTJ: it has been an exercise in self-discovery in terms of leadership style
Need to shift towards a less assertive stance to encourage people to say more / more influencing
Awareness to focus on individuals
To use influence to achieve change

More assertive than realised
Opportunity to explore my reactions and interaction with others
The importance of recognising personality type and how this influences interactions with others

3. How has your leadership shifted or developed?

More reflective, positive and proactive
More confident to take responsibility
I am more aware of what I want to lead and how I would do that
It makes me less pushy and authoritative and more inclusive
I have become more aware of my own style and attributes
I feel empowered to lead and appreciate colleagues
A bit more insightful about my impact on others and the system
Proactive; inclusive; be active part of change
More aware of how others might perceive my behaviour (conscious & unconscious)
More aware of the theories behind various leadership concepts
Take more interest in leading

4. What are you doing to influence and deliver change?

Use the structure (push pull aggressive passive); model but be reflective – self-modelling
Leading by example using the pull factor
By being a positive role model first
Involved in LiA project
Using more data and evidence to recruit others
Take a lead rather than a backseat
Take on my role and improve communication
Aiming to be clear about an outcome for decision rather than nebulous moaning!
Peer support sessions
Formalising feedback mechanisms
So far = failing. But now I have better ideas for how I might in future
QI culture in services
Opportunities of peer support and support change

5. How are you contributing to a quality culture?

Initiating change and promoting good practice
Maintaining standards, sticking to professional commitments

Planning a QI culture in BHFT
Getting involved with QI methodology & LiA process
Listening and contributing to ideas
To do more service development like case-based discussion and feedback
Encouraging 'good' and challenging habits
Reflecting on process of change
Personal standards – projecting a clear view of how things should be
Improvement project pathways
Good intentions
Role modelling
Ideas for projects
Listening
Trying new processes / ideas
More close and challenging interaction with others to think of new ways of working
Through ideas and innovations

Future cohorts

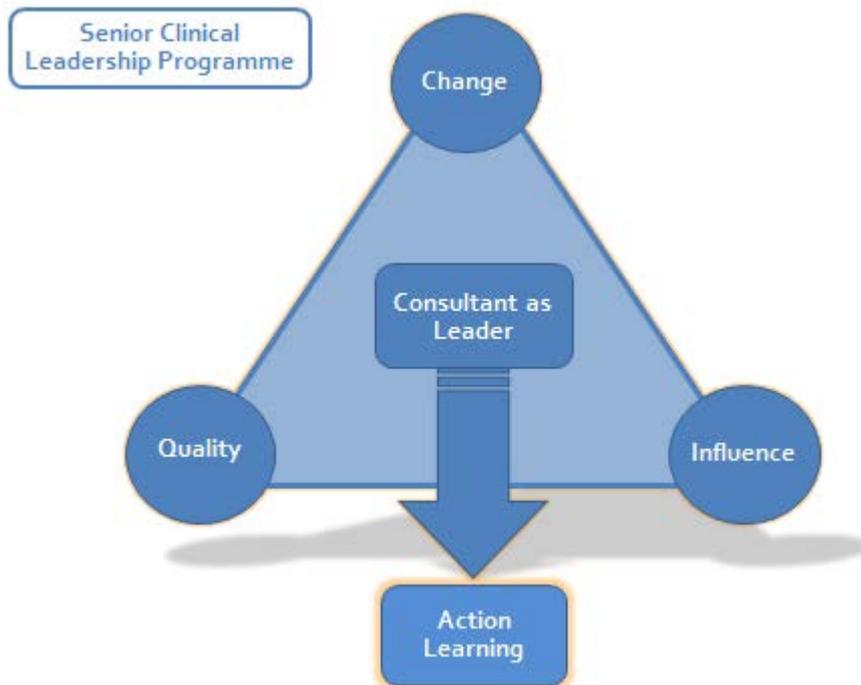
Following the evaluation and review of the first cohort, the material and structure have been reviewed (Fig. 1). As a result, the programme has been adapted into four full days rather than the 2 full day/3 half day format. This will allow material to be explored at a better pace and depth and encourages fuller engagement and immersion in the programme. It also removes the delegates from the workplace for four days rather than five whilst delivering more face to face hours overall. In addition, the Talentworks facilitator has changed to Dr Karen Janman.

Applications are currently being invited for a mixed group of medical and non-medical consultant clinicians for the second cohort running January to April 2017. Applicants are expected to aspire to positions of leadership and to have a project or service area to which they can apply their learning throughout the face to face programme and subsequent action learning sets. There is currently no identified funding for any further cohorts thereafter.

Cohort 2

Workshop 1 - Consultant as Leader	10 January
Workshop 2 - Building a quality culture	7 February
Workshop 3 - Leading change	9 March
Workshop 4 – Influence and working across boundaries	4 April

Figure 1: The programme has been reviewed to comprise four full days followed by the opportunity to join an action learning set to support continued development.



Outcomes from cohort-1:

Although it is early days to evaluate the full impact of the programme, it has been observed that a number of participants on the programme have put themselves forward for leadership roles in the Trust. One of the Appraisal Leads and both Guardians of Safe Working have been part of this first cohort on the leadership programme and appointed to these positions subsequent to starting on the programme.

Existing chairs of the Medical Staff Committee and Local Negotiating Committee joined the programme and are expected to put themselves forward for further leadership opportunities in the Trust. The 2 most research active doctors in the Trust were part of this cohort and so was the current Inpatients Clinical Director.

It is expected that participation in the action learning sets will further consolidate the leadership aspirations and skills of this group of doctors.

Trust Board Paper

Board Meeting Date	13 December 2016
Title	Quality Assurance Committee – 14 November 2016
Purpose	To receive the unconfirmed minutes of the meeting of the Quality Assurance Committee of 14 November 2016
Business Area	Corporate
Author	Company Secretary for Ruth Lysons, Committee Chair
Relevant Strategic Objectives	1. To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports 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 14 November 2016 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
Thursday 14 November 2016, 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
Martin Earwicker, Chair Elect

1 Apologies for absence

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 18 August 2016

The minutes of the meeting held on 18 August 2016 were confirmed as an accurate record after a couple of minor errors were corrected.

4.2 Matters Arising Log

Matters Arising – Clinical Audit Reports

Prescribing for Substance Misuse: Alcohol Detoxification

David Buckle, Non-Executive Director thanked the Medical Director for providing more information about the prescribing for substance misuse: alcohol detoxification audit (appendix 1 of the action log).

The Chair asked whether it was possible to review the raw data to find out the reasons for the low compliance to the audit standard. The Head of Clinical Effectiveness and Audit said that the Trust's practice was to delete patient data once it had been submitted, but the raw data would now be retained until the clinical audit reports had been reviewed by the sub-committees and this would make it possible to revisit the data when there were anomalies.

The Medical Director said that the area would be re-audited in 2017/18.

Prescribing Valproate for Bipolar Disorders

David Buckle, Non-Executive Director said that although the Trust's performance was only slightly below average, there was still cause for concern because prescribing Valproate to a woman who subsequently became pregnant posed a significant risk to her unborn child and sought assurance that there was a rigorous process in place to mitigate the risk of prescribing Valproate to women of child bearing age.

The Medical Director said that after every clinical audit a detailed action plan was developed to address any areas for improvement. The Medical Director said that the Clinical Pharmacy Team had presented the audit findings at the clinical academic meetings in both the East and the West and confirmed that clinicians were fully aware of the links between Valproate and birth defects.

David Buckle, Non-Executive Director thanked the Medical Director for providing assurance on this issue. Dr Buckle said that it would be helpful if both the Trust and GPs provided the same information to patients and suggested using DSX system which was used by GPs and enabled the dissemination of information to all GP practices. Dr Buckle confirmed he would be providing the Medical Director with the link to the DSX system to enable access to the primary care patient information leaflet for use by BHFT Psychiatrists.

Action: Dr Buckle

The Committee noted the schedule of actions.

5. Patient Safety and Experience

5.1 Quality Concerns Status Report

The Chair said that the Quality Concerns report was very helpful.

The Director of Nursing and Governance presented the paper and reported that there were no new quality concerns this month.

It was noted that there were two risks rated as severe: nursing and therapy vacancies; and bed mental health in-patient bed occupancy. The Director of Nursing and Governance highlighted the following points:

- The Director of Corporate Affairs and the Chief Operating Officer were leading some work around developing a new Band 4 role.
- There had not been any further deterioration in performance in relation to Champion and the Berkshire Adolescent Unit, but Sorrel Ward remained a cause for concern.
- An interim Deputy Learning Disability Service Manager and Ward Manager had been recruited with strong leadership skills for the Champion Unit.
- The interface between the Common Point of Entry, Crisis Resolution Home Treatment Team and the Community Mental Health Team was being reviewed.
- The Chief Operating Officer was leading the bed optimisation project which aimed at reducing mental health in-patient bed capacity.

The Chief Executive commented that some of the quality concerns had been mitigated or resolved and he hoped that they would be removed from the list

by the next meeting. The Director of Nursing and Governance confirmed that she was reviewing the list of quality concerns with a view to closing down those concerns which had been resolved.

Action: Director of Nursing and Governance

Martin Earwicker, Chair Elect asked how the Trust was planning to develop the new Band 4 role.

The Chief Operating Officer said that this was a new initiative and that it was aimed at two particular groups of staff: graduate professionals, for example, Assistant Psychologists who had an academic background but may require more clinical experience and Band 3 staff who had experience but who needed additional learning and development.

The Chief Executive reminded the meeting that the November 2016 Trust Board meeting In Committee had discussed the draft Workforce Development Strategy and had concluded that there was no “silver bullet” to resolve workforce shortages, but the risk could be mitigated by implementing a range of actions.

The Chair reported that she had recently visited Daisy Ward and had been informed that the Ward Manager would be retiring in January 2017 and asked whether the recruitment process was underway.

The Chief Operating Officer confirmed that this was the case and that a new Band 6 Deputy Ward Manager post had been created to provide additional ward management support.

The Chair commented that when she visited Daisy Ward there were two foreign national patients awaiting repatriation and asked whether this was unusual.

The Chief Operating Officer said that this was normal and that foreign patients who became acutely unwell were cared for until they were well enough to travel back to their own country.

The Chair asked why Mental Health Act compliance was still an issue for concern. The Director of Nursing and Governance reported that the concern mainly related to record keeping

The Committee noted the report.

5.2 Quarter 2 - Serious Incidents Report

The Director of Nursing and Governance presented the quarter 2 Serious Incident Report and highlighted the following points:

- The number of suicides remained high. The planned changes to the RiO system would make it easier to keep a risk summary and crisis action plan which would include the patient and their carer's views. The Clinical Team thought that this would make it easier for staff to manage risk and enable patients and their families to better manage their own risk.
- In response to Non-Executive Director feedback, appendix 1 of the report provided summaries of serious incident investigation reports and actions closed during Quarter 2.

Mehmuda Mian, Non-Executive Director asked whether the planned modifications to the RiO system would make it more onerous for staff to input the information onto the system.

The Director of Nursing and Governance said that the proposed changes had been successfully piloted with clinical staff. Feedback from service users and their families was that they wanted a “plan on a page” setting out what actions to take if they became unwell.

The Chief Executive commented that the risk profile of people who committed suicide had changed from young men to men in the 35-65 age group and said that middle aged men often did not seek help and therefore the Trust needed to work with other organisations to raise awareness of the issue.

The Director of Nursing and Governance reported that the Trust’s Zero Suicide project would be launched in April 2017. It was noted that in preparation for the launch there was a comprehensive staff training programme in place.

The Chief Executive reminded the meeting that the Zero Suicide high level Project Plan had been presented to the September 2016 Trust Board meeting and said that it would be helpful to have a presentation on progress to the next Committee meeting.

Action: Director of Nursing and Governance

The report was noted.

5.3 Care Quality Commission – Compliance Actions Report

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

- In March 2016, the Care Quality Commission placed compliance actions in respect of Older People’s Mental Health; Learning Disability; and Berkshire Adolescent Unit (Tier 4, Child and Adolescent Services).
- The Care Quality Commission had announced that they would be re-inspecting these services on 13-16 December 2016. The in-patient adult wards at Prospect Park Hospital were also being re-inspected in view of the number of serious incidents reported.
- The Quality Executive Group meeting earlier today had approved the closure of the actions plans to address the areas of non-compliance and these would be submitted to the Care Quality Commission.
- The high level of temporary staffing at Prospect Park Hospital and the high number of Cluster 8 in-patients had been identified as areas of risk in terms of the Care Quality Commission re-inspection.

The Chief Executive said that the Trust had made significant improvements to the Learning Disability Service and to the Berkshire Adolescent Unit since the Care Quality Commission’s last inspection in December 2015.

The Chair said that she had attended a Mental Health Act Manager meeting at Prospect Park Hospital and the fire alarm had gone off but there was no information for visitors and there was no-one at the reception desk to provide assistance. The Chief Operating Officer agreed to review the Fire Safety arrangements for visitors at Prospect Park Hospital.

Action: Chief Operating Officer

The Committee noted the report.

5.4 Quality Improvement Tender Specification

The Quality Improvement Tender Specification had been circulated.

The Chief Executive reported that there would be a more detailed quality improvement business case going to the Trust Board meeting early in the New Year.

The Chair referred to a comment in the specification which stated that the medical workforce were less engaged and asked what more could be done to alleviate any concerns. The Medical Director said that the medical workforce understood the quality improvement methodology but did not necessarily see quality improvement as an ongoing project.

The Chief Executive said that the majority of quality improvement initiatives took place in the acute sector where there were more doctors and multi-disciplinary team working and therefore it was important that the Trust selected a partner organisation who could help the Trust to embed quality improvement across community and mental health services.

The Committee noted the report.

5.5 Daisy Ward Fire Clinical and Non-Clinical Action Plans

The Daisy Ward Fire Clinical and Non-Clinical Action Plans had been circulated.

David Buckle, Non-Executive Director said that the comprehensiveness of both the clinical and non-clinical action plans provided significant assurance about the actions that had been implemented to reduce the risk of a similar incident happening.

The Committee noted the reports.

6.0 Clinical Effectiveness and Outcomes

6.1 Quality Accounts Report – 2016/17 Quarter 2

The Medical Director presented the report and said that the Quarter 2 Quality Accounts Report was a consolidation of the data already presented at various Committees.

The Medical Director reported that the Council of Governors meeting in December 2016 would be asked to approve the locally determined quality indicator for the Trust's External Auditors to audit.

The Chair said that when the final Quality Accounts document was collated, the various section headings should follow the order of the list of priorities as set out in part 2.

The Medical Director said that the quarter 2 report was work in progress and said that the formatting would be reviewed when the final document was collated.

The Head of Clinical Effectiveness and Audit reported that the quarter 3 report would be shared with the Trust's external stakeholders.

Martin Earwicker, Chair Elect asked whether the Quality Accounts was helpful in setting out the Trust's quality programme. The Medical Director said that the Trust managed quality issues on a day to day basis and that the Quality Accounts process in itself did not drive quality. The Medical Director said that it was helpful to have a document which pulled together the various strands of the Trust's quality work.

The Committee noted the report.

6.2 Mortality Review in BHFT: Summary of Data and Learning from Review of Deaths April to September 2016

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

- The first report summarised the mortality data and its implications, learning and audit findings related to serious incident and non-serious incident deaths in the Trust over the first two quarters of the year.
- The second report covered the same period and was focussed on the themes, learning and actions specific to the Learning Disability Service.
- Both reports provided assurance that in the first six months since the mortality review process was first established in the Trust for non-serious incident deaths, the Mortality Review Group had identified a data collection methodology, themes and learning from initial Findings Reports of Datix deaths and had started making recommendations for service improvement. A framework to audit the mortality review process had been developed and the audit tool had been piloted.
- The Quality Executive Group had agreed that the mortality review report should be on a six monthly rather than quarterly basis.

David Buckle, Non-Executive Director welcomed the report and asked when it would be possible to benchmark the Trust's performance against similar Trusts.

The Medical Director said that in the absence of any national guidance, the Trust had developed its own internal mortality review process and until there was a national approach, it would be difficult to benchmark against other Trusts.

David Buckle, Non-Executive Director said that the Clinical Commissioning Groups needed to be responsible for overseeing a local process which included both Primary and Secondary Care. The Medical Director agreed that there was a need for a system wide mortality review process.

The Chief Executive agreed and said that the Trust had raised the issue with the Commissioners.

The Chief Executive also commented that the Care Quality Commission Inspection last December had identified that in-patients on Campion Unit did not receive sufficient physical health checks and that the Trust had addressed this issue.

The Chair drew attention to the Learning Disability Report (page 181 of the agenda pack) and commented that the analysis of deaths amongst people with learning disabilities suggested that 70% of the deaths were avoidable.

The Medical Director said that the local data mirrored the national data which highlighted that people with learning disabilities died younger than the rest of the population. The Medical Director said that carers and professionals supporting people with learning disabilities needed to seek medical attention at an earlier stage for people with learning disabilities to reduce the risks of complications from infections etc.

The Chief Executive said that the Mazars Report had recommended that Learning Disability Services had a key role to play in acting as advocates for people with Learning Disabilities and for ensuring they received the necessary health checks to ensure increase their chances of living longer.

Martin Earwicker, Chair Elect asked whose responsibility it was to take a lead in joining up services for people with Learning Disabilities.

David Buckle, Non-Executive Director said that NHS England paid GPs to conduct an annual learning disability health check. In addition, learning disabilities was one of the Clinical Commissioning Groups national priorities.

The Chief Executive said that the Mazars Report had highlighted the issue and that the Trust was keen to put its own house in order

The Committee noted the reports and agreed that as the numbers were relatively small, a six monthly report would make it easier for the Committee to review any themes identified through the mortality review process.

6.3 Clinical Audit

a) Annual Clinical Audit Report

The Head of Clinical Effectiveness and Audit reported that there were both statutory and contractual obligations that the Trust must meet with regards to clinical audit and the annual report aimed at providing assurance that these requirements were being met.

The Head of Clinical Effectiveness and Audit reported that the October 2016 Audit Committee meeting had discussed and approved the annual clinical audit plan for 2016/17.

Mehmuda Mian, Non-Executive Director and member of the Audit Committee confirmed that the Audit Committee had discussed the audit plan at length.

The Chair asked for clarification about the clinical audit priority classifications which were on a 1-4 scale and commented that the priority 3 audits covered key areas such as complaints, patient safety and infection control.

The Head of Clinical Effectiveness and Audit explained that priority 1 audits were nationally mandated; priority 2 audits related to the Trust's priorities or related to CQUINs; priority 3 audits were led by an Executive Director; and priority 4 and 5 audits were clinically led.

The Chair asked whether the plan was realistic in terms of the resources to undertake the clinical audits. The Head of Clinical Effectiveness and Audit said that her team concentrated on the delivering the priority 1-3 audits.

The Head of Clinical Effectiveness and Audit said that the Trust was not required to participate in every relevant national audit providing it had a clear rationale for not doing the audit. It was noted that the Audit Committee and Quality Assurance Committee would have an opportunity to discuss the non-participation in a national audit on the grounds that it would not add value to the Trust's work.

b) Early Intervention in Psychosis Audit 2016

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

- Improved access to evidence-based care for people with experiencing their first episode of psychosis was a national priority.
- A new national Access and Waiting Time Standard had been set and additional funding had been made available to deliver better services. As part of this initiative, NHS England had commissioned an audit to establish a baseline position regarding services' ability to provide timely access to NICE recommended interventions across England.
- Monitoring of Early Intervention in Psychosis services will be through participation in a quality assessment and improvement programme, organised and administered by the College Centre for Quality Improvement. This will include a framework, performance assessment scale and self-assessment tool which all Early Intervention in Psychosis services will need to complete the submit.
- The Trust had made significant improvements to its Early Intervention in Psychosis services including the creation of a digital dashboard which linked into the Trust's electronic health record system showing daily updates of progress against the new access and waiting time standard for Early Intervention in Psychosis.
- In June and July 2016, 100% of referrals to the Early Intervention in Psychosis service were within the required timeframe, up from 89% in May and 88% in April.

David Buckle, Non-Executive Director thanked the Medical Director for his report and said that this was a very high priority area for the Trust and commented that three out of six priorities for Clinical Commissioning Groups related to the Trust's services (dementia, learning disabilities and mental health). Dr Buckle suggested that the Trust reviews the data published by its local Clinical Commissioning Groups to check that the figures were accurate. The Director of Nursing and Governance agreed to ask the Trust's Performance Team to review the data.

Action: Director of Nursing and Governance

On behalf of the Committee, the Chair thanked the Head of Clinical Effectiveness and Audit and her team for their Clinical Audit work.

The Committee noted the clinical audit reports.

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

The minutes of the Quality Executive Committee meetings held on 8 August 2016, 12 September 2016 and 10 October 2016 were noted.

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

21 February 2017

These minutes are an accurate record of the Quality Assurance Committee meeting held on 14 November 2016.

Signed:- _____

Date: - _____

DRAFT

Trust Board Paper

Board Meeting Date	13 December 2016
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 13 December 2016

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. Early Recognition of Sepsis

Sepsis, also referred to as blood poisoning or septicaemia, is a potentially life-threatening condition triggered by an infection or injury. In sepsis, the body's immune system goes into overdrive as it tries to fight an infection. This can reduce the blood supply to vital organs such as the brain, heart and kidneys. Without quick treatment, sepsis can lead to multiple organ failure and death. Each year it is estimated that more than 100,000 people in the UK are admitted to hospital with sepsis and around 31,000 people die every year as a result of the condition. Identifying and treating sepsis is a national priority.

A Patient Safety Alert was issued 2nd September 2014 outlining guidance and resources to support the prompt recognition of sepsis and the rapid initiation of treatment. The alert was issued to all Trusts and General Practitioners. BHFT staff were informed of the guidance and the UK Sepsis Trust Toolkits in October 2014. In April 2015, a review and scope of services was undertaken to ascertain compliance with early recognition of sepsis.

In 2015, NHS England convened a group of experts from across the health and care landscape, the UK Sepsis Trust, Royal Colleges, patients and expert clinicians to advise on those actions needed to drive improvement in the identification and treatment of sepsis.

The NICE sepsis guidelines were published in July 2016 and a quality standard is due in 2017.

Actions Taken:

The Infection Prevention and Control Team (IPCT) investigate patients who have developed bacteraemia whilst an inpatient, where identified on admission to acute trusts or in the community and who have had recent input from trust community teams (this is dependent on surveillance data provided by the local acute trusts).

A post infection review (PIR) is undertaken by the IPCT and a final report detailing good practice and issues identified is disseminated to clinical teams for shared practice.

In the time period between the Patient Safety Alert (2014) and the publication of NICE guidelines (2016), the Trust has been proactive in the implementation of an action plan and raising the profile of early sepsis recognition.

A scoping exercise was undertaken within the Trust in order to ascertain the provision of standardised sepsis tools and relevant risk stratifications required for community and mental health inpatient and community services, recognising the number of specialties within the organisation where sepsis could be identified in a patient. The approved sepsis early recognition tools work alongside the existing national early warning systems (NEWS) assessments and directly link with other work streams such as the deteriorating patient and other patient safety initiatives.

The sepsis work stream links with the Trust's antimicrobial stewardship programme and strategy.

Sepsis awareness sessions have been provided to Trust training forums and further sessions are planned during 2016. Sepsis awareness will also be provided in existing NEWS, intravenous therapy, infection prevention and control and other relevant internal Trust training programmes. An e learning programme is also under review. A Trust wide awareness campaign is currently in progress.

The NICE Sepsis baseline assessment has been completed and subsequent identified actions required in progress. Monitoring of compliance with the tool forms part of the IPC annual audit and monitoring programme. Quality improvement projects relating to early recognition of sepsis are planned for inpatient and community nursing services in conjunction with the Oxford Academic Health Science Network (OAHSN).

Westcall Out of Hours GP service has been recognised for the work undertaken in the early recognition of sepsis. This piece of work was rated 'outstanding' following the recent CQC inspection. This has been led by the Medical Director of Westcall and all GP's within the service have access to sepsis kits containing algorithms, first line antimicrobials and lactate monitors to ensure rapid assessment and treatment.

Based on discussions with other trusts BHFT is more advanced than other mental health and community trusts in addressing identifying and treating sepsis as a consequence we are sharing our work.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

3. Flu Campaign for 2016-17

Staff flu vaccination is about protecting staff, patients, colleagues, and their families. Up to one in four healthcare workers become infected in a mild influenza season, which is much higher than in the general population. The trust flu campaign each year promotes staff and patient safety as the main reason for getting vaccinated.

This year, as part of the NHS CQIN schedule all trusts are required to achieve 75% of clinical facing staff vaccinated. In 2015-16 the Trust achieved 64.1% of clinical staff and based on this year's performance so far we will exceed this achievement. Data published by NHS England about all trusts on the 24th November showed Berkshire Healthcare to be ranked 9th in the South of England as at the 31st October. **Current progress against target by staff group (up to and including 2nd December 2016):**

	Doctors & Dentists	Nurses	AHP/ST&T	Clinical Support
Baseline	183	1174	734	880
Actual	121	746	504	535
Percentage	66.12%	63.54%	68.66%	60.80%

Current progress against target by locality (up to and including 2nd December 2016):

	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	Inpatients	Other Health Services	Corporate	Berkshire Healthcare
Overall Baseline	564	558	174	393	724	620	204	202	596	4035
Clinical Baseline	471	500	132	347	580	462	190	155	134	2971
Clinical Actual	297	285	94	231	372	295	146	109	78	1907
Clinical Percentage	63.06%	57.00%	71.21%	66.57%	64.14%	63.85%	76.84%	70.32%	58.21%	64.19%

Between the 2–31 December a further 322 clinical staff need to be vaccinated to achieve the 75% target. The following actions are in place:

- Continue to offer flu vaccination at any events/meetings etc.
- Peer vaccinators 'walking the floor' to offer vaccine in the work place to outstanding staff
- Managers ensuring that all staff have reported if they have had their vaccination at their GP
- Managers offering vouchers to staff, including those on long term sick or maternity leave as part of keeping in touch.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

4. Temporary Staffing Report (including agency and bank staff) – December 2016

The Berkshire Healthcare Staff bank in partnership with NHSP continues to function fully with approximately 2000 shifts per week being put on the centralised system across all nursing groups, therapy staff, facilities, admin and clerical and corporate staff.

Highlights

- The first three pilot sites to use the allocate module that links e-rostering with NHSp (for unfilled shifts) has gone live with 3 sites - Jubilee ward, Ascot/Windsor wards and Wokingham intermediate care teams. This has gone generally well with only a few glitches. There is a plan to roll this out in a planned way across all current users of e-rostering and then include in the training for the teams on the e-roster roll out plan.
- Data received weekly from NHSP is proving excellent for clear, objective information.
- Total number of staff who have joined the bank (including those who TUPE'd across in July from a variety of BHFT banks) are:

Total added to the bank	Qualified staff	Unqualified staff	Admin and Clerical	Total
June 2016	132	133	62	327
July 2016	148	87	20	255
August 2016	38	34	14	86
September 2016	35	11	23	69
October 2016	21	22	4	47
Total	374	287	123	784

- We continue to work in a collaborative way with 11 other Trusts in the region to look at agency behaviours, pay rates and usage of the new clinical framework – driving prices down and reducing the amount of agencies we work with.
- Since the new Healthcare Staff bank system is now operating over all the Trust services this has enabled Agencies (who meet the price cap and are in framework) to have wider access to services, reducing in some areas a monopoly agency held.

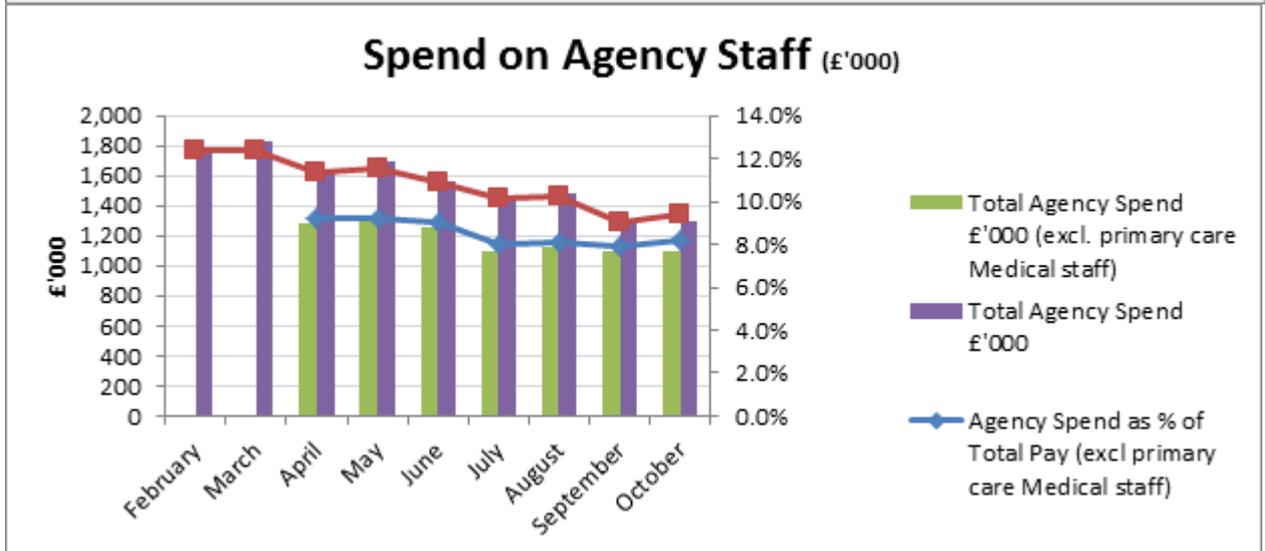
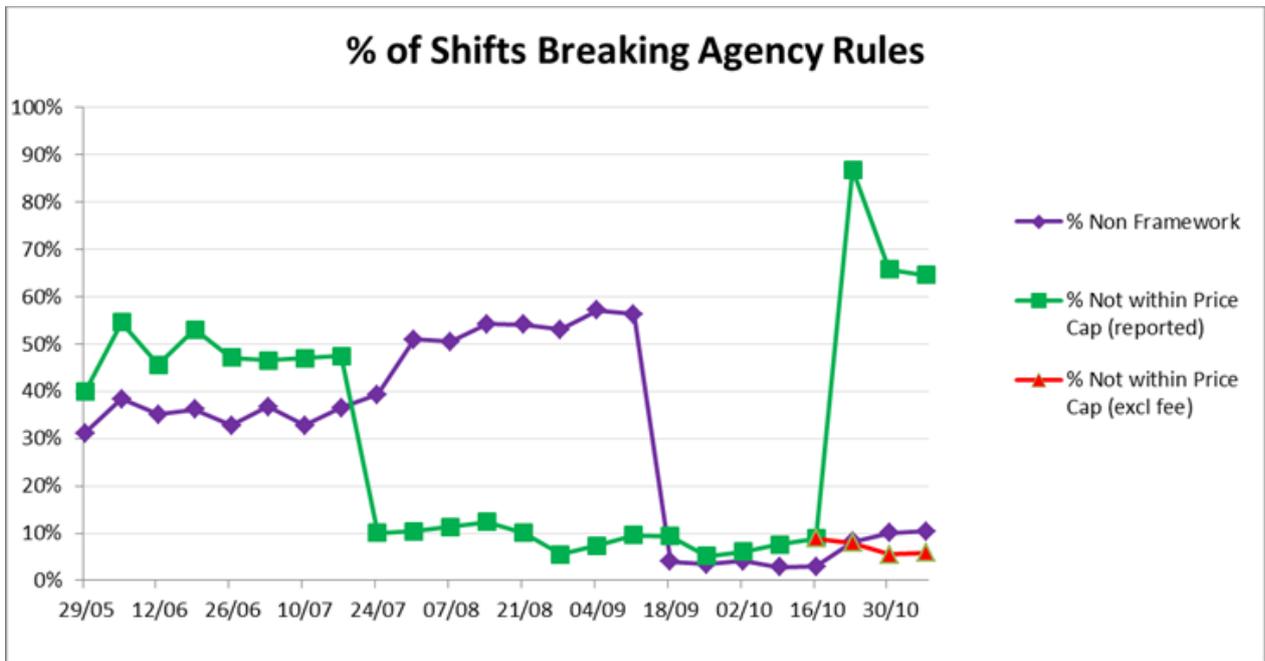
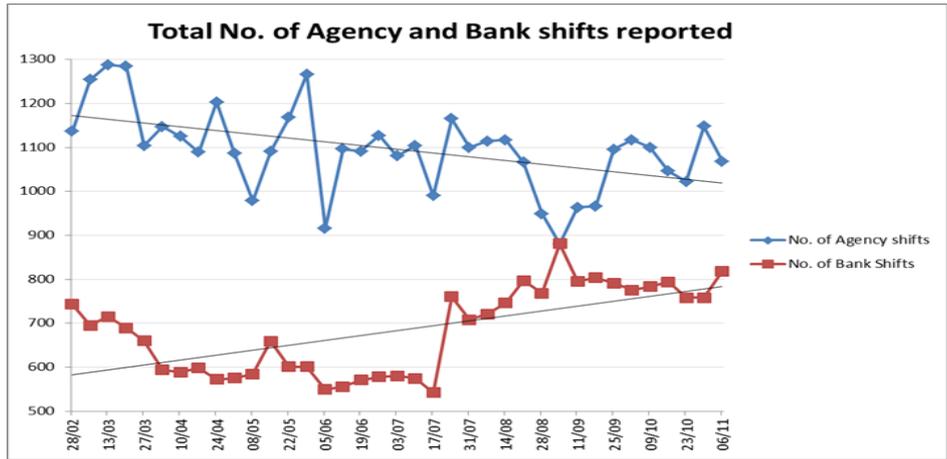
Challenges:

- Staff recruitment to substantive posts continues to be difficult in many areas (qualified nursing and therapy staff are notable challenges) and so agency and bank usage is still high.

- Encouraging to use the NHSP system for unfilled shifts weeks in advance still needs support (erostring will support this hugely when fully functional) At the end of October the shift fill for Christmas and New Year 2 week period only 17% of shifts were currently on the system. Meetings are being held with senior leads to raise this and to support staff.
- Some areas (e.g. PPH in-patient and LD in-patient wards) are very reliant on 2-3 agencies for unqualified staff provision.
- We will address this with high focus recruitment to the bank for unqualified nursing staff and a robust plan to dramatically reduce the amount of agency healthcare assistant (HCA) we use. A recruitment campaign for HCAs has started in November, run by NHSP working in partnership with the Trust, the staff, agencies and our managers as a first large scale push to bank recruitment.
- Data has shown that there are some long standing agency members of staff across certain units (Campion, MH in patient wards, crisis resolution and home treatment team). These areas have action plans and regular meetings with the temporary staffing team, leads and locality directors to understand why, discuss recruitment to move to the bank. Specific people have been identified in each of these 5 high spending areas to “own” their action plan and be held responsible to the temporary staffing team and the agency programme board.
- All facilities staff and nursery nurses continue to not be on a framework and so we will always report some breaches for non-framework usage for these staff groups. NHSi are aware of this.
- Consideration is being given to how we ensure medical temporary staffing shifts are recorded under the NHSi rules.
- The Chancellor’s Autumn Statement confirmed that a law will be passed from 1.4.17 that the Inland Revenue will clamp down on personal service companies tax liabilities. This will help the Trust in making a change to the way that Westcall Doctors are used by the Trust.

Overall Trust Picture

- The Trust will need to go out to re- tender for a partner to run our temporary staffing bank in the New Year (modelling has been done to show that an internal bank covering all the current staff groups we currently service would be a greater financial cost than using an external partner) . The current contract with NHSP expires on 30.11.17 (this was extended for 1 year in 2016 to facilitate the expansion of the bank across all trust services).
- The RBH will also in the New Year look to re-tender their bank provision. A joint Berkshire bank is currently being explored as this has the potential to give economy of scale across the county. An alternative option is also being explored as a partnership with a community/Mental health Trust might offer more of the staff we are looking for rather than partnering with an acute trust. Work is being undertaken to look at our high spend areas and what situation would be best for BHFT before progressing.



Executive Lead: Helen Mackenzie, Director of Nursing and Governance

5. NHS Professionals

The Board is asked to note the appended letter from the Department of Health, confirming that as owner of NHS Professionals (NHSP) they are seeking a private sector partner to invest in and develop the business.

The Trust has also been contacted by NHSP about the plan. Both parties confirm there will be no impact to customer operations whilst they transition a new partner into the business. In fact NHS customers are likely to benefit as systems are invested in and technology updated to better address the needs of the flexible worker market.

Executive Lead: Alex Gild, Director of Finance, Performance and Information

6. Leadership Award Nominations

This year, we will be making nominations to most of the categories in the NHS Thames Valley and Wessex Leadership Academy Leadership Recognition Awards. The categories are:

- Leading for service improvement and innovation;
- Leading and developing people; Inspirational Leader;
- Leading system transformation;
- Team Outstanding Achievement – clinical;
- Team outstanding achievement – non clinical;
- Excellence in patient experience;
- Emerging Leader; Inclusive Leader;
- Living the values; and
- Patient Leader.

These awards represent a great opportunity for us to recognise and celebrate the achievements of our staff, while supporting the NHS Leadership Academy Awards. Those who are shortlisted and successful in the regional awards will then go on to be nominated in the national awards. However, the nomination alone is a tremendous boost for people who have achieved great results in their leadership role – and enables us to show how much they are valued.

Executive Lead: Bev Searle, Director of Corporate Affairs

Presented by: Julian Emms
Chief Executive
December 2016



17th November 2016

Dear Chief Executive

NHS Professionals Ltd (NHSP)

I am writing to you as an existing customer of NHS Professionals Ltd (NHSP). The Department of Health (DH) is the shareholder and owner of the business, and therefore I wanted to write to explain our decision, announced today, to seek a private sector partner to invest in NHSP.

Our decision follows extensive consideration of the market requirements, discussions with NHS Trusts, NHS Improvement and DH Workforce and feedback from the Board of NHSP. This work has enabled DH to assess the likely market challenges over the next few years and the role of NHSP addressing Trusts' requirements.

In order to allow NHSP to meet the substantial market demands, DH has concluded that we need to enable the company to grow more quickly by bringing in a private sector partner. We expect the partner to invest in the company's underlying systems to increase flexibility, and bring complementary skill sets and capability so that NHSP can provide even greater value for its customers. DH is confident that, with the company, we can select a suitable partner, but we are clear that we want NHSP to be very much part of the NHS family and as a consequence DH will retain a key stake in the company.

We expect to conclude any transaction within the next year and will keep you informed of progress. We are working closely with NHSP to ensure that this process does not impact current operations and we continue to invest in the business for the benefit of the NHS.

If you have any questions please do feel free to contact us – company questions should be directed to Mr Nick Kirkbride, CEO. Any questions for DH related to the investment process should be directed to myself.

Yours sincerely,

Pat Mills
Commercial Director
Department of Health

Trust Board Paper

Board Meeting Date	13 December 2016
Title	Financial Summary Report – Month 7 2016/17
Purpose	To provide the Month 7 2016/17 financial position to the Trust Board
Business Area	Finance
Author	Director of Finance, Performance & Information
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 7 2016/17 (October 2016) financial position.
ACTION REQUIRED	<p>The Board is invited to note the following summary of financial performance and results for Month 7 2016/17 (October 2016):</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 2.23 (rating 2) ○ Liquidity metric 2.37 (rating 1) ○ I&E Margin 0.39% (rating 2) ○ I&E Variance 0.03% (rating 1) ○ Agency 18.89% (rating 2)

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

- Plan: £488k net surplus
- Actual: £512k net surplus
- Variance: £24k favourable

Month 7: £304k surplus (including S&T funding), +£31k variance from plan:

Key variances:

- Short-term overspill: **-£253k** principally due to 20 acute placements required in month due to bed pressures.
- Independent Hospital Placements: **-£78k** due to observations in budgeted placements and new additional placements.
- MH Inpatients **-£90k**: net pay spend in month largely due to vacancy cover and observations.
- Children's Services **+£220k**: Vacancies across children's services including £133k in Health Visitors.

The in-month underlying position, excluding S&T funding, is £151k surplus.

To offset the high cost of overspill beds, £131k was released into the month's position.

Cash: Month 7: £17.8m (plan £18.3m)

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

Capital expenditure: Month 7: £1.5m (plan £1.4m)

The small variance is due to low value items not included in the re-profiled plan.

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2016 / 17

Month 7 (October 2016)

Purpose

This document provides the Board and Executive with information giving the financial performance as at 31st October 2016 (Month 7).

Document Control

Version	Date	Author	Comments
1.0	16.11.2016	Nikola Pollard	Draft
2.0	17.11.2016	Tom Stacey	Review
3.0	24.11.2016	Anne-Marie Vine-Lott	Final
4.0			

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 Directors

All staff needing to see this report

Document References

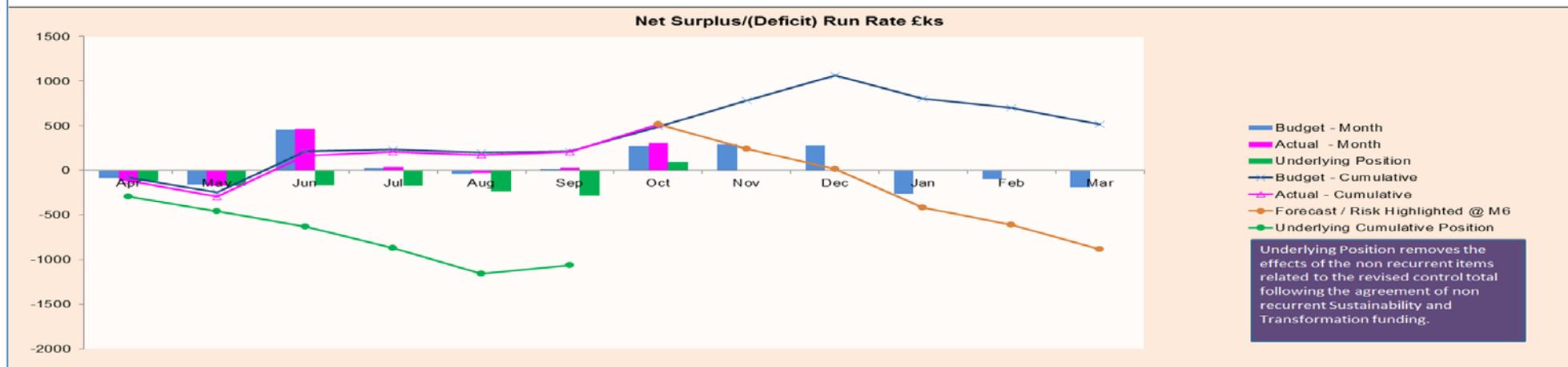
Document Title	Date	Published By

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1.0 Income & Expenditure Summary – Month 7

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	19,880	19,956	76	140,349	141,831	1,482	238,756	240,113	1,357
Operating Expenditure									
Pay	(13,921)	(13,737)	184	(99,816)	(100,468)	(652)	(169,735)	(170,498)	(763)
Non Pay	(4,797)	(5,011)	(214)	(33,297)	(34,131)	(834)	(57,470)	(58,103)	(633)
Total Operating Expenditure	(18,718)	(18,748)	(29)	(133,113)	(134,599)	(1,486)	(227,205)	(228,601)	(1,396)
EBITDA	1,161	1,208	46	7,237	7,233	(4)	11,551	11,512	(39)
Non Operating Income/Expenditure									
Interest Receivable	3	2	(1)	23	66	42	40	84	44
Interest Payable	(295)	(295)	(0)	(2,065)	(2,065)	0	(3,541)	(3,541)	0
Other Finance Costs	0	0	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	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	(4)	(4)
Depreciation & Amortisation	(495)	(510)	(15)	(3,997)	(4,011)	(14)	(6,321)	(6,321)	0
PDC Dividend	(101)	(101)	0	(709)	(709)	0	(1,216)	(1,216)	0
Total non operating income/expenditure	(888)	(904)	(15)	(6,749)	(6,721)	28	(11,037)	(11,025)	12
Net Surplus/(Deficit)	273	304	31	488	512	24	514	487	(27)
Net Surplus/(Deficit) excluding S&T funding	120	151	31	(585)	(562)	24	(1,326)	(1,353)	(27)
CIPs Achievement	439	549	110	3,286	2,971	(315)	5,274	4,679	(596)



Use of Resource Metric	YTD Plan		YTD Actual		ANNUAL Plan		FORECAST	
	Metric	Rating	Metric	Rating	Metric	Rating	Metric	Rating
Capital Service Cover	2.21	2	2.23	2	2.05	2	2.06	2
Liquidity	2.64	1	2.37	1	(1.41)	2	(1.41)	2
I&E Margin	0.36%	2	0.39%	2	0.22%	2	0.24%	2
I&E Variance From Plan			0.03%	1			0.01%	1
Agency	19.74%	2	18.89%	2	15.35%	2	15.18%	2
Use Of Resources Rating				2				2

Income & Expenditure Commentary – Month 7

The trust reports a month 7 surplus of £304k against a budgeted surplus of £273k and a YTD surplus of £512k against a budgeted surplus of £488k.

The underlying position in month, excluding non-recurrent S&T funding, is a surplus of £151k against a budgeted surplus of £120k.

The S&T control total was met in month after the release of £131k NI rebate to offset the net underlying overspends. An additional £247k of planned NI rebate is also reported within the position.

M7 Key Variances to operational budget:

- Short-term overspill (-£253k): principally due to 20 acute placements required in month resulting from the bed pressures.
- Independent Hospital Placements (-£78k): due to observations in budgeted placements and new additional placements.
- Children's Services (£220k): vacancies offset the month's position, including Health Visitors of £133k.
- MH Inpatients (-£90k): net pay spends across wards due to vacancy cover and high level of observations -£105k.
- CRHTT (-£87k): including additional staff for increased workload -£76k.
- CIPs (£110k): Pay CIP (£139k) results from YTD investments recognised in month. The balance (-£29k) being other specific schemes where profiling is not yet certain and where some elements are yet to be secured eg income generation.
- Reserves Release (£131k): £131k was released in month to offset the net overspend. YTD release totals £992k.

YTD Key Variances to operational budgets:

- Short-term OAPs overspill (-£905k): trend shows increased spend in recent months due to inpatient bed pressures. November indicates a reduction.
- Independent Hospital Placements (-£418k): largely due to the additional observation costs in placements and a small number of additional placements in year.
- MH Inpatients (-£5k): trend in last few months is a net overspend of £80-90k offsetting the underspends at the start of the year.
- CRHTT (-£196k): including additional staff for increased workload -£76k and cost to cover sickness, suspension and vacancies.
- SWIC (-£164k): outstanding contract negotiations and agency premium to cover vacancies.
- Westcall (-£87k): driven by sessional costs exceeding the funded hourly rate.
- Unplanned release of provisions (£992k): including £200k to offset primary care overspends, £296k full release of NI rebate in advance of plan profile, £206k Redundancy, £190k operational pressures offset (this month) and £100k other non-recurrent items.
- Favourable variances which meet and exceed the Pay CIP and partly offset the unfavourable variance above include Children's Services (£999k), District Nursing (£575k), Intermediate care (£499k), CMHT/OPMH (£516k)

The Use of Resource Metric is a "2".

Forecast / Risk

The forecast review based on results so far this year and trends seen in prior year, suggests a -£1.4m risk to plan. The main risks identified for November - March are:-

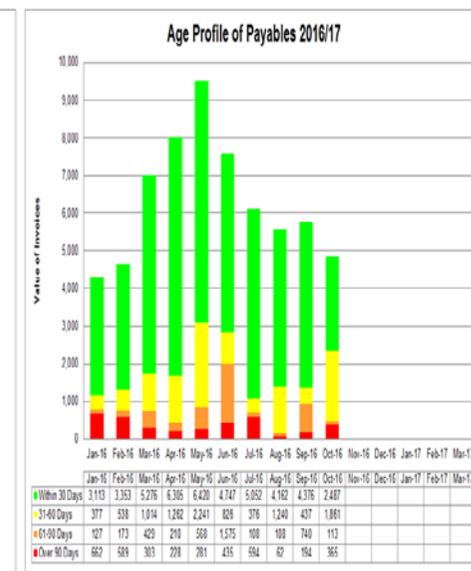
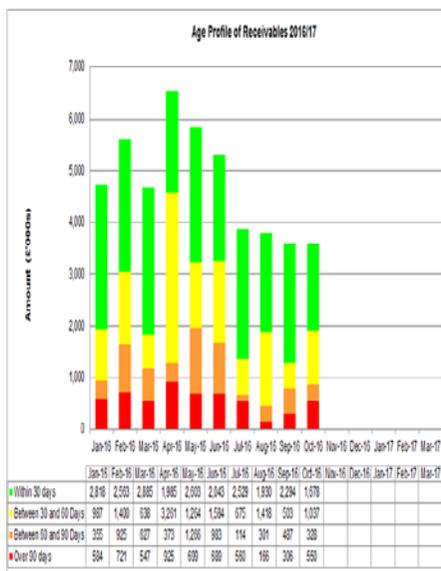
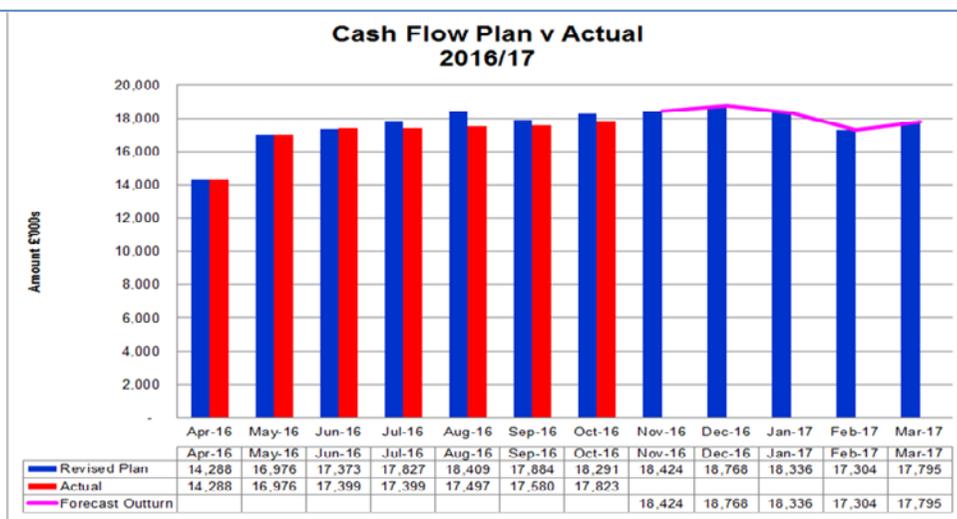
- MH Beds -£0.9m; -£0.7m Acute overflow / PICU, -£0.2m Independent Hospitals.
- LD Inpatients -£0.1m
- Walk In Centre -£0.1m (CIP still being worked through)
- MH Inpatients -£0.3m
- CRHTT -£0.2m
- Westcall -£0.1m

YTD overspend in these areas has been partially mitigated by release of provisions. A further release of £1.4m will be required to further mitigate these items should they arise to ensure that the S&T income is not deducted in future months (-£1.8m risk). To note, this would eliminate almost all unused provisions including CQUIN.

Work to address these issues or for other mitigating actions to take place in order to achieve the trusts target surplus is of high priority.

Balance Sheet Summary – Month 7

STATEMENT OF FINANCIAL POSITION	31st March 2017 (Plan) £'000's	30th October 2016 (Actual at Date) £000s	31st March 2016 (Final last year) £000s
Non Current Assets (Intangible, Property, Plant and equipment)	90,252	88,210	90,746
Inventory	104	125	91
Current receivables (Trade and Other Debtors)	12,180	9,894	10,151
Cash	17,795	17,823	16,653
Current Payables (Trade and Other Creditors)	(27,315)	(23,473)	(24,742)
Other Liabilities (Deferred Income)	(2,332)	(1,529)	(1,842)
Provisions (Current & Non Current)	(1,612)	(1,611)	(1,612)
PFI Finance Lease Creditor (Current & Non Current)	(31,704)	(32,074)	(32,592)
Total Net Asset / (Liabilities)	57,368	57,365	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	12,861	12,349
Financed by Reserves	57,368	57,365	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	10 5 5	35 68 (33)	209 209 0
- Leased Non Commercial (NHSPS)	0 (4) 4	108 100 8	235 235 0
- Leased Commercial	0 12 (12)	22 40 (18)	162 162 0
- Statutory Compliance	0 1 (1)	23 22 1	270 255 15
- Locality Consolidations	32 36 (4)	82 46 36	412 412 0
- CAHMS T4	0 0 0	0 (6) 6	0 0 0
- PFI	0 0 0	0 7 (7)	516 540 (32)
Subtotal	42 49 (7)	270 276 (6)	1,804 1,821 (17)
Development Expenditure			
IM&T Strategy	93 103 (10)	1,044 1,034 10	3,968 4,039 (71)
- Locality Schemes	0 0 (0)	53 193 (140)	53 269 (216)
Subtotal	93 103 (10)	1,097 1,227 (130)	4,021 4,308 (287)
Total	135 163 (18)	1,367 1,603 (136)	6,825 6,129 (304)



Balance Sheet Commentary – Month 7

Cash Position

The closing cash balance for October 2016 was £17.8m against a revised plan of £18.3m resulting in an adverse variance of £0.5m (September -£0.3m). The adverse variance relates to the delayed receipt of payment from NHS England for £0.2m in respect of recharge of an historical pension settlement relating to a member of community health services staff where this Trust believes that NHS England have a liability under the Transfer Agreement. There are now a number of overdue invoices against Royal Berkshire Hospitals, primarily relating to the Dietetics Service where Purchase Order numbers have not been provided by RBH. There has been on-going dialogue with RBH to resolve the PO issues, and the Trust is confident of receiving settlement of around £0.3m of invoices in November 2017/Month 8.

Trade Receivables

Trade Receivables remained static at £4.0m (September £4.0m), however, within that, current month aged debtors decreased by £0.6m and over 30 days increased by £0.6m, primarily the delayed payments from RBH and NHS England.

Trade Payables

Trade Payables decreased by £0.9m to £4.8m during month 7, with a decrease of £1.9m in current month payables from £4.4m to £2.5m. This was offset by an increase in over 30 day aged payables during month 7. The majority of over 30 day aged debt relates to NHS Property Services invoices relating to November and December which were received in October. These invoices will be paid at the end each months rental period. Other significant over 30 day items relate to invoices to the company that have supplied the equipment for the Skype project totalling £0.2m which do not match the Purchase Orders issued. Action is being taken to resolve this.

Capital Programme

During month 3 the capital expenditure programme was reviewed with the result that the plan has been reduced from £7m to £5.8m with all changes being made against Estate schemes. The majority of the reduction relates to the re-profile of the LD Jasmine project from 2016/17 to 2017/18 due to likely negotiation timescale for PFI variation. The capital plan has also been re-profiled so that the majority of the expenditure plans into Qtr's 3 and 4 of the financial year. The YTD budget is £1.4m against actual YTD expenditure of £1.5m with a small adverse variance of £0.1m relating to in year approvals of small value (<£0.1m) items not in the revised plan. The forecast outturn is increased to £6.1m against revised plan of £5.8m in respect of the small value items above, plus increased risk against the RiO plan of £0.1m.

Trust Board Paper

Board Meeting Date	13 th December 2016
Title	Summary Board Performance Report M7 2016/17
Purpose	To provide the Board with a performance summary dashboard, including narrative and KPI exception highlights.
Business Area	Trust-wide Performance
Author	Director of Finance, Performance & Information
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 October 2016.</p> <p>Month 7 2016/17 <u>EXCEPTIONS:</u></p> <p>The following Trust Performance Scorecard Summary indicator grouping is 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 <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</p>

	<p>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-2a - Mental Health: Physical patient to patients assaults (User Safety) • US-2b Learning Disability: Physical patient to patients assaults: Number (User Safety) • US-08 - Number of suicides in the last 12 months (User Safety) • US-18 - Mental Health: Preventing and Managing Violence and Aggression (User Safety) • US-20 - Mental Health: Seclusion (User Safety) • PM-01 - Staff Turnover (People) • PM-02 – Gross Vacancies (% WTE) (People) • PM-03 – Sickness (People) • SE-02 - CHS Inpatient: Average LoS (bed days) (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-05 - CHS In-patients: Occupancy rate: Percent (Service Efficiency & Effectiveness) • SE-06A – Mental Health: Acute Occupancy rate (exc. 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-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

M7: 2016/17 October 2016

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; M7 October 2016

- 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 M7: 2016/17			
Indicator	Indicator No	Comments	Section
Mental Health: Physical Patient to Patient Assaults	US02a	Increased from 49 to 60 in the rolling quarter	User Safety
Learning Disability: Physical Patient to Patient Assaults	US02b	Remained at 21 in the rolling quarter	User Safety
Suicides	US08	Increased from 28 to 29 in rolling year	User Safety
PMVA	US18	Increased from 22 to 42	User Safety
Use of seclusion	US20	Increased from 17 to 19 in the month	User Safety
Staff Turnover	PM 01	Increased from 17.7% to 18%	People Management
Gross Vacancies	PM 02	Reduced from 12.7% to 11.9%	People Management
Sickness	PM 03	Increased from 4.06% to 4.09%	People Management
CHS Length of Stay	SE 02	Reduced from 31 days to 29 days	Service Efficiency
MH Acute Length of Stay	SE 03	Increased from 38 days to 44 days	Service Efficiency
MH Average Length of Stay Snapshot	SE 03a	Increased from 67 days to 70 days	Service Efficiency
CHS Occupancy Rate	SE 05	Decreased from 84% to 80%	Service Efficiency
MH Acute Occupancy Rate by Ward	SE 06a	Reduced from 97% to 94%	Service Efficiency
MH Acute Occupancy Rate by Locality	SE 06b	Reduced from 97% to 94%	Service Efficiency
New Birth Visits	SE 08	Remained at 89%	Service Efficiency
Clustering	SE10	Remained at 88%	Service Efficiency

User Safety Commentary

Performance in this category drives a "green" rating on the performance scorecard summary on a subjective basis. There were 2 Serious Incidents reported in October 2016, both were suspected suicides (1 each for Reading Psychological Medicines, and one Wokingham Client). In addition a Grade 4 Pressure Ulcer reported by West Berkshire District nursing was agreed as due to a lapse in care at a Learning Summit on 31st October 2016.

The Suicide Steering Group will be launching a new system for risk documentation on 10th January 2017; there will be a dedicated resource on the Intranet for staff and a guide has been devised to help our agency staff know what the Trust expects from them.

The number of assaults on staff decreased to 49 in the rolling quarter to October 2016 and is now rated as green. 12 incidents were reported on Sorrell Ward (20 last month), 1 incident on Bluebell Ward (decreased from 3), 8 incident were reported on Rose Ward (1 last month), 9 on Daisy Ward (increased from 7), 5 on Snowdrop Ward (increased from 2) and 3 on Orchid Ward (same as last month) and 5 on Rowan Ward decreased from 9. 28 clients committed assaults against mental health inpatient staff in the rolling quarter to October 2016. One moderate incident was reported by Rose Ward, where an intoxicated patient allegedly head butted a member of staff who was trying to apply a dressing to the patient's hand. All other incidents in October were rated as low or minor risk. In the community one minor risk incident was reported by Reading Older Persons team.

For Learning Disabilities there was a decrease in the number of assaults on staff to 56 in the rolling quarter to October 2016. All incidents in October 2016 were rated as low or minor risk. 8 patients have carried out assaults on staff in the rolling quarter, including two patients who have carried out 6 assaults each. One incident was reported by Reading Community Team for People with a Learning Disability (CTPLD) where a patient assaulted an occupational therapist working with the patient in his own home.

Patient to Patient Assaults in Mental Health services increased to 60 in the rolling quarter to October 2016 and remains rated as red against the local target. 10 of the reported assaults were carried out on Rowan Ward (decreased from 16 last month), 9 on Daisy Ward (same as last month), 17 on Sorrel Ward (increased from 6 last month), 7 on Snowdrop Ward (increase from 4 last month) and 4 on Bluebell Ward (increase from 3 last month) and 2 incident were reported at the Berkshire Adolescent Unit (increase from 1 last month). One incident on Daisy Ward has initially been rated as moderate as one patient threw tea at another patient who had been touching and racially abusing them. All other incidents were rated as low or minor risk. 36 patients have carried out assaults on other patients in the rolling quarter, including 4 who have carried out more than one assault.

Learning Disability - Patient to Patient Assaults remained at 21 (same as last month) in the rolling quarter to October 2016. All incidents were rated as low risk and the assaults were carried out by 8 clients, including one client responsible for 7 incidents and another 2 clients responsible for 3 incidents.

Slips Trips and falls –The falls rate per 1,000 bed days has reduced from 5.8 per 1,000 bed days to 3.1 per 1,000 bed days, with Henry Tudor (7 falls) and Orchid Ward (6) above target in October 2016. There is on-going work with Oxford Academic Health Science Network to analyse the falls data as part of phase 1 for the falls safe project focusing on Rowan and Orchid Ward and phase 2 should be implemented in the new year with focused interventions such as risk assessing and care planning focusing on areas of risk / needing improvement identified in this data analysis phase. This project is going to take several months and we are not likely to see significant reductions in falls immediately.

Self-Harm incidents have increased to 77 in the rolling quarter to October 2016, and moves to an amber rating. In the rolling quarter, 30 incidents (an increase from 12 incidents last month) have been reported by the Berkshire Adolescent Unit. These were carried out by 6 clients with one client responsible for 10 incidents. All of the incidents reported in October 2016 at the Berkshire Adolescent Unit, were rated as low or minor risk. In Adult / Older Adult Inpatient Services there were a total of 36 incidents reported in the rolling quarter; an increase of 4 from the preceding month. Of these, 14 incidents were reported at Snowdrop Ward (a decrease from 16 last month), 10 on Bluebell Ward, 8 on Rose Ward, 1 in the Place of Safety, and 2 on Daisy Ward. All inpatient incidents in October 2016 were rated as low risk or minor risk.

Learning Disability Self Harm remained the same at 3 in the rolling quarter to October 2016 and there was one low risk incident reported in October 2016.

AWOLS and Absconsions - this data covers only those clients detained on a mental health section and is measured against a local target. AWOLS (16) and Absconsions (12) have both increased in the rolling quarter to October 2016. In October 2016, there were 4 AWOLs reported, 1 each from Bluebell Ward, 1 Sorrel Ward, Daisy Ward and 1 patient on section 17 leave who refused to return to the Ward from unescorted leave. All incidents were rated as low risk. In October 2016, there were 9 absconsions including 5 from Bluebell Ward, 2 from Daisy Ward, 1 each from Rowan and Snowdrop Ward. All incidents were rated as low or minor risk. The Bluebell Ward fire alarm was out of action for 10 hours during October 2016, in which time a patient managed to abscond through the fire doors.

PMVA (Control and Restraint of Mental Health patients) uses in October 2016 was 42 on 20 clients; this includes 4 clients with more than one use. There were 16 uses on Sorrell Ward, 9 on Daisy Ward, 6 each on Rose and Snowdrop Wards, 3 on Bluebell Ward and 2 on Orchid Ward. All incidents were rated as low or minor risk. The Performance team are reviewing the raw data with the Risk Team.

Prone Restraint: There were 15 incidents of prone restraint in October 2016 including 7 uses on Sorrel Ward, 3 uses on Snowdrop Ward, 2 each on Daisy Ward and Bluebell Ward and 1 on Rose Ward. All incidents were rated as low or minor risk.

SCIP (Strategy for Crisis Intervention and Prevention) – There were 23 uses of SCIP (20 at Campion Unit and 3 at Little House) on 5 Learning Disability clients, including 9 on one client. All incidents were rated as low or minor risk.

Seclusion: There were a total of 19 incidents of seclusion in October 2016 for Mental Health Inpatients for 7 clients; the longest incident was for 10 hours 15 minutes.

User Safety Exception Report Month 7: 2016/17

<u>KPI</u>	<u>Target</u>	<u>October</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Mental Health Physical Patient to Patient Assaults	<40	60		Physical Patient to Patient Assaults were carried out by 36 patients in the rolling quarter. 4 of whom carried out more than one assault.	Sorrel Ward reported the highest level of assaults at 17. In the 2015/16 Benchmarking Exercise the Trust was in the lowest quartile of Trusts with 57 assaults per 100,000 bed days and face to face community contacts.
Learning Disability Patient to Patient Assault	<15	21		Physical Patient to Patient Assaults (LD) were carried out by 8 patients in the rolling quarter. 3 of whom carried out more than one assault.	
Number of suicides in the last 12 months: Number	<17	28		Suicide prevention group is updating the risk policy and standard operating procedures.	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.

<u>KPI</u>	<u>Target</u>	<u>October</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
PMVA	<41	42		This is the number of physical restraints of patients on our Mental Health Inpatient wards.	In the 2015/16 NHS Benchmarking exercise, the Trust was amongst the highest users of Prone Restraint at 448 per 100,000 bed days against a mean of 160 per 100,000 bed days.
Seclusion	<18	19		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.	7 patients were secluded in the month of October 2016. Two patients accounted for 50% of the uses of seclusion.

Other Key Performance Highlights for this Section

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

- Physical Patient to Patient Assaults increased from 49 in the rolling quarter to September 2016 to 60 in the rolling quarter to October 2016.
- Self-Harm incidents have increased from 57 in the rolling quarter to September 2016 to 77 in the rolling quarter to October 2016.
- AWOLS worsened from 15 in the rolling quarter to September 2016 to 16 in the rolling quarter to October 2016.
- Absconsions worsened from 10 in the rolling quarter to September 2016 to 17 in the rolling quarter to October 2016.
- Prone restraint increased from 8 in September 2016 to 15 in October 2016.
- Seclusion increased from 17 in September 2016 to 19 in October 2016.
- Learning Disabilities Strategies for Crisis Intervention and Prevention have worsened from 19 in September 2016 to 23 in October 2016.

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

- Slips Trips and Falls have improved from 5.9 per 1,000 bed days in September 2016 to 3.1 per 1,000 bed days in October 2016.
- Learning Disabilities Assaults on Staff have improved from 59 in the rolling quarter to September 2016 to 56 in October 2016.

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 data, 3 are amber (PDP, Fire and Information Governance) and 2 are green including (Statutory training - Manual Handling and Health and Safety).

Sickness Absence

- The sickness rate for October is 4.00%, which is a slight decrease from 4.05% in September. The rolling 12 month sickness rate has increased to 4.07% and the rolling 3 month sickness rate has increased to 3.91%.
- The short term sickness rate has remained consistent at 1.02% and is continuing to see the impact of absences due to cold/cough/flu, which have increased to a rate of 0.33% in October (from 0.23% in September and 0.08% in August). There has also been an increase in the short term absence attributed to chest and respiratory problems. The rolling 12 month short term sickness rate has remained consistent at 0.97%, and the rolling 3 month short term sickness rate has increased to 0.91%.
- The monthly long term sickness rate for October has decreased to 2.23%, continuing the overall downward trend in the last 12 months. The rolling 12 month and rolling 3 month figures have both increased to 2.40% and 2.34% respectively. The monthly long term sickness rate attributed to musculoskeletal absence has remained consistent for the last 3 months at 0.60%. The monthly long term sickness rate attributed to anxiety/stress/depression has decreased further to 0.48% in October, continuing the downward trend from 1.01% in December, and is now at its lowest rate for 12 months. There has been an increase in the long term absence due to injury/fracture in October which requires further analysis.
- The improvements in the long term sickness rate, including those attributed to anxiety/stress/depression, follows focused work in the localities to progress long term sickness cases more efficiently, and this work is continuing.

Turnover

- The annual turnover figure in October was 18.03%, against an indicative benchmark target of 15.2% (based on Oxford Health turnover rate in July 2015 minus 1%) and represents a further increase in the turnover rate (September was 17.70%). The turnover rate in Oxford Health (August 2016) was 16.10%. There has been a notable increase in the monthly turnover in the Crisis teams in October which requires further analysis.
- The response rate to the exit questionnaire in October was 60%, and continues the improvement seen since the introduction of the survey monkey leaver's questionnaire. The most common reason for leaving given on the leaver's questionnaire in October was relocation.

Recruitment

- The Trust turnaround time for October was 64 days based on 119 starters.
- 17 posts in October were re-advertised, with an average turnaround time of 93 days. This is higher than the monthly average turnaround time for re-advertised vacancies in the last 12 months (88 days). If the turnaround time in October was adjusted for re-advertisements, then it would decrease to 59 days.
- A total of 70 vacancies in October took longer than 55 days to fill (59%), which is proportionally consistent with last month. 15 vacancies took more than 100 days to fill. Two factors continue to have the most significant impact on the turnaround time: re-advertisements (17 vacancies) and notice periods (25 vacancies). The average notice period for all starters in October was 28 days, which is lower than last month but remains higher than the monthly average in the last 12 months (21 days). The average notice period for the vacancies which took more than 55 days to fill was 40 days. Referencing also contributed to delays for 12 vacancies.
- The measure of the internal efficiency of the recruitment administration process, i.e. the steps that the recruitment administration team can control and influence has reduced to 32 days in October (with a monthly average over the last 12 months of 33 days).
- 153 interviews took place in October and 97% of these (148 interviews) were conducted using the values based recruitment (VBR) process. This has been addressed with the three managers who have not been trained.

Statutory and Mandatory Training

- Statutory Training – Fire Training - All localities are below revised 95% target.
- Mandatory Training - Information Governance is below target but has improved. For Information Governance, the reporting has changed to reflect the requirement for annual "refresher" training for all staff.

People Exception Report Month 7: 2016/17

<u>KPI</u>	<u>Target</u>	<u>October</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Staff Turnover (% YTD): Percent	<15.2%	18.00%		Increase in turnover figure from September 2016. This remains a challenging stretch target.	This data includes end of fixed term contracts, retirements as well as voluntary resignations.
Gross vacancies (% WTE): Percent	<10%	11.90%		This figure includes areas with new investment such as Children and Young Persons Eating Disorders. These posts are currently being recruited to.	Areas with high levels of vacancy include CHS and MH Inpatients and Crisis Teams.
Sickness	<3.5%	4.09%		Short term sickness increased to 1.02% and long term sickness reduced to 2.41%.	Short term sickness figure driven by an increase in coughs, colds and flu.

Other Key Performance Highlights for this Section

- Gross vacancies have improved from 12.7% to 11.9%.
- Fire Training has improved from 81% to 82%.
- Information Governance training has improved from 84% to 85%.

NHS Improvement Non-Financial and Financial Commentary

Performance in this category drives a "green" rating on the performance scorecard summary on a subjective basis. The precise construction of indicators in the Single Oversight Framework has not yet been published and a query has been raised concerning the changes to the Mental Health Services Data Set and how to replicate the relevant indicators. A response has been provided whereby NHS Improvement have recognised that items such as school attendance (one of the priority metrics) are not collected as there is no system and therefore reporting architecture to do this, therefore this will not happen in this financial year. In terms of the Cardiac Metabolic indicator, NHS Improvement will ask NHS England for the Q4 2016/17 CQUIN information.

The Financial Sustainability Risk Rating has been replaced by the Use of Resources, this is rated as 2 for October 2016.

Service Efficiency And Effectiveness Commentary

There are 13 indicators within this category, 3 are rated as “Green” including Crisis plans, Mental Health Readmissions and Mental Health Non acute occupancy. 1 is rated as “Amber”- DNA rates. 8 are rated “Red” CHS Occupancy, CHS Length of Stay, MH Average and Snapshot Length of Stay, Mental Health Acute Occupancy by Ward and Locality, Clustering, and New Birth Visits and 1 of which does not have a target (place of safety). As more than 50% of indicators are red this section is rated as red.

DNA rates have reduced from 5.73% in September 2016 to 5.36 % in October 2016.

In CPE, the DNA rate is 16.34% (134/820) of appointments were DNA's in October 2016; and is a decrease from 24.66% in September 2016.

In Children and Families services the DNA rates in Wokingham 5.37% this month compared to 6.12% last month, Reading 6.77% (last month 7.06%), Slough 4.33% (last month 4.05%), West Berkshire 7.85% (last month 10.07%), WAM 5.01% (last month 4.93%) and Bracknell were 5.28% (last month 7.04%). CAMHS DNA rates continued to reduce for the third month to 9.44% in October 2016 (last month 10.22%).

For Mental Health, there has been more improvements this month in some areas with; Reading 7.68% (last month 9.38%), and West Berkshire 6.36% (last month 7.54%), WAM 4.72% (last month 5.95%), Wokingham at 4.69% (last month 5.77%), however there has been some worsening of performance in Slough 9.83% (last month 8.16%). 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 October 2016, 16,294 text messages were sent.

CHS Inpatient Average Length of Stay has reduced from 31 days to 29 days, with Slough at 37 days, West Berkshire at 29 days and Wokingham at 29 days. Delayed transfers have an adverse impact on length of stay. By ward 34% of occupied bed days were blocked in Reading, 11%Wokingham, 10% in WAM and 13% at West Berkshire. A total of 53 patients discharges were delayed in October 2016 with a split in the agency responsible as follows: 34 awaiting social care, 17 were awaiting further NHS care and 2 were waiting joint funding/placement. The most common reason for the delay was 21 patients who were awaiting either a nursing or residential home placement (17 social care, 3 health and 1 joint health and social care), followed by waiting care package in own home (a total of 10 patients with agency responsible; 9 social care and 1 joint health/social care). Additionally 8 patients are awaiting further NHS non-acute care.

CHS Occupancy has decreased to 80% overall. Reading are at 61%.

Mental Health Acute Occupancy excluding home leave, reduced in October 2016 to 95%.

Both the Average Length of Stay for Mental Health (44 days) and the acute snapshot length of stay (70 days) are above target and at the highest level since August 2015. 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. As at 17th November 2016 there were a total of 25 clients on acute wards (a decrease from 2 last month regarded as delays with the majority regarded as requiring a specialist placement or accommodation); 14 of which have been confirmed as delayed discharges and a further 11 are classed as potential delays due to accommodation

issues. Including the potential delays by Locality, 7 delays were for Reading, 5 for Bracknell, 4 each for Slough and West Berkshire, 2 each for WAM and no fixed abodes. Including potential delays by Ward there are 8 delays on Daisy Ward, 7 on Snowdrop, 6 delays Bluebell Ward, 3 delays on Rose Ward and 1 on Sorrel 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. Bracknell and Wokingham were below target during October 2016.

The Trust has run a "Spring to Green" initiative which has looked at the procedures around admissions, 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 or Host families to the involvement of Localities in discharge planning. At the 17th November 2016 there were a total of 6 out of area clients all of which required adult acute mental health which is a significant reduction during the preceding month. It should be noted that as part NHS England's 5 Year Forward View providers have been asked to submit information on OAPs for acute patients and the first data collection opened on 17th October 2016 and ran to 31st October 2016. During this time there was one out of area placement. 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 99 days for Rowan Ward and 77 days for Orchid Ward for clients discharged.

MH Readmission rates increased to 7% in October 2016, this is below target and the 2015/16 benchmarking figure of 8.8%.

The CAMHS benchmarking exercise opened on 16th May 2016 and was submitted on 15th July 2016. A report will be issued on 25th November 2016.

Community Services benchmarking data was submitted on 31st August 2016. Bespoke reports will issued in December 2016.

Mental Health Benchmarking – A report using the registered population report has been received with the weighted population report due by week ending 17th November 2016 and the toolkit with 10,000 metrics will be released by 24th November 2016. A number of relevant benchmarks have been added to this report such as bed occupancy and length of stay, patient safety metrics such as patient to patient assault, assaults on staff, restraint and prone restraint.

Learning Disability benchmarking data collection opened on 19th September 2016 and runs until 24th November 2016.

Mental Health Clustering is 88% compliant which is below the 95% target and is the same as last month. With the exception of IMPACT (97%) all services are below target with Common Point of Entry (136 out of 184 clients clustered) and Eating Disorders at 75% (295 out of 393 clients clustered), and Neuropsychology 5.6% (1 out of 18 clients clustered) amongst the lowest compliance levels. Focus is on ensuring that services do 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 is 94% of those clustered which is the same as last month. 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.

Place Of Safety had 40 uses in October 2016, which is an increase of 5 from September 2016. Of the 40 uses of the place of safety, only 19 were admitted following assessment including 7 under Section 2 of the Mental Health Act. 6 clients waited over 8 hours for an assessment. The reasons for the delays include bed availability, patient intoxication, availability of AMHP/assessing Doctor as the main reasons for the delays in assessments. 17 of the 40 assessments were carried out by Berkshire Healthcare NHS Foundation Trust Section 12 Doctors. The most common day for detention in October 2016 was Sunday (9 detentions) followed by Tuesday (7 detentions).

Health visiting – the Trust remained below the 95% target at 89% overall in October 2016 and none of the Localities were above target. WAM data has been removed from 1st October 2016 with the transfer of services to the Local Authority. 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. There have been a number of factors which have affected the achievement of this target such as issues with late notification from the Royal Berkshire Hospital to Children' Health Informatics Service (CHIS) who provide a list of new births in each area, and sickness/annual leave and vacancies within the Health Visiting teams. 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 of time (such as to stay with families) or where families decline the service.

System Resilience – Waiting times at Frimley North (Wexham Park) have been under pressure around each weekend during October 2016, with the period around the start of half-term week proving particularly challenging. Despite this the Trust had achieved 94.4% of patients waiting within 4 hours. The Slough Walk In Centre averaged 105 attendances during the same period with Saturday 12th November 2016 having 121 attendances. In the West, no A&E data has been published via the system calls since the beginning of September 2016.

In Reading the Home First Initiative has been launched and will offer three pathways across Urgent Care, planned care, and prevention and maintenance. The services involved are as follows and will be managed through a central triage hub in Cremyll Road Reading:

- Community Nursing
- Older Persons Mental Health
- Intermediate Care
- Rapid Response and Treatment
- Cardiac and Respiratory Specialist Service

The first pathway to be implemented is Urgent Care.

The aims of Home First are to provide a seamless community service, where resources are utilised effectively to enhance patient experience.

Service Efficiency And Effectiveness Exception Report Month 7: 2016/17

<u>KPI</u>	<u>Target</u>	<u>October</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
CHS Inpatient: Average LoS (bed days): Number	<28 Days	29		Increase in length of stay.	Delayed transfers due to lack of onward accommodation/care packages in own home have impacted this metric.
Mental Health: Acute Average LoS: Number	<30 Days	44		Increase in length of stay. 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.
MH Acute Snapshot Length of Stay	<30 Days	70		As above.	

<u>KPI</u>	<u>Target</u>	<u>October</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
CHS Occupancy Rate	< 80%	80%		In October, Oakwood Unit in Reading had 61% occupancy and Wokingham Community Hospital 76% which have driven the lower levels of occupancy overall.	The availability of Community Health beds is discussed in the daily system wide calls. These also cover the acute hospital, community services including wards and services where patients can be discharged to their place of residence and Unitary Authority provision. The Community Hospitals may flex their criteria for admission should the acute hospitals be under pressure.
MH Acute Occupancy rate (exc. HL - by Ward)	< 90%	95%		Increased admissions for clients assessed under the Mental Health Act and high numbers of delayed transfers of care are affecting this metric.	Daily teleconference calls taking place between Inpatients and Localities.

<u>KPI</u>	<u>Target</u>	<u>October</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
MH Acute Occupancy rate (exc. HL - by Locality)	< 90%	95%		Increased admissions for clients assessed under the Mental Health Act and high numbers of delayed transfers of care are affecting this metric.	Daily teleconference calls taking place between Inpatients and Localities.
Health Visiting: New Birth Visits Within 14 days	95%	89%		The number of vacancies within the Health Visiting services have impacted compliance against this target.	
Clustering within target	95%	88%		There are frequent reviews required for certain clusters which mean that it is difficult to achieve the target.	Teams with high numbers of outliers are being targeted.

Other Key Performance Highlights for this Section

- DNA rates improved from 5.73% in September 2016 to 5.36% in October 2016.
- Mental Health Acute Occupancy has improved from 97% in September 2016 to 95% in October 2016.
- Mental Health Non Acute Occupancy has moved from 80% to 79%.
- CHS Occupancy rates have reduced from 84% to 80%.

Contractual Performance Commentary

Performance in this category drives an "amber" rating on the performance scorecard summary on a subjective basis. 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:

- Contenance East - The specification and key performance indicators have been verbally agreed with commissioners and were sent in writing to the Clinical Commissioning Groups (CCGs) on 20th September 2016. These are now agreed.
- Mobility services – the service will be delivered within agreed specification and within the financial envelope agreed. Reviewing Key Performance Indicators sets for 2017-19.
- Perinatal Mental Health Services East – there was one vacant post for psychology with the post filled on 4th October 2016. The psychiatrist interview was scheduled for 22nd September 2016 but unable to recruit to this post to date. The East are now seeing all new referrals and this has been confirmed to the CCGs.
- Perinatal Mental Health Services West - Service Commenced on 1st April 2016.
- Eating Disorders services for Child and Adolescents have had some issues with recruitment. The Trust is currently reviewing the milestone achievement in the Service Delivery Improvement Plan (SDIP). Further update on SDIP requested by CCG for week 7th November 2016 was issued and will be reviewed at the next contract meeting.

Progress on Service Development Improvement Plans is as follows:

- For Child And Adolescent Mental Health Services - This remains rated as green. 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. Report format under review with CCGs.
- Urgent response pilot recruitment is progressing with management & some clinical posts 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 underway.
- Eating Disorders is rated as Amber. There has been some difficulty recruiting despite going out to advert twice, meaning there are gaps in psychology provision. Other posts however have been recruited to and the services are looking at mitigation such as re-banding of locums.
- Common Point of Entry - Trust has GP education sessions for East and West. BHFT will target outlier GP practices with a view to reducing referrals. Contracting is

reviewing the SDIP with the service and provided the CCG with a trajectory update at end of October. This is critical to on-going funding. CCG education increased focus, slots agreed and outlier practices being targeted. Contract Performance Notice issued on 11th November 2016, and the Trust will meet to discuss with them on 23rd November 2016. Further evidence provided on 21st November 2016. An additional submission was made on 30th November 2016, which is being reviewed by the CCGs and the Trust expects the Contract Performance Notice to be closed.

In addition, for Mental Health Development Tariff SDIP which 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. The Trust is awaiting a 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 will go on 23rd November 2016.

The proposal has been made by the Trust and the shadow tariff starts from the beginning of October however this is subject to data testing and agreement on the format.

For Minor SLA's – There is a program underway to reduce fiscal risk by securing a high percentage of income with signed contracts, the emphasis has changed recently to focus on value rather than an absolute number. A fuller update was provided through Trust Business Group in November 2016 and agreed to modify the format and identify risks if any, more clearly.

Contract signing for the 2 year 2017-19 period is scheduled by NHS England to be completed by 23rd December 2016. Program well underway with CCG and NHS England contracts.

Trust Board Paper

Board Meeting Date	13 December 2016
Title	Mental Health Strategy 2016 - 2021
Purpose	<p>To set out key priorities for action over the next five years to deliver mental health services which reflect national policy requirements, research evidence and good practice guidance as well as the views of service users and carers, local commissioners, partners and staff. Our aim is to provide:</p> <p>Safer, improved services with better outcomes, supported by technology.</p>
Business Area	Corporate
Author	<p>Director of Corporate Affairs. N.B. The drafting of the strategy included contributions from all major service areas as well as commissioner views.</p>
Relevant Strategic Objectives	Supports all strategic objectives
CQC Registration/Patient Care Impacts	<p>The strategy prioritises delivery of safe services, and is aligned with our Quality Strategy (confirmed through Quality Assurance Committee discussion earlier this year)</p> <p>The delivery of the strategy will support our aspiration to build on our existing “good” CQC rating and ensure a positive impact on patient care.</p>
Resource Impacts	<p>Our Operational Plan submissions to NHSi details our financial, workforce and activity plans to meet our financial control total and performance targets – which include those set out in the Five Year Forward View for Mental Health.</p> <p>Our mental health services represent approximately 50% of our income and expenditure as an organisation, and our cost improvement plans will necessarily apply to our mental health services. A significant focus is the reduction of expenditure on agency staff, and the reduction of our use of Out of Area Placements.</p> <p>Investment in Quality Improvement methodology and expansion in the development of technology will support the delivery of this strategy, and will be addressed as part of our regular financial planning</p>

	processes.
Legal Implications	N/A
SUMMARY	<p>Discussions with the Trust Board to date have highlighted the importance of identifying a small number of strategic priorities, which can be straightforwardly expressed and are easy to communicate. This has resulted in the attached summary document which sets out our overarching aim: “Safer, improved services with better outcomes, supported by technology” and six supporting strategic intentions:</p> <ul style="list-style-type: none"> • Effective & compassionate help • Working with service users and carers • Straightforward access to services • Supporting our staff • Good experience of treatment and care • Working with partners and communities <p>We have recognised the importance of the Five Year Forward View for Mental Health as a template for ongoing service development, and we have made good progress in terms of delivery of key performance targets. We have also discussed the challenge posed by demand growth and resource constraints, which we know are both likely to continue.</p> <p>Achieving our vision “ to be recognised as the leading community and mental health service provider by our staff, patients and partners” means that we will need to demonstrate at least top quartile performance in all measures - ensuring we are providing safe, effective services to all patients and good support to their families and carers.</p> <p>The attached document sets out the approach that we will take to resourcing and governance, as well as implementation and measuring success. A high level implementation roadmap is included, and a commitment to complete implementation planning by April 2017.</p> <p>A draft equality impact assessment is attached.</p>
ACTION REQUIRED	The Board is asked to approve the Mental Health Strategy 2016 – 2021.

Mental Health Strategy 2016 – 21

Summary Document December 2016

Berkshire Healthcare NHS Foundation Trust

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Our Mental Health Strategy – introduction

Introduction

We are proud to be the main provider of mental health services to people in Berkshire – and this summary document outlines our key priorities for the next five years which will guide our work to enable us to achieve our vision:

“To be recognised as the leading provider of community and mental health services by our staff, patients and partners.”

The development of our Mental Health Strategy for 2016- 2021 has been informed by:

- A literature review including national guidance – in particular the Five Year Forward View for Mental Health - NICE and good practice evidence
- A review of what service users and carers have said about what is important to them (including the national engagement exercise to inform the development of the Five Year Forward View for Mental Health)
- Key public health messages about mental health problems and our local population
- The views and needs of our local commissioners
- The expertise and knowledge of our clinicians and leaders.
- Our vision and values as an organisation

Engagement

To develop our approach and identification of key priorities, discussions have been held with commissioners, clinical leaders and managers, Trust Governors, service users and representatives within our Children and Young People’s Services, Adults and Older Adults Services.

Development of Strategic Intentions

The following slide shows the process that led to the identification of our six strategic intentions:



- Effective & compassionate help
- Working with service users and carers
- Straightforward access to services
- Supporting our staff
- Good experience of treatment and care
- Working with partners and communities

These are shown in more detail on page 8 and provide a summary of what we intend to do in terms of developmental objectives.

How we will achieve our vision for mental health services for 2021 requires a focus on key priorities to drive the required transformation of the way we work. We have summarised these within our overall aim to provide:

**Safer, improved services
 with better outcomes, supported by technology**

Mental Health Strategy Summary

2016 - 2021

Effective & compassionate help

- Evidence-based pathways
- Safe, effective services achieving outcomes which are meaningful to service users
- Inpatient services represent a “centre of excellence”
- Suicide Prevention

Supporting our staff

- Recruiting and retaining skilled and compassionate staff
- Developing new roles
- Enabling creativity, innovation and effective delivery
- Building strong clinical and managerial leadership, a quality improvement and research culture

Working with service users and carers

- Guiding development of our services
- Supporting self management

Safer,
improved services
with better outcomes,
supported by
technology

Good experience of treatment and care

- Personalised care supporting recovery & quality of life
- Meeting both physical and mental health needs

Straightforward access to services

- Meeting national targets
- Effective and integrated urgent care
- Expanding online and telehealth services
- Tackling discrimination and stigma

Working with partners and communities

- Partnerships with primary care, social care and voluntary sector organisations
- Integrating mental health within locality services, and system sustainability and transformation plans
- Supporting prevention, early intervention & peer support

Our approach to the development of our strategy.....

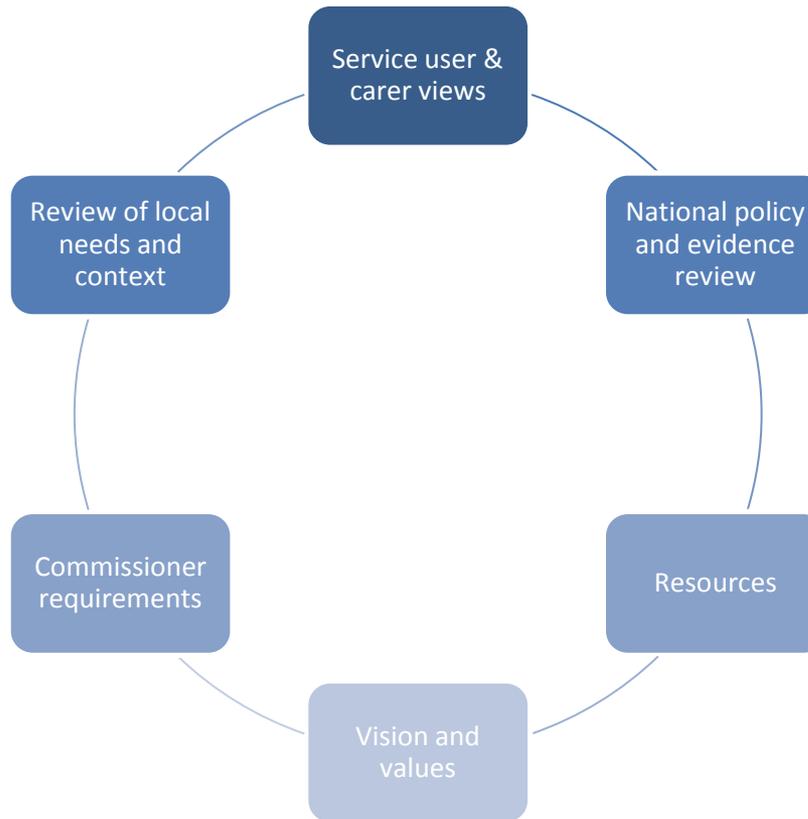
Reviewing national consultation result, local service user and carer feedback, friends and family test results.

Being informed by Public Health analysis, activity assessment and stakeholder views.

Analysing NICE guidance, national policy, research & best practice review and mental health benchmarking. Clinical views and quality priorities.

Collaborating with commissioners
Reviewing commissioner and system priorities.

Considering demand, workforce and financial pressures. Using the talent and capability of our staff. Maximising the opportunities presented by use of technology.



To be recognised as the leading provider of community and mental health services by our patients, staff and partners.

....led to the identification of our Strategic Intentions

The **Five Year Forward View for Mental Health Taskforce : public engagement findings (2015)**, is an important document in supporting our understanding of what is important to service users and carers:

- 20,473 people participated in an online survey developed by Mind and Rethink Mental Illness
- 250 people with lived experience and carers who participated in intensive engagement events.

The key themes that emerged were:

- **Prevention and stigma** - 25% and 19% respectively said these were in their top 3 priorities for change
- **Access and choice** - timely access to effective, good quality evidence-based mental health treatment and therapies in response to need, always in the least restrictive setting, was a primary concern for the majority of survey respondents. 52% of people said access is one of their top three priorities, and 33% cited needing choice of treatment.
- **Quality and experience** - people said choice was a top priority, 13% described the importance of having the right information to make meaningful decisions about their treatment. 13% of people stated the need for wider diversity and skill mix in NHS staff, including the need for peer support and more staff with psychological support skills.

The Berkshire Mental Health User Group was consulted as part of the process of drafting this strategy, and their feedback was strongly aligned with that of the National Taskforce in terms of priority concerns. These findings have influenced the selection of our strategic priorities, as well as the related objectives and key tasks for our children and young people services, and our services for adults of working age, and older adults.

Our **Patient Leaders** programme has now been established, and we have recruited and trained our first candidates. They will work with us on our mental health service development initiatives, ensuring that the voice of service users and carers informs our decision making.

Involvement of **Children and Young People** in the development of our Child and Adolescent Mental Health (CAMH) service has progressed considerably over the last year. We have a dedicated Participation Lead and service user steering groups as well as participation events in the school holidays. Service users and their families have helped with communication about our services, including with the development of video clips.

Our CYP Integration Programme has been strongly influenced by service users and their families, who told us that we need to change the way we work together with them to provide services in a way that is more joined up, makes more sense and gives lots of information clearly and when it is needed most. Our CAMHS service is now part of our Children, Young People and Families programme and work will be continuing over the coming months to review the way we deliver care.

Our engagement with service users and carers in **adults and older adults services** is variable across specific services and localities. By including working with service users and carers within our strategy, we are signalling our intention to develop this further, and achieve consistency across all our mental health services. Wherever possible, we will work together with commissioners and partners to do this.

We have already established a number of carers initiatives including the “Triangle of Care”. Our Communication and Engagement Strategy outlines the key activities to be undertaken by our Patient Engagement and Marketing & Communications teams. Our Patient Experience reports, including summaries of our complaints and Friends and Family Test results, enable our Executive and Board to measure our progress in providing a good experience of treatment and care.

Prevalence and therefore demand is increasing, but benchmarking shows we have performed well in terms of costs and key performance targets.

Children and young people

In Berkshire, prevalence of common mental health disorders varies between 7.3% and 9.6%, against an England average of 9.3%.

Our services have experienced year on year increases in referrals and with this increase in demand there has also been an increase in activity and complexity, which is reflected in waiting times for some specialist services (though overall waiting times are now decreasing), as well as the increase in presentations to A&E over the past 5 years. There has also been a 40% increase in young people accepted into the service over the same timeframe.

Adults

Referrals to our adult mental health services have increased by 17% over the last 2 years, from 23,155 during 2013/14 to 27,054 during 2015/16. Our Common Point of Entry provides easy access to advice, information and signposting, as well as to our mental health services. Prevalence of common mental disorder is predicted to continue to rise as shown below.

Year	2015	2020
Bracknell Forest	12,016	12,318
Reading	16,801	16,888
RBWM	14,170	14,465
Slough	14,955	15,669
West Berkshire	15,077	15,043
Wokingham	15,476	15,816

Older Adults

All local authorities in Berkshire are at or below England prevalence levels, which is rising in line with, or slightly greater than, the rise in prevalence of England as a whole.

National Benchmarking Information shows that the overall **cost** of mental health adult and older adult services across Berkshire Healthcare's inpatient and community mental health services is **below average** in national and regional comparisons by weighted populations. We have an **above average bias towards community services** and away from hospital beds on financial, clinical activity and workforce measures.

We have **fewer adult acute beds** (13.9) per 100,000 weighted population than the national average (16.6) and the number of **older adult beds** (12) is **significantly lower** than the national average (37.2). Our specialist Crisis Resolution Home Treatment Teams are a key factor in enabling us to meet local need within very low inpatient bed numbers.

Our **rates of readmission within 28 days** are within the **top quartile** nationally, and we are achieving our target of under 9% readmissions.

Our **bed occupancy was very slightly below average** in 2014/15 benchmarking, but is now rising to the high 90%s. (Royal College of Psychiatrists recommends a rate of 85%).

Adult and older adult community teams appear overall to have an **average or higher than average caseload** and **below average contact rates** which is likely to be due to capacity constraints driven by available resources.

Drivers - 2

National targets have informed commissioner investment; supply of key staff is a significant challenge, but we have strengths to build on.

Meeting targets

There are a number of national documents setting out how mental health service should be provided in the future and include key targets to be met. These include:

- The Five Year Forward View (FYFV) for Mental Health and Implementing the FYFV for Mental Health, which set out ambitions to provide the right care in the right place, drive down variation in service quality, and improve outcomes.
- Future in Mind (2015), which provides the strategic framework for children and young people's mental health services
- The National Dementia Strategy (2009-2014), the Prime Ministers challenge on dementia 2020, and the implementation plan (2016) set out priorities for older people's mental health services

Specific FYFV targets have been reflected in planning guidance for 2017/18 and 2018/19. We are well positioned to meet these targets as a result of previous commissioner investment in areas such as child and adolescent mental health (CAMH), Crisis Response Home Treatment Team (CRHTT), Mental Health Liaison, Early Intervention in Psychosis (EIP) and Perinatal Services. However, additional investment is needed to achieve full compliance with guidance in all target areas. This also needs to be balanced with plans to meet rising demand within our core services.

Supply side pressures

There are national shortages of a number of healthcare professional staff, including nurses and doctors, as well as some specialist staff. Berkshire Healthcare is competing for these scarce, highly mobile staff with acute trusts and other health providers (including the independent sector) within an area of high housing costs. This has led to difficulty in timely recruitment to services which have received new investment, as well as ensuring required levels of substantive staff for existing services. A number of initiatives are in progress to address these challenges, including a specific workforce project as part of our overall development programme for Prospect Park Hospital.

Strengths to build on

Our strengths we can build on include:

- Our "good" Care Quality Commission rating, and consistent delivery of financial targets
- Our organisational reputation, and good relationships with commissioners
- Our high levels of staff engagement, reflected in our staff survey
- Our innovative use of technology to drive improved rates of access and choice for patients and carers in key service areas
- Our engagement with people who use our services and carers in specific geographies/service areas.

Our Vision: To be recognised as the leading provider of community and mental health services by our patients, staff and partners

Effective & compassionate help

- *Evidence-based and responsive care delivered through clearly described pathways*
- *Focussed on providing safe, effective services that consistently achieve outcomes which are meaningful to service users*
- *Inpatient services represent a “centre of excellence” in line with best practice*
- *Suicide Prevention*

Working with service users and carers

- *Engagement with service users and carers guiding development of our services*
- *Developing supported self management models of care and support for carers*

Straightforward access to services

- *Meeting national targets*
- *People can access our services without discrimination or stigma where they live, learn and work*
- *Effective and integrated urgent care coordinated around service users and their families*
- *Using technology to provide more online and telehealth services where this makes sense*

Supporting our staff

- *Recruiting and retaining skilled and compassionate staff*
- *Developing new roles and innovative approaches to workforce planning*
- *Valuing, training and engaging staff to enable creativity, innovation and effective service delivery*
- *Building strong clinical and managerial leadership, a quality improvement and research culture*

Good experience of treatment and care

- *Personalised care supporting individual choice, independence, recovery and quality of life*
- *Both physical and mental health needs of service users are assessed and responded to in an integrated way.*

Working with partners and communities

- *Effective partnerships with primary care, social care and voluntary sector organisations*
- *Ensuring mental health is a core part of integrated locality services and local system initiatives and wider sustainability and transformation plans*
- *Supporting development of prevention, early intervention, and peer support services*

The **2017/18 Planning Guidance for the NHS** includes targets for the next 2 years, along with the requirement for contract agreements to be reached in December 2016. Our required Operational Plan submissions will detail our financial, workforce and activity plans to meet our financial control total and performance targets – which include those set out in the Five Year Forward View for Mental Health.

Agreed commissioner investment for the achievement of key Five Year Forward View targets has been secured to establish services which are fully or partially compliant with guidance, and has been described on page 7.

Our mental health services represent approximately 50% of our income and expenditure as an organisation, and our **cost improvement plans** will necessarily apply to our mental health services. A significant focus is our plan to reduce expenditure on agency staff, which already has a dedicated programme and financial plan in place to achieve required targets

Our **IAPT Expansion and Long Term Conditions initiative** includes national and local CCG funding for the next 2 years. During this time, we will seek to evidence the projected return on investment that can be achieved as a result of providing enhanced access and specific evidence based treatment for long term physical health conditions. The rationale for this national initiative is based on evidence concerning the reduced use of secondary health services that can be achieved as a result of helping people recover from mental health problems which they experience alongside their long term conditions.

Resourcing Risks

Workforce

Scarcity of key staff has been highlighted as a risk to delivery of performance targets in a number of areas of our strategy. We have identified a number of actions that are in progress, or planned which will help to mitigate this risk, and our Workforce Strategy will outline the means by which we will secure staff in the required numbers, with the necessary response to the needs of service users and their families.

Growth in demand for our services has been highlighted on page 6. Within a block contract environment, meeting costs required to maintain safe services represents a significant challenge, particularly given the financial position of our commissioners. This provides a significant driver for the development of new ways of working reflected in the priorities of this strategy.

Local Authority funding has been significantly reduced, which is likely to have a knock-on impact to our services in terms of joint services which we provide, as well reduced levels of social care and housing related support.

Governance

Our **Mental Health Programme Board** will oversee the implementation of our Mental Health Strategy, our Pathways and Clustering Project and our Prospect Park development programme. It will report progress to the Trust Board via the Business and Strategy Executive. Our Quality Executive Group will oversee quality impact assessment of specific initiatives within implementation plans.

Our existing meetings with commissioners will be used to jointly monitor progress, and local Health and Wellbeing Boards will receive formal reports and progress updates as required.

Implementation and measuring success

Implementation planning

This summary strategy document will be supported by implementation plans within our three major service areas of:

Child and adolescent mental health

Adults of working age

Older adults

These plans, including existing and new initiatives, will be completed by April 2017. They will reflect the importance of partnership planning with commissioners and other providers to achieve a joined up experience for people who use services, along with effective use of resources within our six localities and Berkshire-wide.

We will work with commissioners and partners to ensure **effective engagement of service users and carers** in our implementation, which will be supported by a **communication and engagement plan** to facilitate **engagement of our staff, commissioners and partner providers** within our six localities and across Berkshire.

Berkshire Healthcare is part of two **Sustainability and Transformation Plans (STPs)** (Berkshire West, Oxfordshire and Buckinghamshire (BOB) and Frimley Health and Care). We will continue to actively contribute to these plans, seeking to ensure that mental health is embedded throughout, that specific targets are included and achieved, and the needs of people with serious mental illness are addressed. This will also be taken forward in our **local Berkshire systems** (including the Berkshire West ACS initiative, BW10 Integration Programme and East Berkshire New Vision of Care programme) with health and social care partners, where we will be seeking the inclusion of mental health within local integration and Better Care Fund plans.

Risks

Key risks and issues affecting implementation will be included in our plans. A number of resourcing risks have been identified on page 9. In addition to these, specific attention will be paid to mitigating the risk posed by the **complexity of commissioning and partnerships** in Berkshire – given our 6 Unitary Authorities and 7 Clinical Commissioning Groups. Related to this is the risk presented by fragmented and limited response to the needs of people with **dual diagnosis** (co-existing mental health and substance misuse problems).

Our targets

The implementation plans for this strategy will include targets set out in the national policy guidance described on page 7. Local commissioner targets contained within the quality schedule of our contract, along with CQUIN requirements will also be included.

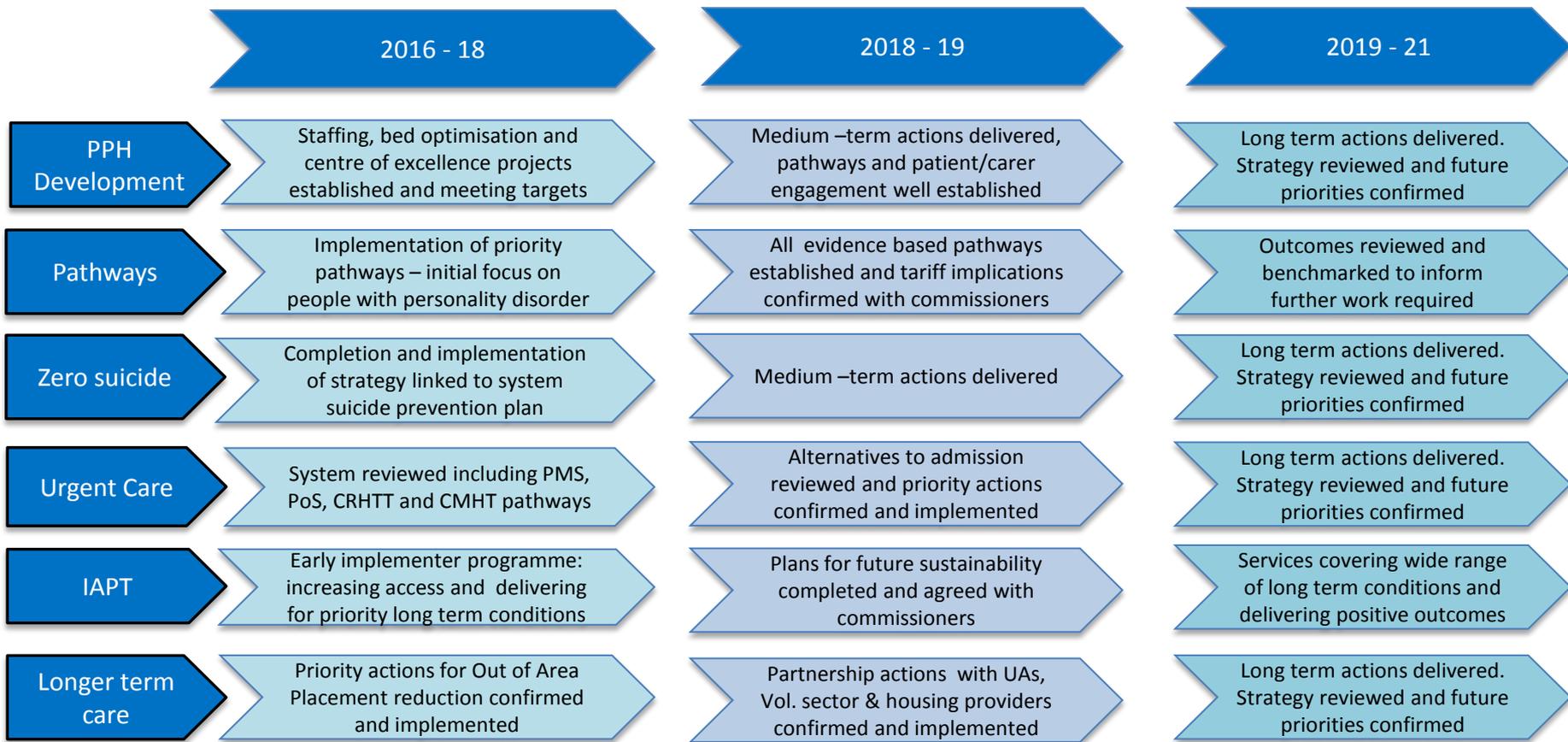
In addition, our aspiration “to be recognised as the leading provider of community mental health service provider by our staff, patients and partners” means that we need to achieve at least top quartile performance in the following by 2021:

- National Staff & Patient Surveys
- Friends and Family Test
- CQC ratings
- Waiting Times
- Average Length of Stay
- Readmission rate within 28 days
- Acute and non-acute occupancy rates
- 7 day follow up
- Delayed transfers of care
- CR/HTT gate keeping of inpatient admissions
- Mental Health Services Dataset.

We will also incorporate:

- PLACE – Patient Assessment of the Care Environment
- Safe staffing
- Local qualitative information reflecting service user and carer experience.

Mental Health Strategy Implementation Roadmap



Technology enabled service delivery: online programmes, skype and SHaRON expansion.
Informatics development.

Quality Improvement methodology enabling safer, evidence-based services with better outcomes

Glossary of terms

ACS	Accountable Care System Partner organisations working together to provide services in response to population need through effective use of collective resources	MH	Mental Health
BCF	Better Care Fund Use of health and social care funding to promote integrated responses - in particular to reduce emergency admissions and delayed transfers of care	NICE	National Institute for Health and Social Care Excellence
BME	Black Minority Ethnic	NVC	New Vision of Care Local Authorities, CCGs and Health Trusts working together to provide integrated services which provide improved outcomes and experience for service users, as well as better use of resources.
BW10	Berkshire West 10 Local Authorities, CCGs and Health Trusts in Berkshire West	OAP	Out of Area Placement When patients need to receive inpatient care a way from their local hospital because of lack of available beds.
CAMHs	Child and Adolescent Mental Health Services	QEG	Quality Executive Group
CCG	Clinical Commissioning Group	QIA	Quality Impact Assessment
CQC	Care Quality Commission	SHaRON	Support, hope and recovery online network
CQuIN	Commissioning for Quality and Innovation	STP	Sustainability and Transformation Plan
CRHTT	Crisis Resolution and Home Treatment Team	UA	Unitary Authority Our six Local Authority partners are all constituted as Unitary Authorities which means they each fulfil the full range of functions which are shared between district and county councils in two-tier systems.
CYPF	Children, Young People and Families (programme)		
FYFV	Five Year Forward View		
IAPT	Improving Access to Psychological Therapies		

Equality Analysis – Template

‘Helping you deliver person-centred care and fair employment’

1. Title of policy/ programme/ service being analysed

Mental Health Strategy 2016 - 2021

2. Please state the aims and objectives of this work and what steps have been taken ensure that the Trust has paid due regard to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics

To set out key priorities for action over the next five years to deliver mental health services which reflect national policy requirements, research evidence and good practice guidance as well as the views of service users and carers, local commissioners, partners and staff.

National policy guidance includes the requirement for “parity of esteem” for mental health in comparison to physical health. The Five Year Forward View for Mental Health (FYFV for MH) includes key priorities that are designed to impact positively on people with protected characteristics – for example perinatal services – as well as addressing existing inequalities for people from BME backgrounds, older people and children and young people. The national engagement exercise which informed the FYFV for MH included views of people who experience inequalities currently.

Our strategy has been informed by national guidance and the national engagement exercise as well as local discussions with commissioners, clinical leaders and managers, service users and representatives within our Children and Young People’s Services, Adults and Older Adults Services. The Berkshire Mental Health User Group was consulted as part of the process of drafting this strategy, and their feedback was strongly aligned with that of the national taskforce in terms of priority concerns. These findings have influence the selection of our strategic priorities, as well as related objectives and key tasks for our services for Children and Young People, adults of working age, and older adults.

We recognise that our engagement with service users and carers in adults and older adults’ services is variable across specific services and localities. By including working with service users and carers as a key priority within our strategy, we are signaling our intention to develop this further, and achieve consistency across all our mental health services. Wherever possible, we will work together with commissioners and partners to do this.

<p>3. Who is likely to be affected? e.g. staff, patients, service users</p> <p>Our Mental Health Strategy will guide the development of services over the next five years, and therefore will affect staff, service users and carers.</p>	
<p>4. What evidence do you have of any potential adverse impact on groups with protected characteristics?</p> <p>Include any supporting evidence e.g. research, data or feedback from engagement activities</p>	
<p>4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i></p>	<p><i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i></p> <p>We recognise that people with physical disability, long term physical health conditions and sensory impairment have difficulty in accessing mental health services and a more likely to experience them. The strategy aims to address these impacts, which will be addressed within implementation plans. See also section 5.3 below for opportunities for improvement.</p>
<p>4.2 Sex <i>Men and Women</i></p>	<p><i>Consider gender preference in key worker, single sex accommodation etc</i></p> <p>Effectively monitoring the uptake of services, patient experience and outcomes by sex, will enable us to understand whether we are meeting the needs of men and women. Our strategic intentions will support the delivery of personalised care and good access to services for men and women.</p>
<p>4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i></p>	<p><i>Consider cultural traditions, food requirements, communication styles, language needs etc</i></p> <p>We recognise that there are important differences in the way that different cultures understand and respond to mental health issues. In addition, there is evidence about different rates of service uptake and compulsory admission to hospital for different ethnic groups. Effectively monitoring the uptake of services, patient experience and outcomes by ethnicity, will enable us to understand whether we are meeting the needs of our local population. Our strategic intentions will support the delivery of personalised care and good access to services. However, our implementation plans will be key to ensuring that we deliver services in a way that provides equity of access and outcomes.</p>

<p>4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i></p>	<p><i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i></p> <p>Our implementation plans will be developed for children and young people, adults of working age and older adults, to ensure that our key priorities are addressed in a way that acknowledges the different needs of these groups. This will also be reflected in our communication and engagement plan.</p>
<p>4.5 Trans <i>People who have undergone gender reassignment (sex change) and those who identify as trans</i></p>	<p><i>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</i></p> <p>We recognise that further work is needed to ensure that implementation plans for our Mental Health Strategy are informed by the views of people who have undergone gender reassignment and those who identify as trans.</p>
<p>4.6 Sexual orientation <i>This will include lesbian, gay and bi-sexual people as well as heterosexual people.</i></p>	<p><i>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</i></p> <p>Monitoring the uptake of services, patient experience and outcomes by sexual orientation, will enable us to understand whether we are meeting individual needs. Further work is required to develop our capability in this area, to ensure that robust data is available. However, our strategic intentions will support the delivery of personalised care and good access to services for all local people.</p>
<p>4.7 Religion or belief <i>Includes religions, beliefs or no religion or belief</i></p>	<p><i>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</i></p> <p>Monitoring the uptake of services, patient experience and outcomes by religious belief, will enable us to understand whether we are meeting individual needs. Further work is required to develop our capability in this area, to ensure that robust data is available. However, our strategic intentions will support the delivery of personalised care and good access to services for all local people.</p>
<p>4.8 Marriage and Civil Partnership <i>Refers to legally recognised partnerships (employment policies only)</i></p>	<p><i>Consider whether civil partners are included in benefit and leave policies etc</i></p> <p>N/A</p>

<p>4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p><i>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</i></p> <p>Our Mental Health Strategy includes meeting national targets set out in the FYFV for MH – which includes perinatal services. We have already established a good foundation to meet the required targets, subject to confirmation of commissioner investment.</p>
<p>4.10 Carers <i>This relates to general caring responsibilities for someone of any age.</i></p>	<p><i>Consider impact on part-time working, shift-patterns, options for flexi working etc</i></p> <p>Our Mental Health Strategy includes a priority intention to work with service users and carers through:</p> <ul style="list-style-type: none"> • <i>Engagement with service users and carers guiding development of our services</i> • <i>Developing supported self-management models of care and support for carers</i>
<p>4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p><i>Consider ease of access, location of service, historic take-up of service etc</i></p> <p>Implementation Planning and Communication and Engagement Plans will be developed to ensure that the needs of disadvantaged groups are taken into account, building on existing local arrangements and working closely with commissioners and local provider partners – particularly voluntary sector groups.</p>
<p>• Action planning for improvement</p> <p>5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>Our strategy has drawn on national guidance, which has been developed to address existing inequalities, as well as being informed by a comprehensive literature and good practice review. In addition, the following our strategic intentions will mitigate against adverse impacts within implementation plans:</p> <ul style="list-style-type: none"> • <i>Evidence-based and responsive care delivered through clearly described pathways</i> • <i>Focussed on providing safe, effective services that consistently achieve outcomes which are meaningful to service users</i> • <i>Engagement with service users and carers guiding development of our services</i> • <i>Developing supported self-management models of care and support for carers</i> • <i>People can access our services without discrimination or stigma where they live, learn and work</i> • <i>Effective and integrated urgent care coordinated around service users and their families</i> • <i>Using technology to provide more online and telehealth services where this makes sense</i> • <i>Personalised care supporting individual choice, independence, recovery and quality of life</i> 	

- *Both physical and mental health needs of service users are assessed and responded to in an integrated way.*
- *Effective partnerships with primary care, social care and voluntary sector organisations*

5.2 If no mitigating action can be taken, please give reasons.

5.3 Please state if there are any opportunities to advance equality of opportunity?

It is our aim that the Mental Health Strategy as a whole will advance equality of opportunity for people with mental health problems, and that the bullet points in section 5.1 will provide opportunities to address specific protected characteristics. Our Implementation Planning and Communication and Engagement Plans will be a critical means of ensuring that we maximize these opportunities. The arrangements for monitoring and reporting on progress are set out in the Strategy.

Sign off
Name and signature of person who carried out this analysis Bev Searle, Director of Corporate Affairs
Date analysis completed 02.12.2016 (NB this is the date of completion of the template)
Name and signature of responsible Director
Date analysis was approved by responsible Director

Trust Board Paper

Board Meeting Date	13 December 2016
Title	Workforce Strategy – summary paper
Purpose	To seek approval of the workforce strategy for the Trust.
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 summary document sets out the key questions that we are attempting to answer through our strategy.</p> <p>A summary is provided of the national skills shortages and pressures as well as Trust trends in turnover, sickness absence and key areas of concern regarding vacancy levels. Action we are taking now to address these pressures and challenges is included.</p> <p>Existing medium to longer Attraction and Retention initiatives (derived from workforce planning activity in 2015 with four major services) are outlined, and</p>

	<p>followed by identified gaps and contribution of other medium/longer term initiatives.</p> <p>The key performance indicators for measuring the effectiveness of the workforce strategy are set out together with an approach to developing targets to drive improvements in our people practices as well as our workforce capacity.</p> <p>Recognising that benefits of the workforce strategy include achieving an excellent employer brand, as well as reducing gross vacancies, turnover, recruitment turnaround times and sickness, the paper shows when the strategy should deliver these results</p> <p>Finally, the proposed approach to building our strategic workforce planning capability is described along with the key messages for consideration by the Trust Board.</p> <p>When the workforce strategy is approved, a 'Strategic Workforce Plan on a Page' will be developed as part of the next steps, and this with the workforce strategy will be Equality Impact Assessed.</p>
<p>ACTION REQUIRED</p>	<p>The Board is asked to approve the Workforce Strategy, including the implementation plan.</p>

Workforce Strategy

2016 to 2021 – summary document

respect from the heart personal community people together help care understanding right place making a difference specialist dedication safe health service
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1. Why do we need a workforce strategy?

- To address the risk to quality/safety and achievement of strategic objectives and vision posed by gaps in our workforce
- To achieve and sustain an overall CQC rating of 'Outstanding'
- To underpin our approach to Quality and Service Improvement
- To provide a joined up plan including all our workforce initiatives
- To influence the decisions/ respond to the issues affecting the supply of health and social care skills

2. What questions are we trying to answer?

- How do we ensure we have a resilient and sustainable workforce (with the right skills, knowledge experience) aligned to our service delivery model and the wider system requirements?
- What more should we prioritise and do to attract, recruit, develop and retain staff in the short, medium and longer term?
- How and with whom must we collaborate to achieve our agreed workforce priorities?
- What in-house capability do we need to develop workforce plans on an ongoing basis?

3. What are the key activities for workforce planning?

- Building a **shared understanding of workforce planning** as a multi-disciplinary activity including consideration of need, demand and supply
- **Knowing our numbers**, the gaps in our understanding of our current position and how we can close those gaps
- Establishing the right **capabilities and structures** to establish workforce planning within the organisation

Key risks to address and document structure

In common with other NHS Trusts, the lack of a skilled workforce /staff shortages are the biggest risk to our ability to deliver services safely and achieve our objectives for quality. This also presents a risk to our clinical, operational and financial performance. The three worst affected groups are doctors, nursing staff (registered and non-registered) and allied health professionals with gross vacancies and spend on agency staff being fuelled by difficulties in both attracting and retaining staff.

The Royal College of Nursing Labour Market Review 2016 highlights the “triple effect” of reductions of nurse training places, a rise in the proportion of nurses within ten years of retirement, and the cumulative impact of pay policy and rising demand. The Royal College of Physicians report “ Underfunded, under-doctored, overstretched: the NHS in 2016” identifies the need to fund demand growth, increase training places and address workload pressures.

This document sets out the background to our own current position, what we are doing to address areas of concern and what further work we will do to ensure that we are able to recruit and retain the staff we need. This builds on our Organisational Development Strategy which has established our listening into action programme, values based appraisal and recruitment, our talent management and excellent manager programmes as well as our compassionate leadership training. This approach has been affirmed by the recently published “Developing People, Improving Care” guidance from NHS Improvement, and we are committed to continuing our values based approach to OD, Workforce and Quality Improvement.

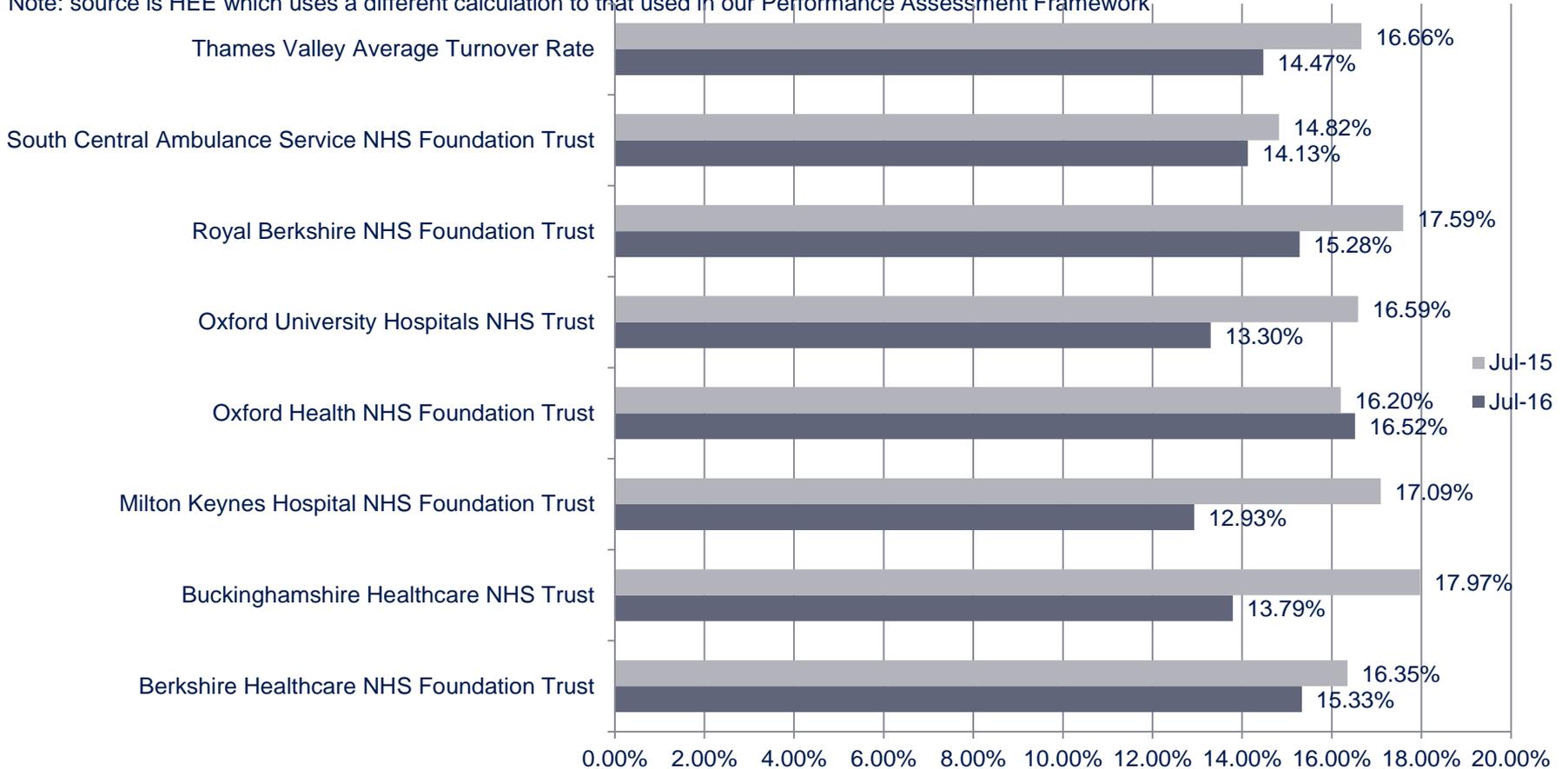
Document structure

- Slides 4 to 6 describe the main internal and external issues impacting our workforce capacity and capability
- Slides 7 to 9 describe the action we are taking now to address these pressures and challenges
- Slides 10 to 12 describe our attraction and retention initiatives, identified gaps and additional med/longer term initiatives
- Slide 13 addresses the setting of workforce capacity targets at a Trust and Service level
- Slide 14 sets out when the benefits of key initiatives should be realised, recognising that many are now underway
- Slides 15 to 17 set out our approach to building our strategic workforce planning capability (including a proposed implementation plan and summary of key messages confirmed by the Trust Board)

Key issues impacting our workforce capacity:

Annual Labour Turnover Rate by adjacent Trust, July 2015 & July 2016

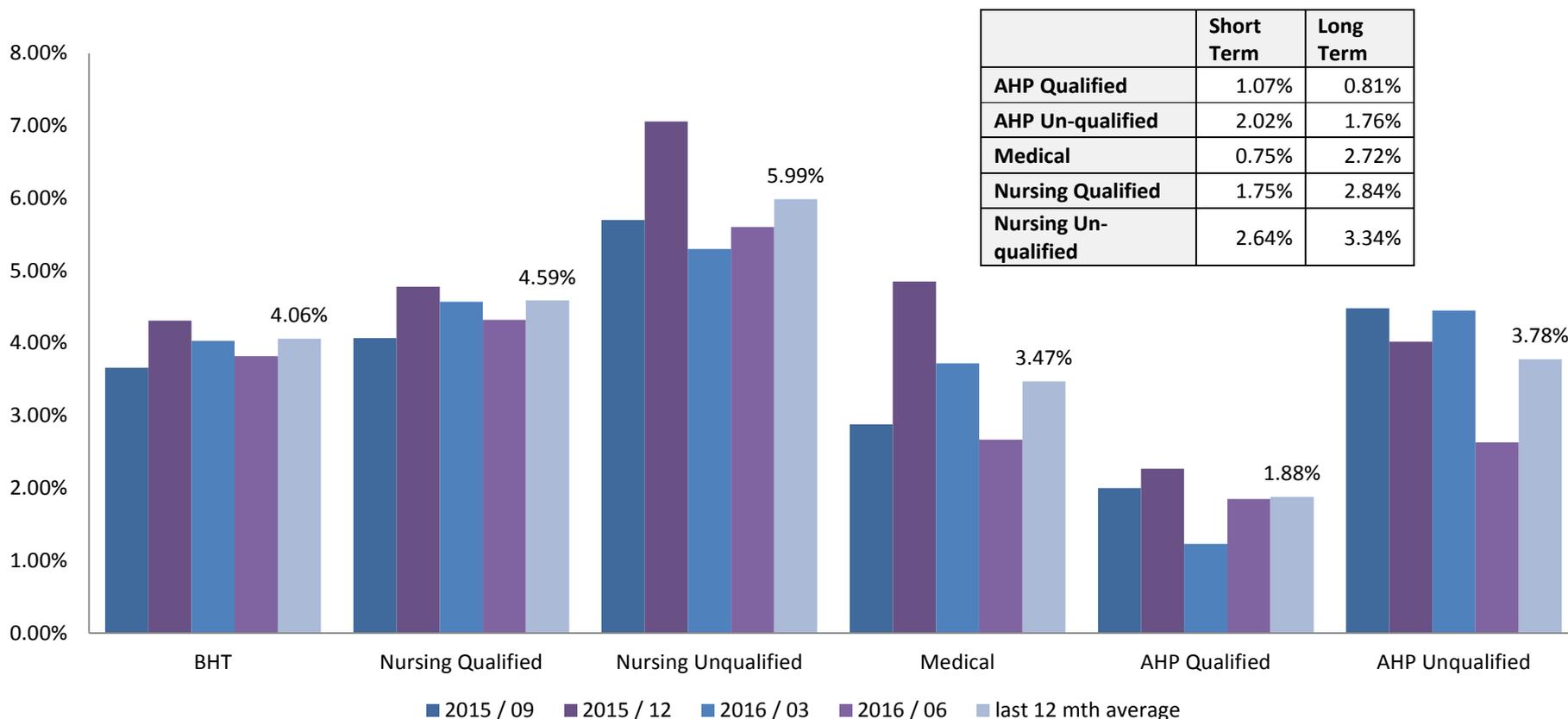
Note: source is HEE which uses a different calculation to that used in our Performance Assessment Framework



In comparison to last year, our turnover rate has reduced by 1%, and the Thames Valley average has come down by 1.25%. Oxford Health (our benchmark) is no longer the best, increasing by 0.32%. For context, figures quoted for average turnover rates for all sectors in the UK range from 10 – 16.7%, with social care turnover at approximately 25.4% (Skills for Care 2015)

Key issues impacting our workforce capacity:

Sickness absence across the Trust by staff group



Unlike turnover data, there is no comparator data available for sickness absence for our neighbouring trusts.

As at August 2016, sickness absence for the Trust was 0.56% above the target of 3.5%. The top reason for sickness absence for all groups excepting medical staff is anxiety / stress and depression. Back problems / MSK are the second and third most frequent reasons for qualified and non-qualified nursing staff taking sick leave. The sickness absence rate for the English NHS 2014 – 15 was 4.25%, with Ambulance Trusts at over 6% and CCGs at under 3%

Key issues impacting our workforce capacity:

Staff Vacancies – areas of concern

Nursing vacancies:

Mental Health Band 5 (particularly in adult acute inpatient wards and Berkshire Adolescent Unit)
Community Band 5

Allied Health Professionals:

Band 5

Medical Staffing:

Mental health inpatient services
WestCall (Out of Hours service) GPs

The above staff groups/bands consistently represent our highest % vacancy levels.

NHSI workforce report on clinical staff shortages published in February 2016 highlights 3 key drivers of nursing staffing shortfalls:

- Demand has risen rapidly and is outstripping supply
- Nurse demand has risen partly because of increased activity, but also as a result of safe staffing
- Providers have responded to the supply shortage in large measure by hiring agency workers driving up agency costs
- Improvements in providers' productivity have moderated the additional demand for nurses and the increase in agency spend

The drivers of nursing staffing shortfalls highlighted by NHSI are reflected in our experience as an organisation:
We have benefited from commissioner investment in key services, which has driven additional recruitment;
We have calculated safe staffing levels in our community and mental health inpatient services, linked to acuity and complexity of patient needs;
Our spend on agency staffing rose in order to meet commissioner targets related to specific investments/contract requirements, as well as to ensure provision of safe services.

Our operating environment is highly competitive because of:

- High housing costs
- Low levels of unemployment in the Thames Valley
- Proximity of other Trusts and Independent Sector Providers, some of whom are offering additional payments, higher banding and/or other incentives

There are uncertainties as a result of the referendum outcome to leave the European Union. We will encourage the EU nationals (at least 260 individuals) who work for us to continue to do so, and will draw on examples of good practice to guide our work.

We have successfully implemented our Organisational Development Strategy, increasing staff engagement year on year. However, we recognise that this is not driving down vacancy rates and therefore our Workforce Strategy will incorporate a range of actions to achieve our goals.

What are we doing *now* to address shortfalls in staffing levels?

Good housekeeping – ensuring we use our existing staffing resource as effectively as possible includes a number of key components:

Safe Staffing

We have a clear definition of how many nurses and care staff should be working on our hospital wards at any one time. These are calculated using nationally recognised tools and take into account the number of beds on a ward and the type of care needed. *(Note: we are working on the way that skill mix can be incorporated into these definitions without compromising patient safety)*

Sickness absence management

In place across our services and led by Locality Senior Management Teams supported by their HR Manager and detailed sickness absence data. To reduce long term sickness, we have piloted and rolled out a fast track physiotherapy service to reduce sickness due to MSK and back problems. Absence due to stress and anxiety is being tackled through increased training for staff and managers in how to identify the signs early and reduce risks. Our Health and Wellbeing plan aims to improve mental health and increase physical activity of all staff.

Minimising recruitment turnaround times

Recruitment turnaround data is shared regularly with locality senior management teams, and action taken to maintain a high level of performance. A particular focus is on re-advertising rates, to ensure this is appropriate and that other options are explored where possible.

Better resource planning and utilisation of our permanent and temporary workforces

E-rostering is being rolled out to plan and by 31/3/2017 will enable effective allocation of 2600 staff. The system drives best practice in resource planning, and with timely management information enables utilisation of permanent staff and minimise the use of temporary staff, ensuring:

- effective management of staff establishments, driving efficiencies across all services
- safe and appropriate staffing for all units using fair and consistent rosters, within available budget
- minimising of clinical risk associated with the level and skill mix of clinical and non-clinical staffing levels
- safe staffing of services to meet demand
- improved monitoring of sickness and absence by services, identifying unwarranted variation, trends and priorities for action
- improved planning of study days, annual leave and other non-patient care working days (un-availability)

What are we doing *now* to address shortfalls in staffing levels? (2)

Focus on recruitment and retention of available staff

Establishing a central bank of staff

We are build a temporary workforce (many of whom have substantive contracts with us) through NHSP. 51 new staff joined the bank in September, and approximately 2000 shifts per week are being put on the new centralised system across all nursing groups, therapy staff, facilities, admin and clerical and corporate staff. The timely management information provided by NHSP enables better decision-making about temporary staff – both bank and agency

Converting student nurses to permanent staff

A campaign has been developed to attract as many final year student nurses to become permanent members of our staff as we can. This will be launched in January 2017

Dedicated expertise in resourcing and retention

We have appointed a Head of Resourcing and Retention who started at the beginning of October, to be joined by an additional post later this year. This will bring expertise to bear in the recruitment of hard to fill vacancies, ensuring an evidence based approach to advertising methods, the use of financial incentives, relocation packages, possible use of introduction payments and the design of recruitment related website pages

Recruiting regular bank and agency staff to permanent posts

Our Agency Programme is closely monitoring the opportunity to encourage Bank or Agency staff who we use on a regular basis to join us on a permanent basis. This needs to be handled in an honest and transparent way that does not breach the terms and conditions agreed with NHSP and framework agencies or undermine the trust required of both sides.

Testing use of financial incentives to improve recruitment to hard to fill vacancies

We have piloted the use of financial incentives in three services (Campion Unit and Sorrel Ward at Prospect Park Hospital, and the joint Berkshire Healthcare/Frimley Health Respiratory team). The pilots were evaluated as neither successful nor affordable. The level of payments offered ranged from £2,000 to £3000 and matched the market place offering. However, by the end of the pilots, the market offering had risen considerably and to unaffordable levels.

What are we doing *now* to address shortfalls in staffing levels? (3)

Changing our skill mix and participating in system wide work

Prospect Park Hospital Improvement Programme – the Workforce Project

This project represents a step change in addressing workforce capacity as part of a wider programme of work to achieve our service objectives for patient care and use of resources.

Staffing is one of six elements in the programme and is targeted with reducing the level of vacancies to a maximum of 10% overall and max 20% for any ward; reducing turnover by 5% to a maximum of 15% overall and reducing the reliance on agency staff.

The project steering group includes senior inpatient managers, clinicians, finance and dedicated HR support. Initial objectives are:

- Recruitment of new Band 6 roles to enable more Band 5 staff to remain with us and develop their clinical leadership capability
- Recruitment to new Band 4 roles from a wider pool of applicants
- New arrangements for staffing our Place of Safety

Our project plan includes medium – longer term actions on recruitment, retention and skill mix.

Skills mix changes

Band 3 OTs have been introduced to all wards at Prospect Park Hospital in recognition of evidence regarding reduced incidents, observation levels and length of stay.

Development of a Nursing Associate role in partnership with Oxford Health.

Job rotations for Allied Health Professionals with the Royal Berkshire Hospital as a means of providing career development are already in place, with agreement in principle to expand these.

Slough locality has introduced a Band 3 role with responsibilities across OT, Physiotherapy and Nursing

Community Nursing Review

We are reviewing the current Community Nursing model with commissioners, to develop a redesigned model aligned with integration plans across Primary, Secondary and Social Care as part of the Frimley Sustainability and Transformation Plan and New Vision of Care Programme. Similar discussions are beginning with Berkshire West and both will be informed by the Connected Care programme, and the Local Digital Roadmap implementation.

Building training capacity in partnership

We are exploring opportunities to increase the number of local training places available for nurses.

Current medium and longer term actions

to improve attraction and retention

Workforce planning - - the start of our journey

In 2015, through a Health Education Thames Valley funded project, we prioritised four key areas for development of workforce plans and an approach to workforce planning.

The four areas selected were facing severe workforce capacity challenges. They were MH Inpatients, Community Nursing, Community Mental Health Teams and Crisis Resolution Home Treatment Team.

With support from an external workforce planning expert and the University of West London, the four services followed a structured approach to data gathering and analysis, and developed an action orientated workforce plan.

The workforce plans were reviewed by a multi-disciplinary group of directors (operational and corporate services) who the nine attraction and retention projects as Trust-wide priorities.

Inevitably, implementation of the workforce plans has been required alongside competing priorities. However, the project was a useful start in developing a workable, shared approach to workforce planning: information, analysis and terminology. It also demonstrated the minimum time requirement place on service managers and the value of (external) workforce planning expertise.

Our Nine Identified Attraction & Retention Projects

1. Develop and implement a social media strategy
2. Plan and run Open Days; attend Recruitment Fairs and develop supporting promotional materials and administrative back-up
3. Optimise the number of student nurses and AHP's recruited and appointed to Band 5 vacancies
4. Reduce turnover in new starters by improving their 'onboarding' experience and building early engagement and loyalty
5. Test / develop business case for international nurse recruitment
6. Develop case for financial incentives to attract and retain staff
7. & 8: For MH and CHS (separately), review and define career pathways, roles, job rotation; continuous professional development routes with appropriate pay progression
9. Attract and retain retired nurses affordably

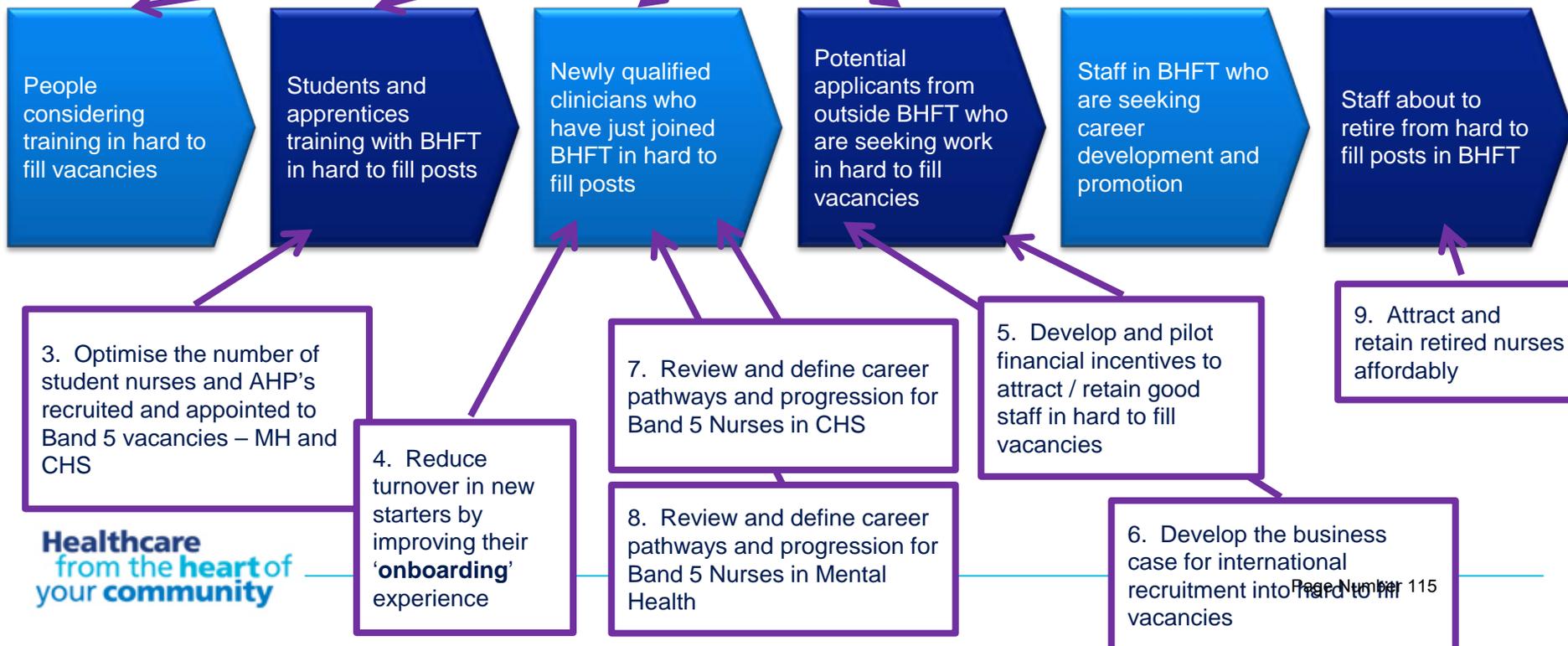
These projects are being / will be led by senior managers and supported by the Head of Resourcing and Retention. They are shown in diagrammatic form on the next slide alongside the different career stages where we expect to see an impact.

Current medium and longer term actions

How the current projects target candidates for hard to fill vacancies at different stages in their careers

1. Develop and implement **social media strategy** to raise Trust profile as a great organisation and employer
2. Plan and run **Open Days**; attend **Recruitment Fairs**; develop **database /network of potential applicants / staff**

External applicants and candidates; existing workforce



Contribution of other medium/ longer term initiatives to recruitment and retention

Workforce Race Equality Standard Action Plan
Equality Delivery System 2 action plans
Clinical Education funding and training plans

System Workforce Initiatives
Development of digital capability
Career development focus

External applicants and candidates; existing workforce

People considering training in hard to fill vacancies

The introduction of the Apprenticeship levy in 2016/17 and the removal of bursaries for student nurses/AHPs means that it may be harder to attract people into the qualified nursing “supply pipeline”. Actions to mitigate this risk are being developed and include:

- Further development of Band 4 roles and Higher Apprenticeships
- Strengthened links with FE colleges and offering student placements
- System initiatives to collaborate rather than compete for scarce candidates
- Development of roles requiring digital capability and career progression

Staff in BHT who are seeking career development and promotion

Better career planning guidance and conversations. Supporting managers and staff and piloting easy access “surgeries”.

Fair and consistent access to – CPD (Continuous Professional Development)
An online facility for application and approval of CPD to be more transparent and fair

Equality of opportunity to on the job development. Greater visibility/access

System initiatives supporting local retention of staff

Development of digital capability of existing staff as part of Connected Care and Local Digital Roadmap implementation

What are we targeting in terms of improved workforce capacity and performance?

At a headline Trust level, our existing targets will be maintained. They reflect levels which if exceeded should and do flag concern about the stability of the workforce:

- Gross vacancies: Current target is 10% (i.e. one in ten posts is not filled). This is our primary measure of workforce capacity
- Secondary metrics (reflecting root causes of gross vacancies) are: turnover (15%, the equivalent of 500 to 550 people or 1 in 6 people leaving us; recruitment turnaround (55 days); sickness absence (3.5%)

However, we will also set specific targets by service, prioritising known hotspots and:

- Set initial targets based on a *preliminary* analysis of root causes and estimates of improvements required. These will be refined as the effectiveness and cost of interventions is assessed
- Use Service intelligence to base final targets on a sustainable service model, i.e. a RAG-rated system where achievement against target reflects risk to the service
- Use stretch targets: to drive a 'step change' in our practices – how we recruit, develop, manage and retain staff; how we design jobs
- Benchmark our targets to keep pace with competing employers

Factors influencing target setting by service area:

- Validation of current % gross vacancy and whole numbers of posts vacant
- Identification of demand pressures and efficiency opportunities which may exist, including enhanced use of technology and evidence regarding optimal service models
- Consideration of quality risks and opportunities for service redesign informed by Quality Improvement methodology and system based solutions working in partnership with other organisations (including community and voluntary sector)
- Analysis of existing versus planned skill mix
- Identification of realistic timescale for recruitment (informed by knowledge of turnover, previous numbers of applicants, numbers of people completing training courses and lead in times for training)

When should our strategy deliver results?

Summary of initiatives to address shortages identified and timing of anticipated benefit

Skills shortages

Qualified nurses

Allied Health Professional

Medical Staff

Workforce planning expertise and resources

2016 to 2018

Raise our profile as employer of choice, reduce turnover, improve attraction and increase support worker roles

- Increasing applications for apprenticeships & nursing/AHP degrees
- Recruiting high numbers of 3rd Yr. Student Nurses
- Career progression & return to practice support
- Implementing workforce plans for medical staffing
- Running career "clinics" in priority areas
- Effective e-rostering
- Protecting and delivering high quality supervision
- Developing more Band 4 roles within skill mix and career pathways
- Training and internal infrastructure for workforce planning capability

2019 to 2020

Develop "Excellent Employer" reputation and embed strategic workforce planning capability

- Working with local universities to explore the options for jointly developing post-graduate nursing degrees
- Embedding talent management & career planning with band 5 & 6 nursing/AHP staff
- Establishing evidence based Health and Wellbeing initiatives linked to STP
- Establish strong service and job redesign skills in core services
- Embedding workforce planning capability in all services

2021 and beyond

Promote the supply of staff in to Health and Social Care as a whole system

- Providing training for local people to join our workforce
- Working with local health and social care partners/ education and local business to provide educational infrastructure for local training
- Responding effectively to changing use of technology to deliver services by training staff and investing in digital capability
- Increasing number/range of partnerships to provide career development for staff and ensure availability of required skills to deliver outstanding quality services

Building our strategic workforce planning capability

An approach aligned with the NHS direction of travel

We have recognised the need to build on the implementation of our Organisational Development Strategy – with a rigorous focus on recruitment, retention and skills mix initiatives, while building our workforce planning capability and processes

Securing the right additional expertise:

- Immediate expertise through a temporary resource to provide required capacity and capability
- Drawing on high level external expertise to inform developing plans
- Build on existing workforce planning capabilities : workforce planning processes, workforce information, benchmarking data,
- Investing in training for key targeted staff

Establishing clear governance:

A workforce planning steering group, including Operations, Finance, Quality, Learning & Development, HR and Temporary Staffing reporting to the Business and Strategy Executive

Workforce Planning Groups for major service areas: Community Nursing/Community Health Services; Community Hospitals; Prospect Park Hospital; Community Mental Health Services; Children's Services; Learning Disability Services.

Explicit role and responsibilities of Operational Managers, and corporate services to achieve workforce targets and for prompt escalation of risks.

Ensuring strong links with service improvement, redesign and transformation:

Developing the right approach to facilitate delivery in line with the Quality Improvement (QI) Programme

Alignment with system wide initiatives where this provides added value.

Supporting our response to new NHSI self-certification requirements regarding use of agency staff which are that:

- The Board and Executive adequately support staff in designing innovative solutions to workforce challenges, including redesigning roles to better sustain services and recruiting differently
- The Board takes an active involvement in workforce planning and is confident that planning is clinically led, conducted in teams and based on solid data on demand and commissioning intentions.

Proposed implementation plan: workforce planning

2016/17 Strategy Implementation								
INITIATIVE (Activity Gateway)	Responsible Body	Exec lead	Responsible officer	RAG	Start	End	Revised End Date	Duration (days)
Strategic Goal 3: be the provider of choice for people who use and commission our services								
STRATEGIC WORKFORCE PLANNING	TBD	Bev Searle	L. Johnson					
Trust Board approval of workforce strategy					13/12/16	13/12/16		1
Build strategic workforce planning capability								
Establish a Workforce Planning Steering Group				Green	01/01/17	31/01/17		31
Establish an (in-house) workforce planning team				Green	01/01/17	28/02/17		59
Train service managers in workforce planning principles and techniques					01/02/17	28/02/17		28
Pilot deep dive review of workforce capacity and capability in most at risk Service(s)								
Identify and prioritise services to be reviewed					01/01/17	31/01/17		31
Establish workforce planning teams for each service area					01/01/17	31/01/17		31
Brief / train teams					01/01/17	28/02/17		59
Gather and analyse workforce information					01/02/17	28/02/17		28
Run workforce planning workshop					01/03/17	31/03/17		31
Develop, review and sign-off strategic workforce plan for Service					01/03/17	31/03/17		31

The Workforce Planning Steering Group – multidisciplinary group of senior managers and clinicians – will monitor the effectiveness of the Attraction and Retention programme

Key messages for inclusion in our Workforce Strategy summary on a page

Our Workforce Strategy will:

Be informed by our values – building on the strength of our OD strategy

Support good housekeeping – ensuring we use our existing resources as effectively as possible

Ensure effective recruitment, retention and skills mix initiatives – informed by our Quality Improvement Programme, and increasing our digital capability

Include ongoing development of strategic and operational workforce planning across our organisation – informed by best practice evidence and including effective governance processes

Trust Board Paper

Board Meeting Date	13 December 2016
Title	Annual Audit Letter
Purpose	The paper presents KPMG's Annual Audit Letter for 2015/16
Business Area	Finance
Author	Alex Gild, Director of Finance, Performance & Information
Relevant Strategic Objectives	3 – To deliver financially sustainable services through efficient provision of clinical and non-clinical services
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None.
Legal Implications	In accordance with accounting practice.
SUMMARY	Annually, the external auditor issues the annual audit letter for the Directors and Governors of the BHFT summarising the key issues arising from their audit of the Trust.
ACTION REQUIRED	To formally receive and note the Annual Audit Letter and to seek any clarification on the contents.



Annual Audit Letter 2015-16

Berkshire Healthcare NHS Foundation Trust

External Audit 2015-16

December 2016





Contacts

The contacts at KPMG in connection with this report are:

Fleur Nieboer

KPMG LLP (UK)

Partner

Tel: +44 (0)20 7311 1879

fleur.nieboer@kpmg.co.uk

Satinder Jas

KPMG LLP (UK)

Manager

Tel: +44 (0)79 7961 2771

satinder.jas@kpmg.co.uk

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This report is addressed to Berkshire Healthcare NHS Foundation Trust (the Trust) and has been prepared for its use only. We accept no responsibility towards any third parties. Monitor has issued a document titled Audit Code for NHS Foundation Trusts. This summarises where the responsibilities of auditors begin and end and what is expected from the audited body. We draw attention to this document.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

If you have any concerns or are dissatisfied with any part of KPMG's work, in the first instance you should contact Fleur Nieboer who is the engagement lead who will try to resolve your complaint.



Purpose of the Annual Audit Letter and scope of work

Purpose of this letter

This letter summarises the key issues arising from our audit of Berkshire Healthcare NHS Foundation Trust (the Trust). We highlight areas of good performance and provide recommendations on areas of improvement. All issues summarised herein have previously been reported to the Trust and a list of all reports we have issued in 2015-16 is provided in Appendix A. Although this letter is addressed to the Directors and Governors of the Trust, it is also intended to communicate key issues to relevant external stakeholders, including members of the public.

Responsibilities of the auditor

The statutory responsibilities and powers of appointed auditors are set out in the National Health Service Act 2006 ('the Act'). In discharging these specific statutory responsibilities and powers, auditors are required to carry out their work in accordance with NAO's code of audit practice (the Code) which is available at <https://www.nao.org.uk>. This outlines where our responsibilities begin and end and what is expected from the audited body.

External auditors do not act as a substitute for the Trust's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

The scope of our work

Under the Code we are required to review and report on:

- The **value for money** – whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; and
- The **accounts** – the financial statements and the Annual Governance Statement.

In addition, we were required by NHS Improvement (previously know as Monitor) to provide independent assurance on the content of the Quality Report and two mandated indicators. We also provided assurance on a third locally selected indicator 'Clostridium difficile' chosen by your Council of Governors.

Adding value through our external audit

We have added value throughout the year through:

- A proactive and pragmatic approach to issues arising in the production of the financial statements to ensure that our opinion is delivered on time;
- Meetings and discussions throughout the year with key staff on the quality report, the indicators for audit and how the Trust can enhance the quality report and the underlying data;
- Engaging with the Trust on developing approaches to technical accounting queries and agreeing in advance of final accounts key accounting estimates made by management;
- Provision of technical updates and sector guidance to the Audit Committee to ensure that they remain briefed on matters relevant to them; and
- Maintaining an effective working relationship with the Trust's internal auditors to maximise assurance to the Audit Committee, avoid duplication and provide joint value for money.

Fees

Our fee for the financial statements and use of resources audit in 2015/16 was £65,721 excluding VAT. This fee was in line with that highlighted in our audit plan issued January 2016. Our fee for the external assurance on the quality report in 2015/16 was £10,555 excluding VAT.

As in previous years, we also undertake the external audit of Berkshire Health Charitable Fund. Our fee for the Charity audit in 2015/16 is £5,000 excluding VAT in line with our Audit Plan.

Acknowledgement

We thank the Trust for its support throughout the year.

Key messages

<p>Value for money opinion: Unqualified</p> <p>Value for Money Opinions and Annual Governance Statement (AGS)</p>	<ul style="list-style-type: none"> — We are required to certify that we have completed the audit of the Trust financial statements in accordance with the requirements of the Code. If there are any circumstances under which we cannot issue a certificate, then we must report this to those charged with governance. There are no matters that caused us to delay the issue of our certificate of completion of the audit. — We were able to conclude that the Trust had made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2016 and we issued an unqualified value for money opinion. — We reviewed the 2015-16 AGS and were able to confirm that it reflected our understanding of the Trust's operations and risk management arrangements. We have also taken into consideration the work of internal audit and did not identify any issues which impacted our audit work.
<p>Quality accounts opinion: a clean limited assurance opinion.</p> <p>Quality Accounts</p>	<p>We completed our audit of the Trust's 2015-16 Quality Report. Headlines from our work include:</p> <ul style="list-style-type: none"> — The Trust achieved a clean limited assurance opinion on the content of its Quality Report. This represents an unqualified audit opinion on the Quality Report; — This year we tested '100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital' and 'admissions to inpatient services that had access to crisis resolution home treatment teams' as the two mandated indicators. Based on our detailed testing of the indicators we were able to give a clean limited assurance opinion on their presentation and recording; — Our work on the local mandated indicator 'Clostridium difficile' did not identify any issues in the sample of data we tested; and — Our detailed findings following the audit of the Quality Report were presented to the Trust in our audit highlights memorandum. This report included one medium priority recommendation in relation to the recording of the incorrect follow-up dates for the 100% enhanced CPA indicator. We recommended that the monthly review of non-compliant cases be extended to include a sample of compliant cases.
<p>Financial statements opinion: unqualified</p> <p>Overall Financial Results and Financial Statements Opinion</p>	<ul style="list-style-type: none"> — We issued an unqualified audit opinion on the accounts. The key findings from the audit were that there were no unadjusted audit differences. We agreed presentational changes to the financial statements with the finance team, mainly related to compliance with the Annual Reporting Manual (ARM) and property, plant and equipment disclosures. We raised one low priority recommendation regarding the review of petty cash, this was accepted by the Trust and implemented. — However, we noted the Trust's year end position was a deficit of £2.4 million which was better than expected against a planned deficit of £4 million. Going into 2016/17, the Trust has a projected a favourable outturn position of £0.5 million. The Trust acknowledges the increasing financial constraints across the health economy and the reduction in funding. The actual underlying financial position of the Trust is not projected to vary significantly, however, the focus on cost improvement programmes will continue and in particular establishing recurrent savings. Around £3.3 million of cost improvement programmes have been identified for 2016/17. — Whilst the current financial position does not indicate any immediate concerns in respect of liquidity or your going concern assertion, this does remain an area of significant risk to the Trust. On the basis of the work we have undertaken in respect of the financial position of the Trust, we did not consider at the date of our opinion that there were any circumstances which would impact on our ability to issue an unqualified audit opinion.

Reports issued and recommendations

The table below provides details of all our audit reports issued in 2015-16. We also summarise all the recommendations that we issued in 2015-16. These recommendations have all been communicated to the Audit Committee. All recommendations were agreed with Management and action plans have been put in place for implementation. We will follow up progress against all recommendations made as part of our 2016-17 audit.

Report	Date issued	Number of recommendations made		
		High priority	Medium priority	Low priority
Audit plan	January 2015	n/a	n/a	n/a
Audit highlights memorandum	May 2015	0	1	1
Long form audit report	May 2015	n/a	n/a	n/a
Total		0	1	1

Any high priority and medium priority recommendations are summarised below alongside management responses. There were no high priority recommendations:

New medium priority recommendation raised in 2015-16	
<p>Management will provide communication to both the department where the initial issues were identified and circulate widely to the Trust to ensure staff are aware of the indicator reporting requirements.</p>	<p>100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital: discharge/follow-up dates on RiO inconsistent with patients' notes.</p> <p>Our sample testing identified twelve patients where either the discharge or follow-up dates recorded on RiO could not be agreed to date recorded in the patients' notes. In each of these cases the patient was followed up within seven days and there was no overall impact on the reported indicator. However, it is important the correct discharge/follow-up dates are used when completing the seven day follow up of patients to ensure accurate reporting.</p> <p>During our discussion with management, we identified that the issue was related to one of the Trust's teams.</p> <p>We recommend that relevant staff should be reminded of the indicator reporting requirements. Spot checks of data accuracy should be implemented until the data is accurately input. This will enable the Trust to identify incorrectly input data prior to calculating the indicator which will enable this to be followed up with individual staff members to reduce the risk of the same error occurring again.</p> <p>Management Response:</p> <p>BHFT accept the proposed recommendation.</p> <p>Management will provide communication to both the department where the initial issues were identified and circulate widely to the Trust to ensure staff are aware of the indicator reporting requirements.</p>



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CREATE: CRT072948A

Revised Schedule of Trust Board Meetings in 2017

Date	Meeting type
10 January 2017	Discursive Meeting
14 February 2017	Public Trust Board Meeting
14 March 2017	Discursive Meeting
11 April 2017	Public Trust Board Meeting
09 May 2017	Public Trust Board Meeting
13 June 2017	Discursive Meeting
11 July 2017	Public Trust Board Meeting
<i>08 August 2017</i>	<i>Public Trust Board Meeting – if required</i>
12 September 2017	Public Trust Board Meeting
10 October 2017	Discursive Meeting
14 November 2017	Public Trust Board Meeting
12 December 2017	Public Trust Board Meeting