BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING HELD IN PUBLIC

10:00am on Tuesday 09 May 2017
Boardroom, Fitzwilliam House,
Skimped Hill Lane, Bracknell, RG12 1BQ

AGENDA

No	Item	Presenter	Enc.
OPENING BUSINESS			
1.	Chairman's Welcome	Martin Earwicker, Chair	Verbal
2.	Apologies	Martin Earwicker, Chair	Verbal
3.	Declaration of Any Other Business	Martin Earwicker, Chair	Verbal
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Martin Earwicker, Chair	Verbal
5.1	Minutes of Meeting held on 11 April 2017	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.1	Quality Board Visit: The Assessment and Rehabilitation Centre (ARC) at Upton Hospital, Slough	Mark Day, Non-Executive Director	Enc.
6.2	Patient Experience Quarter 4 Report	Helen Mackenzie, Director of Nursing and Governance	Enc.
6.3	BHFT Quality Account 2016/17	Minoo Irani, Medical Director	Enc.
EXECUTIVE UPDATE			
7.1	Executive Report	Julian Emms, Chief Executive	Enc.
PERFORMANCE			
8.1	Month 12 2016/17 Finance Report	Alex Gild, Chief Financial Officer	Enc.
8.2	Month 12 2016/17 Performance Report	Alex Gild, Chief Financial Officer	Enc.
8.3	Finance, Investment & Performance Committee – 26 April 2017	Mark Lejman, Chair of the Finance, Investment and Performance Committee	Verbal
STRATEGY			
9.1	Strategy Implementation Plan 2017-18	Bev Searle, Director of Corporate Affairs	Enc.
9.2	Mental Health Strategy – Update Report	Bev Searle, Director of Corporate Affairs	Enc.
CORPORATE GOVERNANCE			
10.2	Annual Report 2016-17	Julian Emms, Chief Executive	Enc.

No	Item	Presenter	Enc.
10.3	NHS Improvement Board Declarations – License Conditions	Alex Gild, Chief Financial Officer	Enc.
10.4	a) Audit Committee Minutes – 26 April 2017 b) Appointment of a Substitute Member of the Audit Committee for the meeting on 24 April 2017	Chris Fisher, Chair of the Audit Committee	Enc.
10.5	Council of Governors Update	Martin Earwicker, Chair	Verbal
10.6	Use of the Trust Seal	Alex Gild, Chief Financial Officer	Enc.
Closing Business			
11.	Any Other Business	Martin Earwicker, Chair	Verbal
12.	Date of the Next Public Trust Board Meeting – 11 July 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

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Berkshire Healthcare NHS
NHS Foundation Trust

AGENDA ITEM 5.1

Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday 11 April 2017

Boardroom, Fitzwilliam House

Present:	Martin Earwicker	Chairman
	David Buckle	Non-Executive Director
	Mark Day	Non-Executive Director
	Julian Emms	Chief Executive
	Chris Fisher	Non-Executive Director
	Alex Gild	Director of Finance, Performance & Information
	Dr Minoo Irani	Medical Director
	Mark Lejman	Non-Executive Director
	Ruth Lysons	Non-Executive Director
	Helen Mackenzie	Director of Nursing and Governance
	Mehmuda Mian	Non-Executive Director
	Bev Searle	Director of Corporate Affairs
	David Townsend	Chief Operating Officer *(present until 11am)*
In attendance:	Julie Hill	Company Secretary
	Louella Johnson	Director of Human Resources
	Alison Lennox	Trainee Registrar

17/042	**Welcome** (agenda item 1)
	The Chair welcomed everyone to the including the Public Governors: Linda Berry and Krupa Patel. The Chair also welcomed Louella Johnson, Director of Human Resources and Alison Lennox, Trainee Registrar.
17/043	**Apologies** (agenda item 2)
	There were no apologies. It was noted that the Chief Operating Officer had to attend an urgent meeting and would leave the meeting at 11am.
17/044	**Declaration of Any Other Business** (agenda item 3)
	There was no other business declared.
17/045	**Declarations of Interest** (agenda item 4)
	i. Amendments to Register – none
	ii. **Agenda Items -** none

17/046	**Minutes of the previous meeting – 14 February 2017** (agenda item 5.1)
	The Minutes of the Board meeting held in public on Tuesday 14 February 2017 were approved.
17/047	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. **The Trust Board**: noted the schedule of actions.
17/048	**Quality Board Visit Report – Community Nursing Maidenhead Team** (agenda item 6.1)
	The Medical Director reported that he had visited the Community Nursing Maidenhead Team on 10 March 2017. It was noted that the Maidenhead Community Team was locally based and was made up of four teams which were named according to geographical and GP surgery alignment. The Community Nurses maintained a range of skills from wound care, managing essential equipment for patient care, intravenous therapy and also end of life care for patients. The Medical Director reported that he met with the team lead for Maidenhead and he had accompanied one of the Sisters in the Linden Team on her home visits. The Medical Director said that the Community Nurses provided an important service which enabled hospitals to discharge patients to their homes where certain aspects of treatment could be completed. The Nurses were also valued by local GPs because of the joint support for patient care at home. It was noted that the Maidenhead Team had been successful in recruiting to vacancies and had a stable team structure with the four Teams providing cross cover if required. The Chair commented that he had visited Slough and Reading Community Nursing Teams and had also accompanied Nurses on home visits and was particularly impressed how the Nurses were able to undertake complex clinical procedures in patients' own homes. The Director of Nursing and Governance said that the Community Nurses were very committed and their patients and provided excellent care. David Buckle, Non-Executive Director said that one of the challenges for Community Nurses was that they had to manage a number of interfaces, particularly between other NHS organisations. Mark Lejman, Non-Executive Director said that one of the difficulties was that Community Nurses did not have access to GP notes on the Trust's RiO electronic patient record system. The Chief Executive confirmed that since February 2017, Community Nurses were able to access GP records on the RiO system. The Chair said that his impression from visiting two Community Nursing Teams was that the service was fragmented and that there needed to be a more integrated model. The Chief Executive said that one of the Quality Improvement projects would be around identifying what a "good" service looked like in relation to Community Nursing and then developing a consistently good service across all Teams. The Chief Executive said that investment in IT systems, such as mobile working, RiO and Connected Care was an

	enabler and freed up more time for Community Nurses to spend caring for patients. **The Trust Board**: thanked the Medical Director for sharing his reflections about his Quality Board Visit to the Community Nursing Maidenhead Team.
17/049	**Quality Assurance Committee – 21 February 2017** (agenda item 6.2)
	The minutes of the Quality Assurance Committee meeting held on 21 February 2017 had been circulated. Ruth Lysons, Chair of the Quality Assurance Committee said that she particularly wanted to highlight that the Committee had agreed that the Medical Director would have Board level responsibility for the Trust's mortality review systems and processes and that the Chair of the Quality Assurance Committee would have Non-Executive Director responsibility. It was noted that the Director of Nursing and Governance would retain her responsibility for investigating serious incidents. Ms Lysons reported that the Committee had discussed the forthcoming retirement of the Locality Director for Mental Health In-Patients at Prospect Park Hospital and had been reassured that robust succession plans were in place. Ms Lysons reminded the meeting that the December 2016 Trust Board meeting had discussed national benchmarking data which suggested that the Trust was an outlier in its relatively high use of prone restraint. Ms Lysons reported that the Committee had discussed the issue in more detail and had agreed that further work was required in order to gain a better understanding of the issue. Mark Day, Non-Executive Director asked about the timescale for completing the review into the use of prone restraint. The Director of Nursing and Governance said that she planned to submit a report to the August 2017 meeting of the Committee. **Action: Director of Nursing and Governance** The Director of Nursing and Governance reported that one of the Quality Improvement projects would be around reducing violence and aggression on the wards and this would reduce the need for prone restraint. On behalf of the Trust Board, the Chair thanked Ruth Lysons for her update. **The Trust Board**: noted the minutes of the Quality Assurance Committee.
17/050	**Executive Report** (agenda item 7.1)
	The Executive Report had been circulated. The following issues were discussed further: **Appointment of the Trust's Freedom to Speak Up Guardian** The Chief Executive reported that following a competitive interview process, Elaine Williams, Listening into Action Lead had been appointed at the Trust's first Freedom to Speak Up Guardian. The Chief Executive said that the appointment of the Freedom to Speak Up Guardian provided another way for staff to raise concerns. **Next Steps on the NHS Five Year Forward View** On behalf the Trust Board, the Chair congratulated the Trust on being selected to be one of seven national Mental Health Global Exemplars. In addition, NHS England had identified both Frimley Health and Care STP and the Berkshire West Accountable Care System

(which was a sub-set of the Berkshire West, Oxfordshire and Buckinghamshire STP) as national exemplars.

Care Quality Commission Focussed Inspection
It was noted that the Care Quality Commission's report on their re-inspection of services in December 2016 was published on 27 March 2017. The Director of Nursing and Governance reported that the inspection had gone very well with the Learning Disability Inpatient Services, Berkshire Adolescent Unit and Older People's Mental Health wards all being rated "good" across all domains. The Acute Mental Health wards and Psychiatric Intensive Care Unit were rated "good" across all domains, with the exception of "safety" which was still rated as "requires improvement" because of the two very serious incidents that have occurred over the last 18 months that were still under investigation.

The Chief Executive reported that he was delighted that the CQC had rated 13 core services as "good" and said that he hoped that the Quality Improvement work would help the Trust to sustain and further improve its performance.

Mehmuda Mian, Non-Executive Director referred to the CQC's compliance notice in relation to Daisy Ward's door and garden and asked whether this would affect the Trust's overall rating. The Director of Nursing and Governance said that work was in progress to address the issues raised in the compliance notice and confirmed that this would not affect the Trust's overall rating.

NHS Property and Estates
Ruth Lysons, Non-Executive Director reported that Sir Robert Naylor's review of NHS Property and Estates had estimated that a total of £10bn was required to properly fund England STPs and maintain health facilities in the future and asked whether this meant that there was likely to be more national capital investment in the NHS estate.

The Chief Financial Officer reported that the Berkshire West Accountable Care System was reviewing all assets and land with a view to identifying any that were surplus to requirement and could be disposed of.

Temporary Staffing Programme Management
Mehmuda Mian, Non-Executive Director noted that the contract with NHSP would be retendered later in the year and asked whether there were alternative providers to NHSP. The Director of Nursing and Governance confirmed that there were alternative providers and that a competitive tendering process would be undertaken.

Mehmuda Mian, Non-Executive Director asked about the ban on using agency Health Care Assistants which came into effect from 1 April 2017. The Director of Nursing and Governance said that the Trust had worked hard to transfer agency Healthcare Assistants to the Bank.

The Chief Operating Officer said that the new Prospect Park Hospital band 4 support workers had started work and this would reduce the reliance upon temporary staff.

David Buckle, Non-Executive Director asked whether the IR35 tax requirements would impact on the Trust's ability to appoint Westcall Doctors and Locums.

The Director of Nursing and Governance said that she was aware of the Westcall issue and was working with the service to review the skills mix.

	Thames Valley and Wessex Leadership Academy Leadership Recognition Awards 2017 The Chief Executive said that he was delighted that the Trust had achieved a total of 9 finalists in this year's leadership recognition awards, across 8 of the 11 categories. It was noted that three members of staff would go forward for the national awards. The Chair agreed to congratulate the staff shortlisted for the awards on behalf of the Trust Board. **Action: Chair** **The Trust Board**: noted the report.
17/051	**Staff Survey Results** (agenda item 7.2)
	The Director of Corporate Affairs presented the report and highlighted the following points: • The Trust had maintained its high performance for overall staff engagement and had achieved its best score yet for staff motivation. • In addition, there were some good improvements in a number of areas: including a reduction in the percentage of staff feeling unwell due to work-related stress; an increase in the percentage of staff satisfied with the opportunities for flexible working patterns; and a reduction in the number of staff working extra hours. • The results also confirmed a number of areas of concern, including the differences reported by white and by black, Asian and minority ethnic (BAME) staff about their experience of bullying and harassment, discrimination and equality of opportunity. The Trust's scores in these areas had deteriorated or not improved enough. • The Trust had already prioritised taking action on these issues and had put plans in place to improve. The Chair reported that he had recently attended a staff network meeting and BAME staff had praised the Chief Operating Officer's (Executive Director lead for equalities and diversity) leadership and commitment to the issue. The Chief Executive said that the staff survey had highlighted a number of key issues including: • More work was needed to address the differential treatment of white and BAME staff • More work was also needed to support Staff with disabilities; • The importance of using the Quality Improvement Programme as a mechanism for staff engagement. Otherwise there was a danger that staff would become disengaged if things remained the same. Mark Day, Non-Executive Director reported that he had attended the Trust's BAME network's Inspire and Unite event on 31 March 2017 which was excellent. The Chair said that the Diversity and Inclusion Board Leadership session held on 14 March 2017 demonstrated the Board's total support and commitment to improving the experience of the Trust's BAME staff. **The Trust Board**: noted the report.
17/052	**Month 11 2016-17 Finance Report** (agenda item 8.1a)
	The month 11 financial summary report had been circulated. The Chief Financial Officer presented the paper and reported that the month 11 position

	was in line with the financial plan but going forward, the number of out of area placements posed a risk to the delivery of the Trust's financial plan. **The Trust Board noted:** the following summary of financial performance and results for Month 11 2016/17. The "use of resource" metric came into effect from 1 October 2016. A rating of 1 is the highest rating possible with 4 being the lowest. The metric incorporates visibility on agency control. **Year to Date (Use of Resource) metric:** • Rating 2 (plan 2) o Capital Service Cover 2.24 (rating 2) o Liquidity metric 5.48 (rating 1) o Income and Expenditure Margin 0.56% (rating 2) o Income and Expenditure Variance 0.22% (rating 1) o Agency 17.92% (rating 2) **Year to Date income and expenditure** (including sustainability and transformation funding): • Plan: £693k net surplus • Actual: £1,713k net surplus • Variance: £1,020k favourable **Month 11: £387k surplus (including sustainability and transformation funding) +£523k variance from plan:** Key variances: • Short term overspill: -£106k; - principally due to 12 acute placements required in month due to bed pressures; • Community Inpatients: -£73k due to high observations, particularly in Newbury; • Independent Hospital Placements: -£71k due to observations in budgeted placements and new additional placements; • Westcall: -£69k due to continued high spend on locums; • Mental Health Inpatients: -£54k – net pay spend in month largely due to vacancy cover and observations. To assure sustainability and transformation funding, £250k of cash reserves was released in month. The in-month underlying position, excluding sustainability and transformation funding is: -£289k deficit. The balance sheet position, in view of the run-rate risk on out of area placements going into 2017/18 is subject to review. **Cash**: Month 11: £16.7m (plan £17.3m) The variance to plan was primarily due to an increase in aged debt relating to Berkshire CCGs, particularly in the East. **Capital expenditure**: Month 11: £2.2m (plan £2.2m)
17/053	**Financial Plan 2017-18 and 2018-19** (agenda item 8.1b)
	The Trust's Financial Plan 2017-18 and 2018-19 had been circulated.

	The Chief Financial Officer reported that the final Financial Plan had been agreed with the Senior Leadership Team and the March 2017 meeting of the Finance, Investment and Performance Committee had reviewed it in detail. The Chief Financial Officer reported that national benchmarking data had suggested that the Trust was an outlier in relation to its back office costs and further work was being undertaken to understand why this was the case and to identify any areas of cost reduction. Mark Lejman, Non-Executive Director asked why the Trust had not focused on the back office costs in the past. The Chief Executive said that as part of Lord Carter's efficiency work, 18-20 community and mental health trusts had been identified to help develop the benchmarking methodology and this would help the Trust with its own work. Mark Day, Non-Executive Director said that before the Trust implemented any changes to the back office, it would be important to identify any quality implications for patients. It was noted that the Medical Director and the Director of Nursing and Governance reviewed all the quality impact assessments of any proposed cost improvement plans prior to their approval. Helen Mackenzie, Director of Nursing and Governance said that the current accommodation for the Berkshire Adolescent Unit was not fit for purpose and asked whether there was any progress in plans to relocate the service. Mark Lejman, Non-Executive Director reported that the Finance, Investment and Performance Committee had discussed the issue at length and said that the Trust was waiting for NHS England to determine its future commissioning intentions in relation to the Berkshire Adolescent Unit. The Chief Executive reported that NHS England had recently written to the Trust but more work was needed to review to understand its position. It was noted that a paper would be presented to the Finance, Investment and Performance Committee in due course. **Action: Chief Operating Officer** The Chief Financial Officer invited the Trust Board to formally approve the Financial Plan, noting in particular: • The headline risk rating of "1"; • The highlighted risks to plan achievement, including out of area placements, the need for further work to identify schemes for inclusion in the Cost Improvement Programme and the capital improvements planned. The Chair asked Mark Lejman, Chair of the Finance, Investment and Performance Committee to confirm that he was happy to recommend that the Trust Board approved the Financial Plan. Mr Lejman confirmed that the Committee had reviewed the Financial Plan in detail and that he recommended Trust Board approval. **The Trust Board**: approved the Trust's Financial Plan 2017-18 and 2018-19.
17/054	**Month 11 2016/17 Performance Report** (agenda item 8.2)
	The Month 11 2016/17 Performance Summary Scorecard and detailed Trust Performance Report had been circulated.

	It was noted that the "People" and "Contractual" Performance indicator groupings were RAG rated as "amber" and Service Efficiency and Effectiveness was RAG rated as "red". Mehmuda Mian, Non-Executive Director referred to page 90 of the report and commented that 17 incidents of self-harm related to a single Berkshire Adolescent Unit patient. The Director of Nursing and Governance said that he was aware of the case and said that the patient's care plan had been reviewed and altered following each incident. The Chair referred to page 94 of the report and commented that it was positive that there had been a reduction in the staff turnover in Mental Health Inpatients in month 11. The Director of Corporate Affairs said that the decision to change the skills mix at Prospect Park Hospital had been well received by staff and the Trust had successfully recruited to both the band 4 and band 6 posts. The Chief Executive said that a key indicator of the success of the project would be if a significant number of staff in these new roles continued to be in post in six to nine months' time. Chris Fisher, Non-Executive Director referred to page 99 of the report and commented that 38% of the Community Health Services Inpatient occupied bed days in Reading related to delayed transfers of care. The Chief Executive said that this was a national issue and that local authorities were struggling because of financial pressures but reported that the Government had announced more money in the Budget to support local authorities in fulfilling their social care duties. Chris Fisher, Non-Executive Director referred to pages 101 (commentary) and 104 (graph) of the report and asked for assurance that the Trust had plans in place to achieve the new births health visiting target. The Chief Financial Officer reported that the Finance, Investment and Performance Committee had discussed the new births health visiting target at length and reported that the Trust's performance benchmarked well and that the Commissioners were satisfied with the current level of performance. It was noted that any new mother identified as being vulnerable would be prioritised for a visit and that everyone else would be seen within three weeks rather than within the two week target. **The Trust Board**: noted the month 11 2016/17 Trust performance report.
17/055	**Finance, Investment and Performance Committee – 22 February 2017 and 29 March 2017** (agenda item 8.3)
	Mark Lejman, Chair of the Finance, Investment and Performance Committee reported that in addition to the standing items, the Finance, Investment and Performance Committee meetings in February and March had discussed the following key issues: • The Sustainability and Transformation funding incentive scheme and its impact on the Trust's cash reserves; • The draft Financial Plan 2017-18 and 2018-19; • The improved agency position; and • The financial risks associated with the increase in the number of out of area placements; The Chair thanked the Chair of the Finance, Investment and Performance Committee for

	his update.
17/056	**Strategy Implementation Plan 2016-17 – Update Report** (agenda item 9.1)
	The Director of Corporate Affairs presented the report and highlighted the following points: • The Strategy Implementation Plan and Progress Report at the end of February 2017 showed that good progress was being made with most of the initiatives being delivered to the expected time frames or with minor slippage. • Initiatives which were making good progress included: Priorities for Quality; Children and Young People Families Service Integration Programme; CAMHs tier 3 Development Agency and Bank Project; E-Rostering; Information Technology Roadmap (interoperability); and Patient and Carer Engagement. • Two areas subject to delays were around the Estates Programmes and developing the Health and Social Care Hubs with local authority partners, however, progress continued to be made and these projects were expected to be delivered in revised timescales. • There were two elements of the plan which would not be delivered and related to changes in the national annual planning cycle and the Trust's place in the Stonewall Top 100 Workplace Equality Index (the Trust had slipped to 122 in the rankings this year) • There were no material risks to the delivery of the main elements of the plan. The Chair asked why the development of the Health and Social Care Hubs was delayed. The Director of Corporate Affairs said that the delays were partly due to discussions around the estate and the need for clarity about the service model. The Chair said that it was disappointing not to be in the Stonewall Top 100 Workplace Equality Index. The Director of Corporate Affairs said that the Trust had had a good feedback session with Stonewall and that the Trust had developed an improvement plan. **The Trust Board**: noted the report.
17/057	**Workforce Strategy Implementation Plan** (agenda item 9.2)
	The Director of Corporate Affairs presented the report and highlighted the following points: • The Trust's Workforce Strategy was approved at the December 2016 Trust Board meeting. At the December meeting, the Trust Board requested that a *Plan on a Page* be developed to set out the key points of the Strategy. • The paper sets out progress made to date in delivering the Strategy. The Chair thanked the Director of Corporate Affairs for producing a clear update report. The Chair commented that introducing the new band 4 roles to address workforce shortages of registered nurses was a sensible step to take to support safe staffing but asked how the new staffing fitted in with national guidance. The Director of Nursing and Governance said that she produced a monthly safe staffing report for the Finance, Investment and Performance Committee which highlighted any breaches of the requirement to have two registered nurses per shift.

	Chris Fisher, Non-Executive Director said that it was a well-structured report but asked whether it would be possible in future reports to identify the initiatives aimed at addressing workforce shortages in relation to specific staff groups together with the impact of the actions taken. **Action: Director of Corporate Affairs** **The Trust Board**: noted the report.
17/058	**Council of Governors – Update** (agenda item 10.1)
	The Chair reported that the March 2017 Council of Governors meeting had been well attended. The Chair also reported that in consultation with the Lead Governor, it was agreed that there would be a review of the effectiveness of the Council of Governors to identify any areas for improvement. It was noted that the Company Secretary had circulated a self-assessment survey for the Governors to complete. 19 responses had been received and the results of the survey would be discussed tomorrow at the Joint Trust Board and Council of Governors meeting. The Chief Executive reported that the Trust became an NHS Foundation Trust ten years ago. The Chief Executive said that he felt that over time the number of active governors had decreased and the review provided a good opportunity for the whole Council of Governors to express their views on how we can improve the efficiency and effectiveness of the Council of Governors. **The Trust Board**: thanked the Chair for his update.
17/059	**Use of the Trust Seal** (agenda item 10.5)
	The Chief Financial Officer reported that the Trust Seal had been affixed to documents relating to the Renal Unit at West Berkshire Community Hospital as follows: • Deed of surrender of part of Underlease and deed of variation of Underlease; • Deed of covenant relating to grant agreements for a new facility (including a Renal Unit and Cancer Care Unit) at West Berkshire Community Hospital; • Agreement for the grant of a lease for a Renal Dialysis Unit, Group Floor, West Berkshire Community Hospital. **The Trust Board**: noted the use of the Trust Seal.
17/060	**Any Other Business** (agenda item 11)
	There was no other business.
	The Chair concluded the meeting and thanked the observers for attending.
17/061	**Date of Next Meeting** (agenda item 12)
	9 May 2017
17/062	**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 11 April 2017.

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

Berkshire Healthcare NHS
NHS Foundation Trust

AGENDA ITEM 5.2

BOARD OF DIRECTORS MEETING: 09/05/2017

Board Meeting Matters Arising Log – 2017 – Public Meetings

Key:

Purple - completed
Green – In progress
Unshaded – not due yet
Red – overdue

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
14.02.17	*17/009*	Guardians of Safe Working Hours	The Medical Director and the Director of Nursing and Governance to provide a summary of the key messages from the annual student satisfaction survey as part of the Executive Report when the report was published later in the year.	TBC	**MI/HM**	
14.02.17	*17/019*	Audit Committee minutes	Meeting of the Council of Governors Nominations and Remuneration Committee to be arranged to discuss Non-Executive Director recruitment.	09.05.17	**JH**	A meeting of the Council of Governors Nominations and Remuneration Committee has

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
						been arranged on 18 May 2017. This will start the process for appointing a new Non-Executive Director.
11.04.17	*17/049*	Quality Assurance Committee – 21 February 2017	An update on the use of prone restraint to be presented to the August 2017 Quality Assurance Committee meeting.	15.08.17	**HM**	
11.04.17	*17/050*	Executive Report – Thames Valley and Wessex Leadership Academy Recognition Awards	The Chair to send a letter of congratulations to the nine BHFT finalists for the Thames Valley and Wessex Leadership Academy Recognition Awards.	09.05.17	**ME**	Completed
11.04.17	*17/053*	Financial Plan	The Finance, Performance and Investment Committee to discuss NHS England's commissioning intentions in relation to the Berkshire Adolescent Unit.	31.05.17	**DT**	
11.04.17	11/057	Workforce Implementation Plan	The next update report to identify the initiatives aimed at specific staff groups together with the impact of the actions taken.	11.07.17	**BS**	

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	09 May 2017
Title	**Quality Board Visit Report – The Assessment and Rehabilitation Centre (ARC) at Upton Hospital, Slough**
Purpose	To receive the report of the Quality Board Visit undertaken by Mark Day, Non-Executive Director
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	1. To provide safe services, good outcomes and good experience of treatment and care
CQC Registration/Patient Care Impacts	Providing additional Board level assurance on patient safety and quality of care
Resource Impacts	None
Legal Implications	None
SUMMARY	Board members conduct Quality Visits to Trust services and Localities throughout the year and reports are produced which are circulated to all Board members for information. At regular intervals during the year, a Board Quality Visit report is selected for inclusion on the agenda for discussion.
ACTION REQUIRED	To receive and note the report and discuss any matters raised.

Berkshire Healthcare NHS
NHS Foundation Trust

Board Quality Visit – The Assessment and Rehabilitation Centre (ARC) at Upton Hospital, Slough on Thursday 13th April 2017

Introduction

The Assessment and Rehabilitation Centre (ARC) is based at Upton Hospital in Slough and provides a ' one stop shop ' approach designed to keep people mobile, independent and remain as healthy as possible.

Examples of the clinics provided include:

- Falls Clinic – to improve strength and balance, plus reduce risk of falls
- Stroke Clinic – support those who have experienced a stroke with doctor assessment and classes
- Parkinson's Clinic – specialist nurse outpatient clinic and exercise programme
- Healthy Hearts Clinic – health checks, exercise classes and promotion of healthy living
- Multiple sclerosis – specialist services and support for those living with the multiple sclerosis.

The Unit is based in Upton Hospital and has an engaging atmosphere upon entering the Unit. There is a calm feeling across the area the staff are welcoming and I spent time with the Receptionist, Pauline who has been with the Trust for over 25 years and provides a warm and empathetic welcome to patients.

Leadership of the ARC team is provided by Sri Nellagiri, Head of Community Rehabilitation and has operations based at St Marks Hospital in Maidenhead and Brants Bridge in Bracknell as well as Upton Hospital. Sri is a Physio by training and has been leading the ARC team for just over two years. He firmly believes in the concept of providing an integrated service and the benefits of effective team-working which was evident throughout my comprehensive visit.

Overview

The ARC operates on a fully integrated basis with multi-disciplinary teams used to undertake both the initial assessment of new patients being referred to the Unit as well as the delivery of the service to patients. A copy of the ARC timetable was provided to me which clearly outlines the full use of the facility to provide both individual and group support utilising the five individual clinical rooms as well as the two group exercise rooms.

I was able to observe a Parkinson's Exercise group being held by two members of staff with a group of patients participating collectively before individual sessions were undertaken with each of them. One of the patients agreed to spend some time to talk through her experience of the service with me and was highly complimentary about the support she was receiving. She had multiple conditions and felt that both during her assessment and subsequent support that she had been fully listened to and her care plan had been carefully tailored to her own medical needs and personal circumstances. Her only criticism was regarding the wait she endured for transport home which was a recurring theme with a number of my conversations across the Unit.

I talked for a while with Dr Jha who has worked for the NHS for almost 35 years and felt that the approach taken within the Unit really placed the patient at the centre of all of the services provided and allowed every aspect of their needs to be recognised and addressed by the team.

This approach was re-iterated by Sri in a later conversation where he used the analogy of a Formula 1 pit stop with the patient being the car and the medical resources virtually gathering round to focus on delivering to their specific needs. The team have a wide range of skills and resources to draw upon from Doctors, Physiotherapists, Occupational Therapists to Dieticians and Podiatrists etc. which allows a whole person approach to be provided and fulfil the one stop shop approach which is aimed for.

A simple but real example of this was reflected in a patient feedback report that I read which highlighted the installation of hand-rails in a patients home which allowed his early release from hospital for which he was grateful and undoubtedly the hospital would have benefited.

I was walked through the documentation used to support the multi-disciplinary assessment process which is a shared document that accompanies the patient along their journey and avoids the need for duplication of questioning by the different clinicians. This initial document appears very comprehensive and thorough (15 pages) and is well used although some concerns were raised regarding the suitability and use of the RiO system in a clinic based setting with multiple appointments and differing teams inputs. (Sri later advised this is being reviewed and improvements being sought).

The MDT meets both prior to an initial assessment to consider what resources will be required through to the delivery of the individual care plan. In addition to this the MDT will convene on a daily basis to ensure the prioritisation of resources is adequately reflecting the needs of the patients scheduled for that day.

I joined two teams of staff for an informal discussion and morale appeared high with real satisfaction from the quality of work being undertaken with patients. Examples of feedback from patients and focus groups were shared which enabled the service to be continually improved and developed for increased patient satisfaction.

The staff felt that the Unit had a highly reflective practice with opportunities sought for improvement and the culture was conducive to raising ideas and ways of developing new ways of delivering improved patient care. The only concern raised related to patient transport and the considerable wait that some people experience upon the completion of their care sessions. This can be particularly difficult for dementia patients and alternatives are being looked at but with different agencies involved solutions are proving difficult to identify.

In my closing discussion with Sri he was keen to highlight the support he receives from his senior management team and in particular David Townsend who he values as his support allows Sri to deliver the service aspires for.

My conclusion

I left the ARC with a very positive impression of the service being provided and the dedication of all of the staff working across the Unit. The leadership appears very pro-active and keen to provide a true patient centred service that takes the whole person into consideration.

The work of the ARC team clearly supports and enables the early and smooth release of patients from hospital and this will be integral to better patient flows through the healthcare system from both an acute and community setting.

I would like to sincerely thank Sri and the team for their time in providing me with such a comprehensive and valuable insight into their work.

Mark Day

Non-Executive Director

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	9 May 2017
Title	Patient Experience Quarter 4 report
Purpose	The purpose of this report is to provide the Board with information on patient experience within the trust
Business Area	Nursing & Governance
Author	Liz Daly, Head of Engagement and Service User Experience Jayne Reynolds, Deputy Director of Nursing Helen Mackenzie, Director of Nursing and Governance
Relevant Strategic Objectives	1 – To provide safe services, good outcomes and good experience of treatment and care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and supports maintaining good patient experience
Resource Impacts	N/A
Legal Implications	N/A
SUMMARY	Boards are required to review patient feedback in detail. In quarter four, the Trust received 51 formal complaints which is an increase on the previous quarter, but is significantly less than Q4 complaints in 2015/16 (63). The total number of complaints for the year are also less than those seen in 2015/16. The top reasons for complaints being made during quarter four were: • care and treatment • attitude of staff • communication The formal complaint response rate, including those within a timescale re-negotiated with complainants was 100% for the quarter which continues to be exceptional performance. **Patient and Public Involvement** 91% of patients rated our services as good or better in the trust's internal patient survey.

ACTION REQUIRED	The Board is asked to: • Consider the report and reflect on the patient feedback received

Patient Experience Quarter 4 Report

Overview

This overview report is written by the Director of Nursing and Governance so that Board Members are able to gain her view of services in light of the information contained in the quarter four patient experience report. In my overview I have considered elements of the feedback received by the organisation and drawn conclusions.

The Board is required to consider detailed patient feedback because it provides insight into how patients, families and carers experience our services.

During quarter four, the trust continued to achieve a complaint response rate of 100%.
The average number of days taken to resolve a complaint was 24 with only one complaint taking longer than 40 days. Days to response are an important indicator for the responsiveness CQC key line of enquiry. Just over 64% of complaints were upheld or partially upheld over 2016/17 which enables us to conclude that our complaint investigation is objective. For the 2016/17 year the trust received 209 complaints, a decreasing trend compared with the previous two years.

In quarter four the trust saw a slight increase in the number of complaints received.

During 2016/17 the services that continued to see the highest number of complaints were:

- **Community Mental Health Teams** – themes associated with clinical care. I wrote in the last summary that I was concerned that patients did not know how to complaint because the Windsor and Maidenhead team had not receiving any complaints. The clinical director explained that she was involved in managing a number of complaints through local resolution however that she was checking that complaint posters and leaflets were available locally.
- **Crisis Resolution Home Treatment Team** (CRHTT) - Although the service has seen an overall increase in complaints during the year they were all associated with the West team apart from one. I met with the new West service manager as part of a quality visit and was assured that he was aware of the issues and putting the right foundations to improve care and attention.
- **Child and Adolescent Mental Health Services** - Since the increased funding for the service the level of complaints are much lower than in the previous two years with a positive reduction in the number relating to access to services.
- **Acute Mental Health Inpatients** – All wards received complaints and attitude of staff was highlighted in the majority. The increased recruitment campaigns to address staffing shortages will support improvements and the new locality director for Prospect Park Hospital Mental Health inpatients is implementing new ways of working. Compared with quarter three there were no complaints in quarter four categorised as ‘alleged abuse, this would include allegations of bullying, physical, sexual and verbal’.
- **Community Health Inpatients** – Henry Tudor, Highclere and Oakwood Wards have received the highest number of complaints over the year predominantly relating to clinical care. All three clinical directors overseeing these wards are reviewing the details of the complaints to see if there are common themes.

These services will continue to be monitored closely in 2017/18.

MP enquiries during quarter four related to the mental health services noted above continuing the themes noted.

There was an increase in complaints for Slough Walk-In Centre in quarter four. The centre was recently re-inspected by the Care Quality Commission (CQC) so it will be interesting to see their assessment of how complaints are managed.

This information is correlated with other quality information, particularly vacancy levels to inform our quality concerns and from this quarter it can be concluded that CRHTT and our acute mental health wards continue to cause some concern. The levels of vacancies in these services continue to cause concern because it results in the use of high levels of agency staff. Both services were rated 'good' by the CQC in the comprehensive inspection in December 2015.

The top reasons for complaints being made during 2015/16 and 2016/17 were:

- Care and treatment
- Attitude of staff
- Communication

Each service takes complaints seriously and implements new ways of working if appropriate. The service and staff directly involved in the complaint are asked to reflect on the issues raised and consider how they will change their practice.

The Trust has received notification from the Parliamentary Health Ombudsman Service (PHSO) that they are intending to investigate complaints associated with district nursing and the psychological medicines services. The trust tries to avoid referrals to the PHSO by giving patients the opportunity to come back to the trust if they are unhappy with the response they receive initially. The trust also received notice that they have not upheld two complaints relating to talking therapies and district nursing services. This provides the board assurance that our complaints process regarding these two services has been robust.

The deep dive into the patient experience of CRHTT consolidates our knowledge of the service and where we need to focus to improve patient experience. No new themes or trends were found by this independently commissioned survey including:

- Continuity of staff
- Carers feeling out of loop/not knowing diagnosis or how to help
- System failures beyond CRHTT
- Different people asking same questions

The overall response rate Friends and Family Test for the trust in quarter four was 5.1% so there is a long way to go to achieve our target of 15%. Community hospital inpatient wards except Oakwood have achieved over 15% response rates with recommendation rates of over 85%, this is valid and assuring that these was are providing good care. Our mental health inpatient wards have an increased response rate of 11% and an increased recommendation rate of 74%. The national benchmarking for the Friends and Family Test (FFT) with local similar trusts indicates a good performance however without a 15% response rate the results are not robust. Actions are in progress to increase our response rate.

The patient and public involvement information collection is our long standing internal patient survey which asks patients how they rate their experience, 91% reported the service they received as good or better.

Conclusion

Patient experience is an important indicator of quality and this report provides good intelligence when considering quality concerns. In terms of volume, the level of positive feedback received by services far outweighs the negative feedback received. At this point of the year there are no new emerging trends with communication being an absolute and underlying issue in most complaints.

I believe that services and individuals strive to provide the best possible care and generally patients have a good experience in our services but as a result of a number of variables, for some patients their experience is not good and care falls below the standard of care expected.

I do not take these lapses in care lightly and it is important services recognise and take steps to prevent similar incidents and that this is shared across the organisation. This continues to be work in progress.

Helen Mackenzie, Director of Nursing and Governance

Introduction

Berkshire Healthcare NHS Foundation Trust is committed to improving patient experience through the use of feedback, to better understand the areas where we perform well and those areas where we need to do better.

This report details feedback from a number of sources including complaints, Patient Advice and Liaison Service (PALS), compliments, NHS choices and the Friends and Family Test data received during quarter four (January to March 2017). The report also compares this data with that of previous quarters allowing trends and themes to be identified which helps both the Trust and individual services better understand the experience of patients and enables the monitoring of the impact of changes made as a result of feedback received.

1. Formal Complaints

1.1 Formal complaints received

The Trust has received 51 formal complaints in quarter four; as detailed in table one, this is an increase in comparison to the previous quarter, but continues to be lower than those reported in quarters one and two.

In addition to the complaints detailed in this section of the report, the Trust monitors the number of multi-agency complaints where they contribute but are not the lead organisation (such as NHS England and Acute Trusts). There were no new complaints during quarter four that were led by another organisation, compared with four in quarter three, three in quarter two, and two in quarter one.

Table One: *Formal complaints received by Locality tables*

	2016/17				2015/16						
	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	2016/17 Annual	2015/16 Annual	2014/15 Annual
Mental Health Inpatients	4	5	11	10	8	15	3	10	30	36	47
Bracknell	6	6	7	4	10	4	6	8	23	28	37
West Berkshire	7	8	2	5	3	2	6	7	22	18	28
Reading	9	7	12	13	16	9	12	9	41	46	28
Slough	4	4	4	7	5	3	3	3	19	14	19
Windsor, Ascot and Maidenhead	8	2	10	9	8	3	13	11	29	35	36
Wokingham	10	4	10	17	13	10	8	9	41	40	41
Other inc Corporate	3	0	0	1	0	1	0	0	4	1	8
Total	51	36	56	66	63	47	51	57	209	218	244

during April the Crisis Resolution/Home Treatment Team was reported under Mental Health Inpatients and Urgent Care. This changed to Reading from May

When comparing 2015/16 and 2016/17 quarterly information, there is a trend emerging of a decrease in the number of formal complaints being received In Quarter 3 in both years. The potential impact of the festival period has been explored and there was a decrease in the number of complaints leading up to December in 2016 however this was not as notable during 2017

For reporting purposes a complaint is logged under the Locality that the service receive their line management from, therefore services that operate trust wide, for example Child and Adolescent Mental Health Services (CAMHS), although providing services in all localities, will have any complaints about their services logged under Windsor & Maidenhead, The Children Young People and Families (CYPF) locality and not the locality where the services were received.

Table Three shows formal complaints received grouped by service. By showing the information in this way, we are able to draw comparisons across our inpatient and community health services.

Table Three: *Number of formal complaints received by individual services*

	2016/17						2015/16				
Service	**Q4**	**Q3**	**Q2**	**Q1**	**Total**	**% of total received**	**Q4**	**Q3**	**Q2**	**Q1**	**Total**
CMHT/Care Pathways	8	7	8	9	32	15.31	11	6	6	7	30
Crisis Resolution & Home Treatment Team (CRHTT)	4	3	4	10	21	10.05	2	7	2	2	13
Adult Acute Mental Health Admissions	4	4	7	5	20	9.57	4	7	1	6	18
CAMHS - Child and Adolescent Mental Health Services	5	2	5	6	18	8.61	5	2	11	10	28
Community Hospital Inpatient	4	3	3	7	17	8.13	5	2	2	7	16
Walk in Centre	4	0	0	3	7	3.35	1	0	0	1	2
Common Point of Entry	4	0	1	0	5	2.39	2	2	0	1	5
GP - General Practice	0	1	4	4	9	4.31	7	1	5	6	19
Out of Hours GP Services	1	1	3	4	9	4.31	5	1	5	3	14
Community Nursing	1	3	2	3	9	4.31	3	7	3	0	13
PICU - Psychiatric Intensive Care Unit	0	1	3	1	5	2.39	1	0	0	2	3
Minor Injuries Unit (MIU)	0	0	1	2	3	1.44	1	2	0	2	5
10 other services – no trends identified	16	11	16	15	58		19	12	16	12	59
Grand Total	51	36	56	66	209		63	47	51	57	218

As with quarter three, the services with the highest number of formal complaints during quarter four were CMHT/Care Pathways; Acute Adult Mental Health inpatients; Crisis Resolution/Home Treatment Team (CRHTT) and Community Hospital inpatients. In addition, there was an increase for the Slough Walk in Health Centre; Common Point of Entry Service and Child and Adolescent Mental Health Service (CAMHS).

The complaints relating to the Slough Walk in Centre were all relating to staff attitude and alleged verbal abuse. These were about both clinical and administrative staff and the Clinical Director is monitoring and working with the service to identify any specific themes and necessary actions to rectify.

The number of complaints for CRHTT continue to remain at a lower level than the original peak noted in quarter one, but are higher overall that in 2015/16 at a total of 21 compared to 13 for the

previous year. The Clinical Director for CRHTT continues to review all of the complaints received to ensure that there are no particular themes or trends that require specific action.

For CMHT and Community Hospital inpatients the number of complaints was similar to the number received in quarters two and three and the number for Adult Acute Mental Health inpatients remained the same.

During 2016/17 a number of services are being specifically highlighted within this report because they received a higher number of complaints and/or there have been quality concerns. The services identified are CMHT; Community Inpatient wards; CRHTT and CAMHS.

For these services the graphs below detail the total number of complaints by reason for 2015/16 and for complaints in 2016/17.

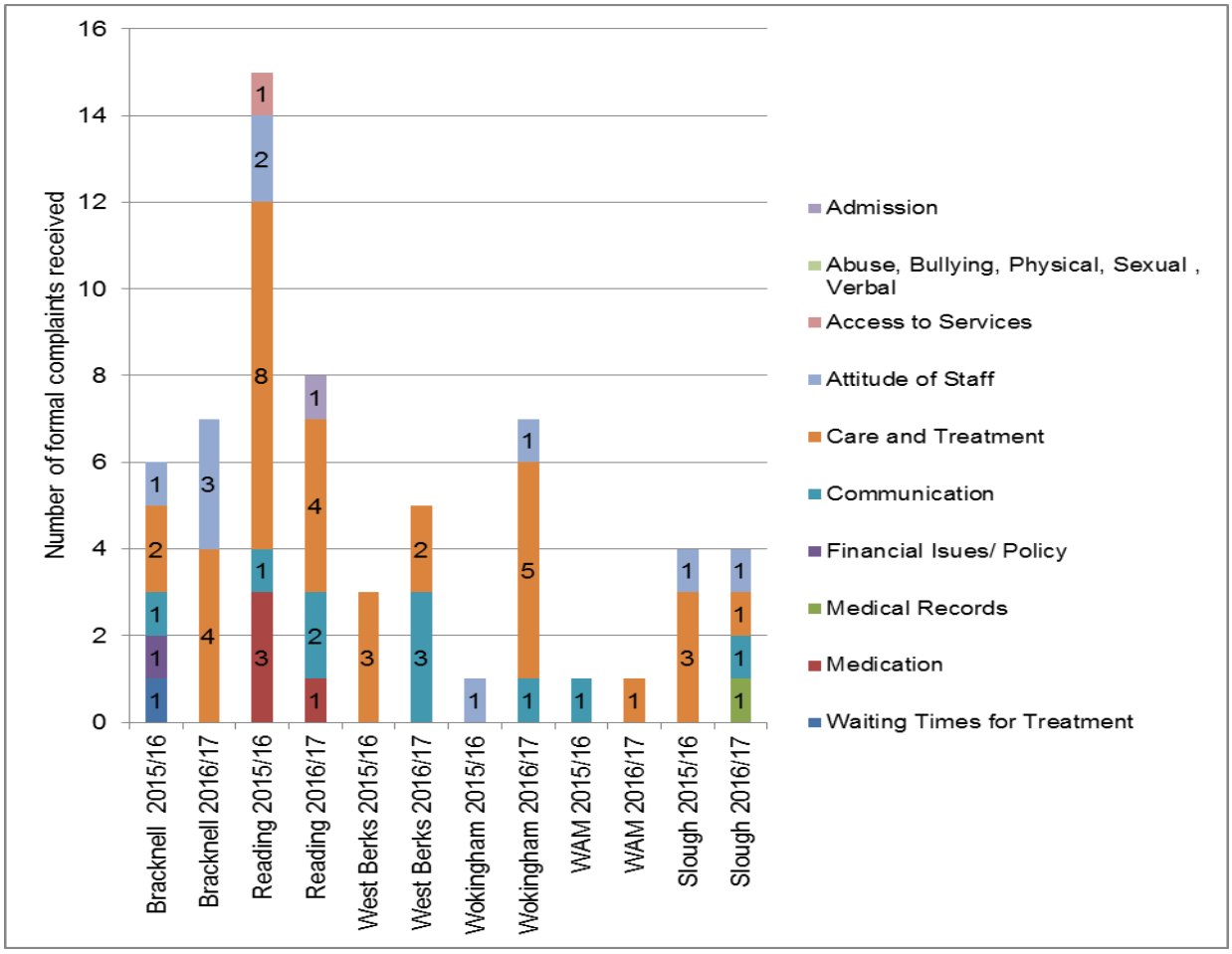
Following a review of the patient experience information received during quarters one and two 2016/17, the mental health inpatient wards at Prospect Park Hospital are also highlighted from quarter three.

CMHT/Care Pathways

During quarter four, CMHTs received 8 formal complaints compared to 7 in quarter three, 8 in quarter two, 9 in quarter one and 11 in quarter four 2015/16. This equates to three about the Reading team, two for both the Bracknell and Wokingham teams, and one for the team in West Berkshire.

Overall in 2016/17 there were 32 complaints for CMHT's compared to 30 in 2015/16.

Graph One: *Number of formal complaints received for CMHT/Care Pathways by location of the service comparing 2015/16 with 2016/17*



This shows that the Reading and West Berkshire localities saw a 50% decrease (from six to three and two to one respectively) whilst Bracknell and Wokingham saw an increase. The team covering Windsor, Ascot and Maidenhead did not receive any complaints during quarter four in either 2015/16 or 2016/17 year, and Slough did not receive any during quarter four 2016/17 compared to one in 2015/16. There increase in Wokingham team complaints was attributed to care and treatment, with two complaints in quarter four 2016/17 compared to none in quarter four 2015/16. The Reading based team went from five complaints in quarter four 2015/16 to two in quarter four 2016/17 relating to care and treatment.

The table below compares the theme and location of complaints during quarter four 2015/16 and quarter four 2016/17.

Table Four: *Comparison of complaints receved during quarter four 2015/16 and quarter four 2016/17*

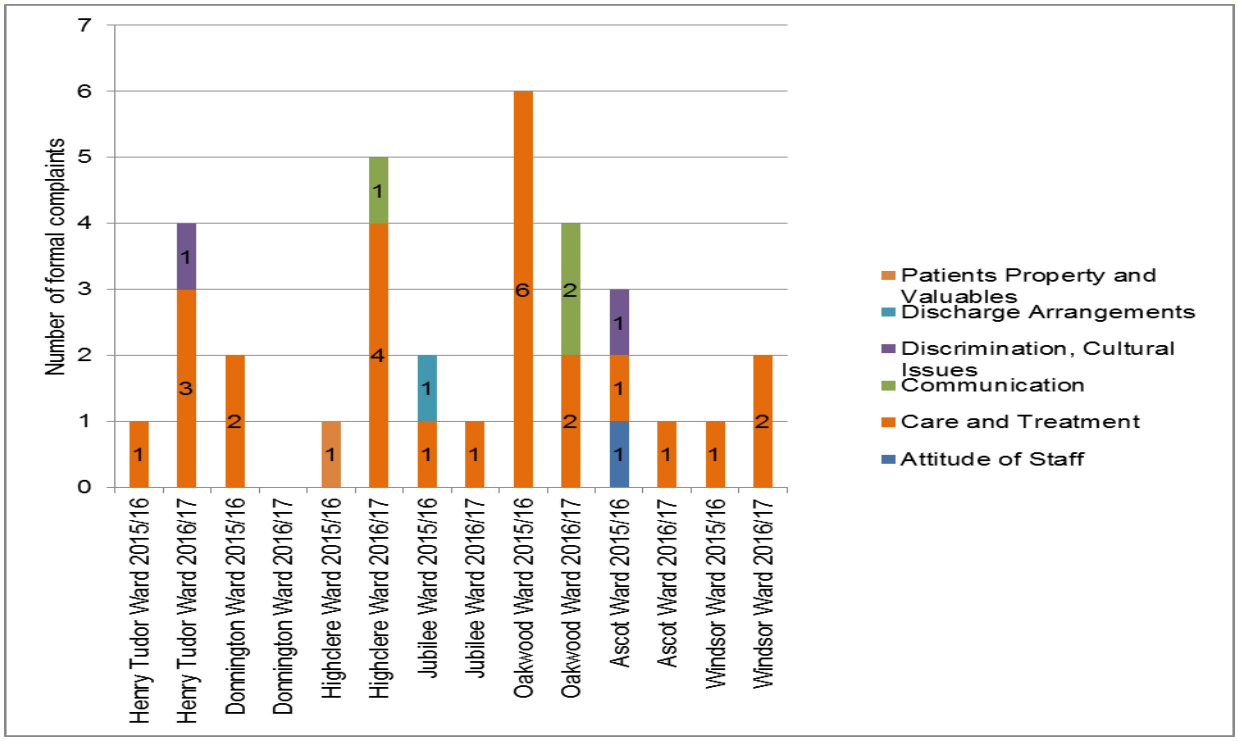
	Quarter Four comparison									
	Bracknell		Reading		Slough		West Berks		Wokingham	
Theme of complaint	15/16	16/17	15/16	16/17	15/16	16/17	15/16	16/17	15/16	16/17
Attitude of Staff		1	1						1	
Care and Treatment	1	1	5	2	1		2	1		2
Communication				1						
Grand Total	1	2	6	3	1	0	2	1	1	2

Community Hospital Inpatient Wards

During quarter four there were 4 formal complaints received about the community wards, this is an increase from 3 received in both quarters two and three and a sustained decrease compared with 7 in quarter one.

These were about the clinical care received on Highclere Ward at West Berkshire Community Hospital and Henry Tudor Ward at St Marks Hospital. Two of the complaints about Highclere Ward were about the clinical care received, and communication. The investigation was on-going for both of these complaints at the end of quarter four. The third complaint was about access to an external clinic during the patient's stay in hospital.

Graph Two: *Number of formal complaints received for Community Hospital Inpatient wards by location of the complaint and theme comparing 2015/16 with 2016/17*



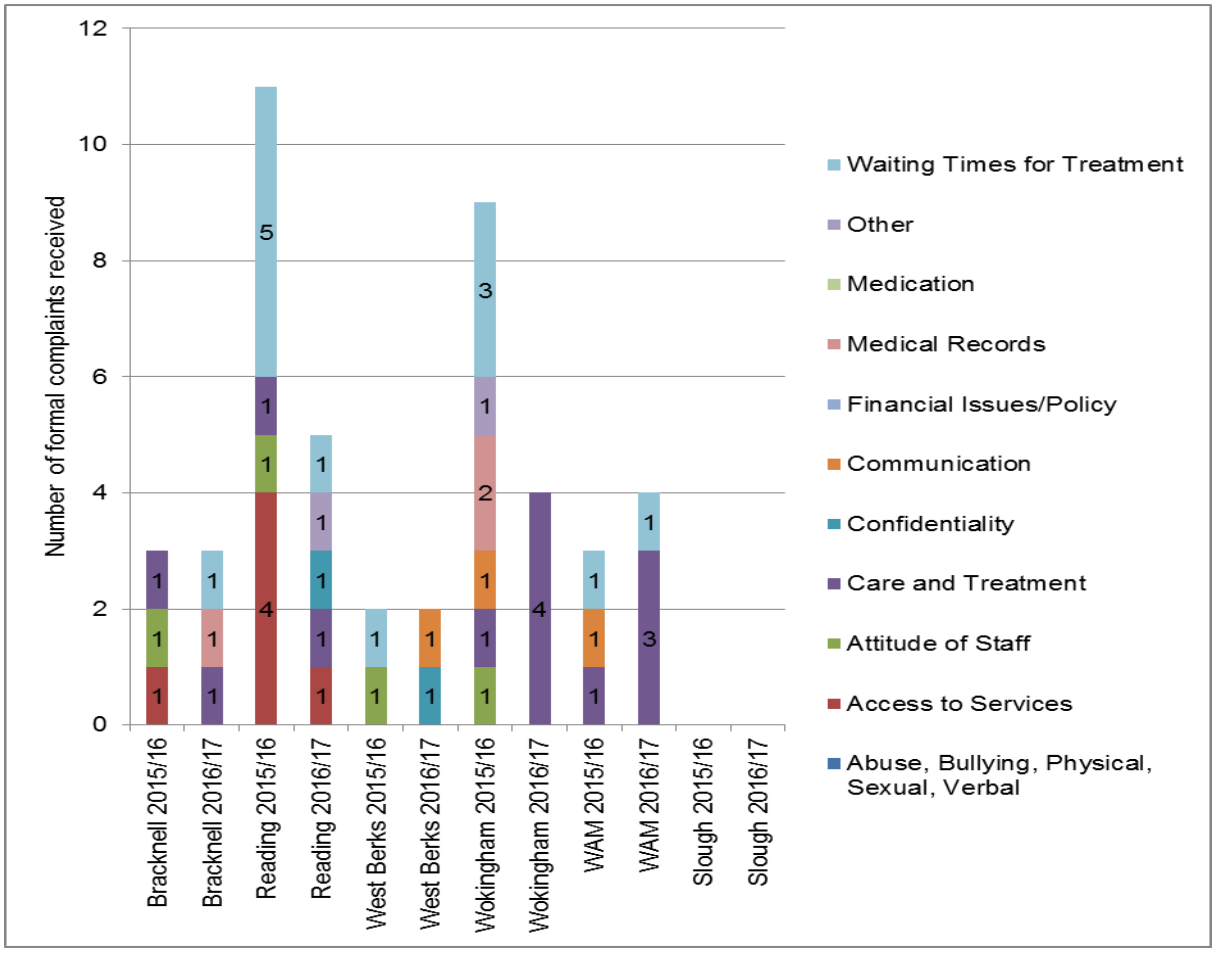
CAMHS - Child and Adolescent Mental Health Services

CAMHS has seen an increase in formal complaints in Quarter 4 (5), compared to 2 in quarter three. This is in comparison to 5 in quarter two and 6 in quarter one; the number of complaints received remains lower than those received during quarters one and two in 2015/16.

Although for reporting purposes in table 1, CAMHS is reported under the Windsor, Ascot and Maidenhead Locality. Graph three shows the geographical locality where the service is based.

There was no specific theme to the complaints received during quarter four; these consisted of 2 about care and treatment, 1 about communication, 1 about medical records and 1 about waiting time. The complaint about waiting times was about access to the service in Bracknell.

Graph Three: *Number of formal complaints received for CAMHS by location of the service comparing 2015/16 with 2016/17*

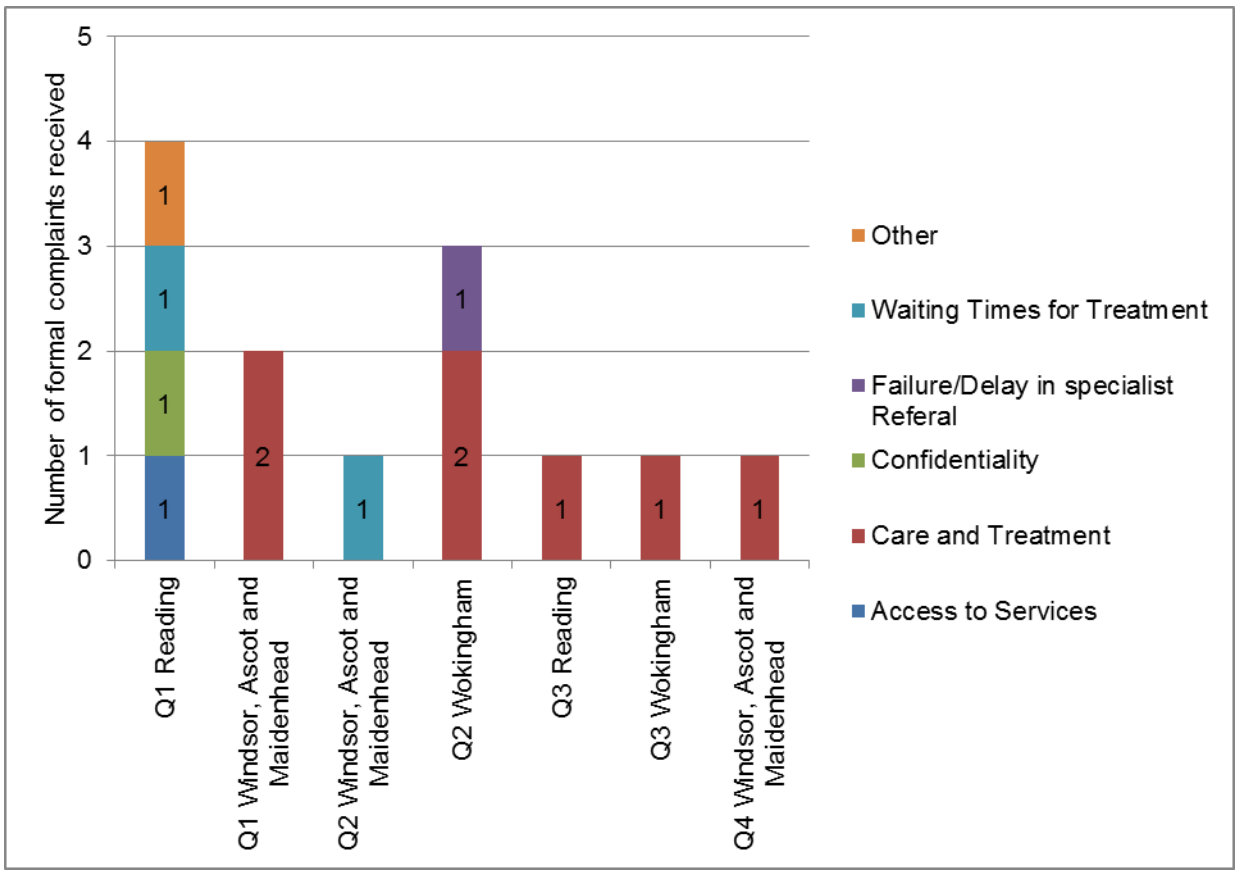


The services based in Reading, Wokingham and Windsor, Ascot and Maidenhead are showing as outliers against the other areas for 2016/17. During quarter four however, there were no complaints received for either Wokingham or Reading, and one complaint was received about the Bracknell Service.

All of the complaints about Bracknell CAMHS were received during quarter four and there is no recurring theme; as the complaints refer to care and treatment, medical records and waiting times.

The service based in Slough has consistently not received any formal complaints for the last two financial years.

Graph Four: *Number of formal complaints received for top three services, by quarter received and theme*



It is encouraging to see the overall number of formal complaints for CAMHS reduce in comparison with 2015/16. There were 28 formal complaints received in 2015/16, equating to 13% of complaints, compared to 18 in 2016/17, which is 8% of the overall activity. This is a relfection of the continued targeted service improvements underway within CAMHS.

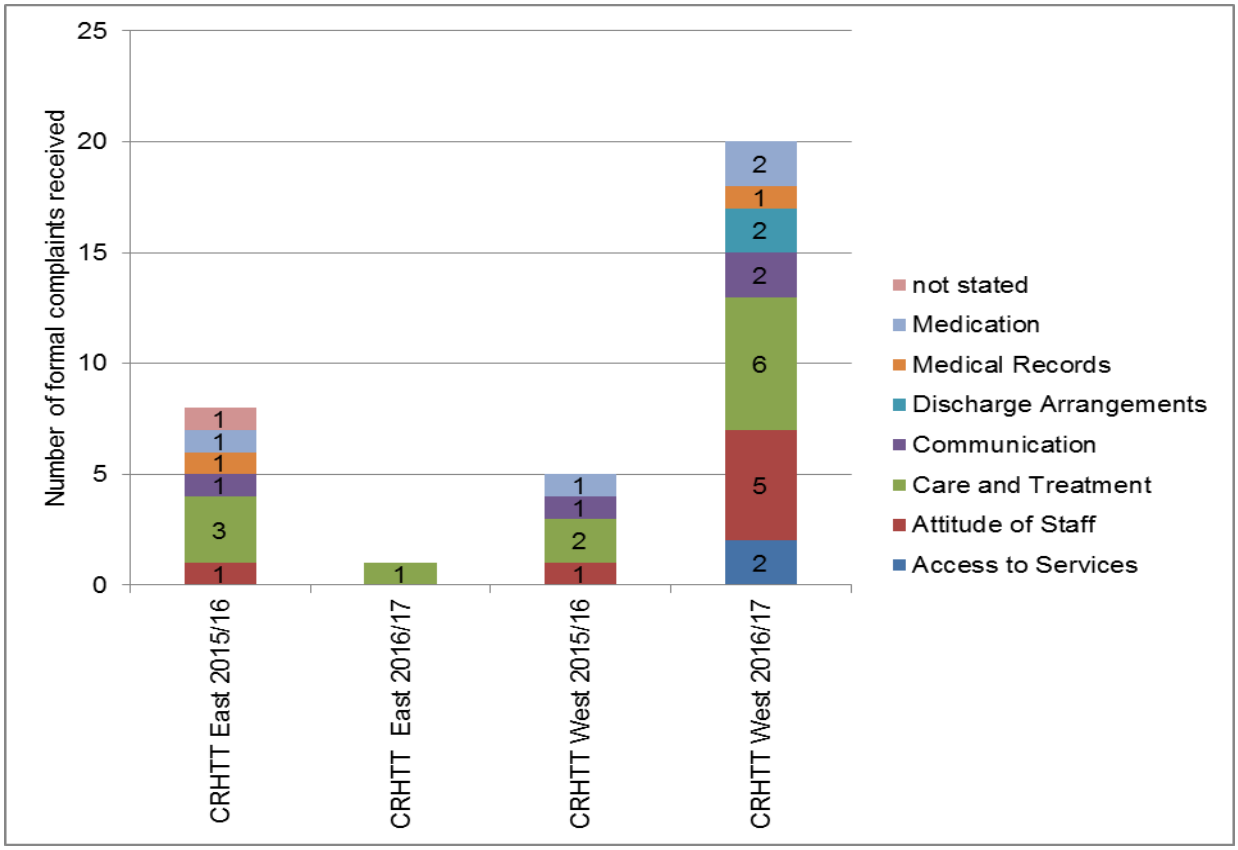
Themes within CAMHS continue to be monitored to ensure that this positive reduction in complaints around wait times and access, continues.

Crisis Resolution/Home Treatment Team (CRHTT)

CRHTT received 4 formal complaints in quarter four, a sustained improvement over the year against 10 in quarter one; receiving 3 in quarter three and 4 in quarter two.

Three of the four complaints were about the Reading based service. The Clinical Director is monitoring the themes and working with the service as part of wider plan for service improvement.

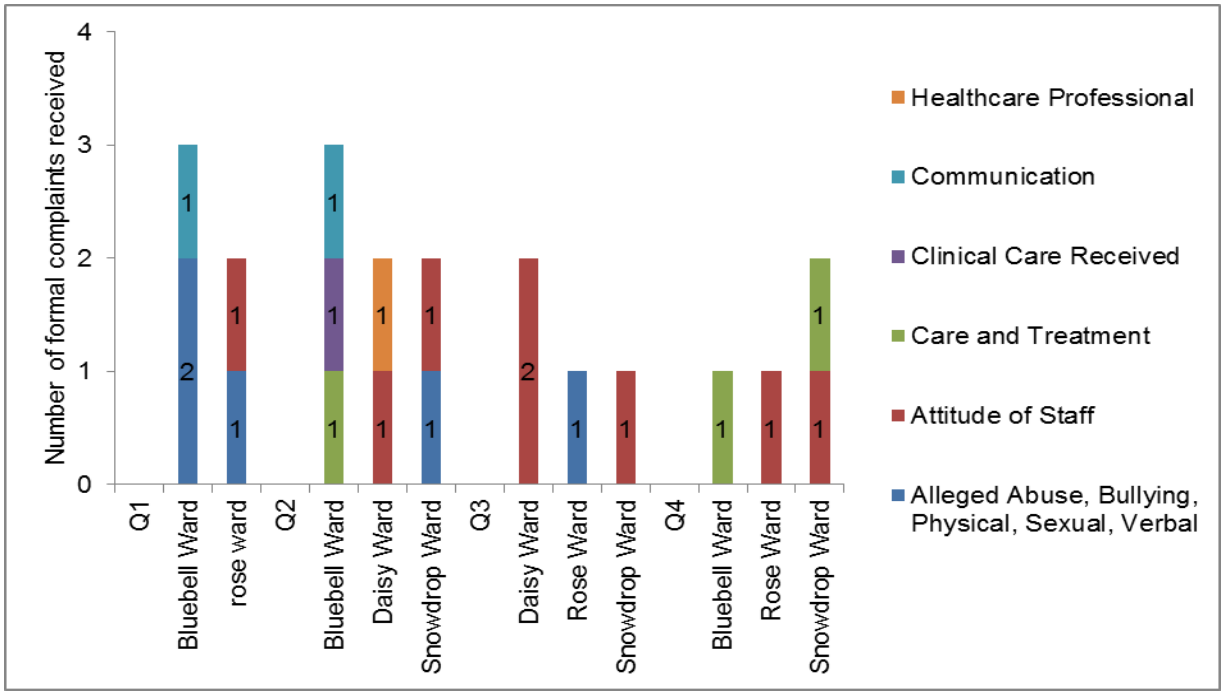
Graph Five: *Number of formal complaints received for CRHTT by location of the service (East and West) comparing 2015/16 with 2016/17*



Mental Health Inpatients - Adult

All of our mental health inpatient wards are based at Prospect Park Hospital in Reading.

Graph Six: *Number of formal complaints received for mental health inpatient wards*



The graph below shows the number of formal complaints received by ward over 2016/17 by quarter. Bluebell Ward has seen a decrease whilst Snowdrop Ward has seen an increase in complaints since quarter one.

Graph Seven: *Number of formal complaints received by quarter and ward*

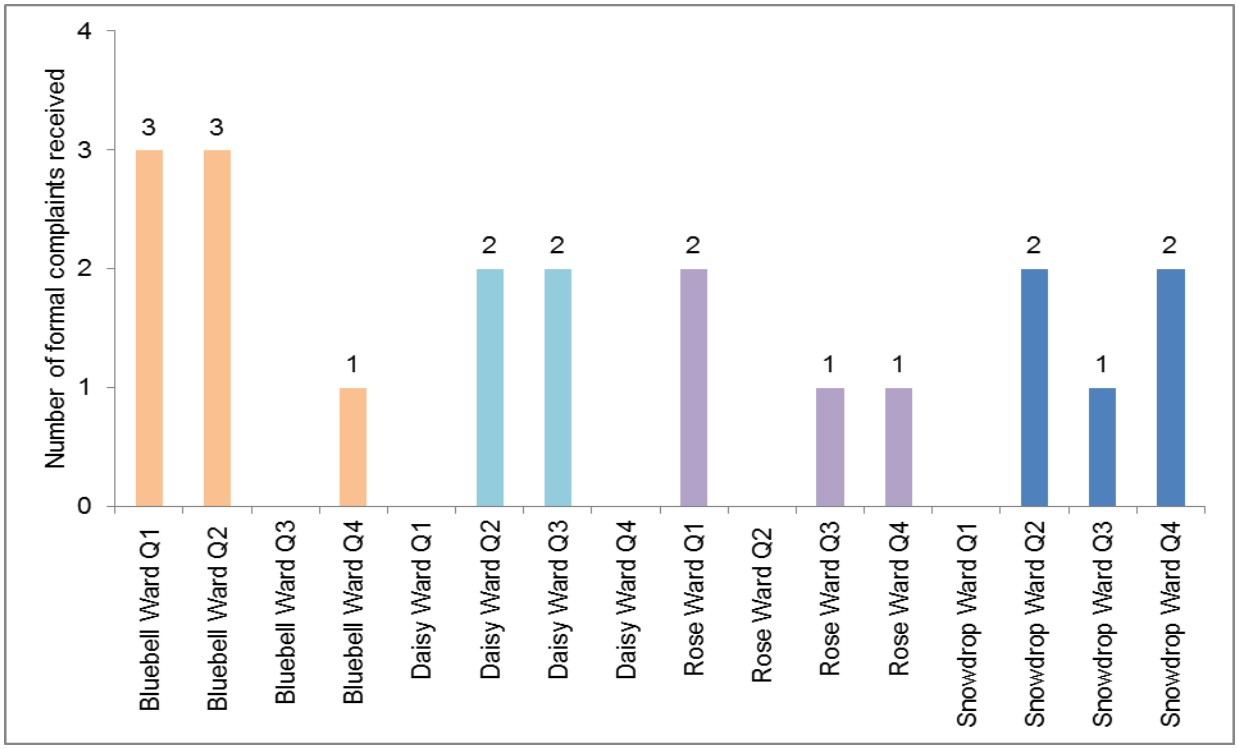


Table Five: *Themes of all formal complaints received*

	2016/17					2015/16				
Theme	**Q4**	**Q3**	**Q2**	**Q1**	**Total**	**Q4**	**Q3**	**Q2**	**Q1**	**Total**
Care and Treatment	26	19	22	26	93	27	17	15	19	78
Attitude of Staff	8	7	12	14	41	16	11	10	9	46
Communication	7	7	4	8	26	4	3	2	9	18
Alleged Abuse, Bullying, Physical, Sexual, Verbal	2	2	3	4	11	0	1	1	2	4
Access to Services	3	0	0	4	7	4	2	6	5	17
Medical Records	3	0	0	4	7	0	1	4	0	5
Medication	0	0	2	2	4	4	3	1	1	9
Confidentiality	0	0	3	1	4	3	0	1	0	4
Discharge Arrangements	0	0	3	1	4	0	0	2	0	2
Waiting Times for Treatment	1	0	3	1	5	1	0	7	8	16
Support Needs (Including Equipment, Benefits, Social Care)	0	1	0	0	1	0	0	0	0	0
Management and Administration	1	0	0	0	1	0	0	0	0	0
Other/not stated	0	0	4	1	1	4	9	2	4	11
Grand Total	51	36	56	66	209	63	47	51	57	218

The top reasons for complaints being made during 2015/16 and 2016/17 were:

- Care and treatment
- Attitude of staff
- Communication

More detail about complaints received can be found in appendix one.

1.2 Formal complaints closed and action taken

As part of the process of closing a formal complaint, a decision is made around whether the complaint is found to have been upheld (referred to as an outcome). The table below shows the outcome of complaints over time.

Table Six: *Outcome of formal complaints closed*

	2016/17						2015/16					
Outcome	**Q4**	**Q3**	**Q2**	**Q1**	**Total**	**% of 2016/17**	**Q4**	**Q3**	**Q2**	**Q1**	**Total**	**% of 2015/16**
Case not pursued by complainant	1	5	1	4	11	5.19	4	1	1	6	12	5.43
Consent not granted	3	4	1	1	9	4.25	2		1	1	4	1.81
Local Resolution	4	0	1	4	9	4.25	3	3	3	5	14	6.33
Not Upheld	9	7	16	14	46	21.70	15	16	21	17	69	31.22
Partially Upheld	14	18	24	22	78	36.79	17	11	17	19	64	28.96
Referred to other organisation	0	0	0	0	0	0.00	1	0	0	2	3	1.36
Upheld	14	7	18	20	59	27.83	19	17	12	7	55	24.89
Grand Total	45	41	61	65	212		61	48	55	57	221	

The percentage of complaints upheld has continued to decrease over 2016/17. Partially upheld complaints have decreased slightly from 38.32% in quarter three to 36.79% in quarter four.

The main themes of complaints found to be upheld or partially upheld are:

- Care and treatment (64%) – consistent with quarter three
- Attitude of staff (7%) – a decrease from 12%
- Communication (14%) – an increase from 8%
- Medical records (7%)

- There were no upheld or partially upheld complaints closed during quarter four relating to access to services. These accounted for 8% of complaints in quarter three.

Table Seven below shows the services with upheld or partially upheld complaints during quarter four.

Table Seven: *Upheld and Partially Upheld formal complaints*

	Outcome of complaint		
Service	**Partially Upheld**	**Upheld**	**Grand Total**
Adult Acute Admissions	1		1
CAMHS - Child and Adolescent Mental Health Services	2	3	5
CMHT/Care Pathways	4		4
CMHTOA/COAMHS - Older Adults Community Mental Health Team	1		1
Common Point of Entry		1	1
Community Hospital Inpatient	2	1	3
Crisis Resolution & Home Treatment Team (CRHTT)	2	3	5
District Nursing		3	3
GP General Practice		1	1
Health Visiting	1	1	2
Phlebotomy		1	1
Talking Therapies	1		1
Grand Total	14	14	28

Further information about the outcome of complaints about our mental health inpatient wards, community mental health teams and Crisis Resolution/Home Treatment service can be found below:

Table Eight: *Outcome of formal complaints by service*

	Outcome of complaint				
Service	**Consent Not Granted**	**Partially Upheld**	**Upheld**	**Case not pursued by complainant**	**Grand Total**
Adult Acute Admissions	1	1			2
CMHT/Care Pathways		4		1	5
- Source of complaint: Advocate		***4***		***1***	***5***
Crisis Resolution & Home Treatment Team (CRHTT)		2	3		5
Grand Total	1	7	3	1	12

As part of our complaints process, the Trust promotes the use of advocacy services to support complainants. Interestingly, all of the complaints about the CMHT (two in West Berkshire, one in Wokingham, Reading and Bracknell) were raised by Advocates and one of these was not pursued by the complainant due to their current mental health. The option of returning to the Trust with their concerns remains open.

All services review the findings from complaint investigations and these are discussed in the locality patient safety and quality meetings with actions identified and monitored to affect positive change.

1.3 Response rate for formal complaints

Whilst the Complaint Regulations 2009 state that the timescales for complaint resolution are to be negotiated with the complainant, the Trust monitors performance internally against both a 25 working day timeframe and the renegotiated timescale. The investigating managers continue to make contact with complainants directly to renegotiate timescales for complaints where there has been a delay and these are recorded on the online complaints monitoring system.

The table below shows the response within re-negotiated timescale as a percentage total, it demonstrates the commitment of both the complaints office and clinical staff to work alongside complainants. There are weekly open complaints situation reports sent to Clinical Directors and Service Managers, as well as ongoing communication with the complaints office throughout the span of open complaints to keep them on track as much as possible.

This is reflected in the 100% cumulative percentage achieved for the 2016/17 and the sustained 13 month 100% response rate achieved to date.

***Table Nine**: Response rate within timescale negotiated with complainant*

2016/17							
100%				**2015/16**			
Q4 Cumulative	Q3 Cumulative	Q2 Cumulative	Q1 Cumulative	Q4 Cumulative	Q3 Cumulative	Q2 Cumulative	Q1 Cumulative
100%	100%	100%	100%	97%	85%	92%	95%

The average number of days taken to resolve formal complaints during quarter four was 24. This was a significant decrease in comparison with 33 in quarter three and a sustained decrease from 28 in quarter two and 29 in quarter one.

There was one formal complaint closed that took longer than 40 working days, a reduction from nine in quarter three, eight in quarter two, ten in quarter one 2016/17 and fifteen in quarter four 2015/16.

1.4 MP Enquiries

In addition to raising formal complaints on behalf of their constituents, Members of Parliament (MPs) can also raise service and case specific queries with the Trust. A review of the activity has been included in this report.

During quarter four we received 16 enquiries from MPs, compared to 13 enquiries in quarter three and 11 enquiries during quarters one and two combined.

All of the enquiries in quarter four were about mental health services. Ten of the enquiries in quarter three were about mental health services, which is a continued trend as the majority of enquiries (8) were about mental health services in quarter two, whilst there were 2 enquires related to these services in quarter one.

Table Ten: *Subject of MP enquiries received during quarter four*

	Subject of complaint					
Service	**Alleged Abuse, Bullying, Physical, Sexual, Verbal**	**Access to Services**	**Care and Treatment**	**Financial Issues/Policy**	**Waiting Times for Treatment**	**Grand Total**
Adult Acute Admissions	1	1				2
CAMHS - Child and Adolescent Mental Health Services			3		3	6
CMHT/Care Pathways		2	3	1		6
Crisis Resolution & Home Treatment Team (CRHTT)			1			1
Psychological Medicine Service			1			1
Grand Total	1	3	8	1	3	16

2. Parliamentary and Health Service Ombudsman (PHSO)

The Trust continues to work with the PHSO as the second stage within the complaints process. The table below shows the Trust activity with the PHSO as at the end of quarter four 2016/17.

Table Eleven: *PHSO Activity*

Month open	Service	Month closed	Current Stage
Dec-15	District Nursing	Jan-17	Not a BHFT complaint - community nursing records requested to inform investigation about a different Trust.
Jan-16	Talking Therapies	Jan-17	Not Upheld.
Jun-16	GP General Practice	Dec-16	Not Upheld.
Sep-16	CAMHS	n/a	Investigation underway.
Oct-16	District Nursing	n/a	Investigation underway.
Oct-16	Community Inpatient ward	n/a	Investigation underway.
Jan-17	District Nursing	n/a	Investigation underway.
Feb-17	Psychological Medicine Service	n/a	Investigation underway.

The Patient Experience and Engagement Group monitor the action plans that arise from PHSO investigations on a quarterly basis, this provides a forum to share practice and learning across the different specialities and geographical localities.

3. Informal Complaints/Local Resolution

The complaints office will discuss the options for complaint management when people contact the service, to give them the opportunity to make an informed decision if they are looking to make a formal complaint or would prefer to work with the service to resolve the complaint informally. Nine informal complaints were received during quarter three, an increase from three during quarter two.

The complaints office has been working with services to devise ways of resolving complaints in a way that meets the expectation of patients and their families whilst capturing the information for staff to use in a friendly and manageable way. It is recognised that services are managing concerns effectively on a daily basis and an online form has been created as a mechanism for these concerns and any actions taken as a result, being captured.

The number of local resolution complaints that the Patient Experience team have been notified about has decreased slightly to 48 in quarter four compared to 53 in quarter three, 42 in quarter two, 67 in quarter one and 52 in quarter four 2015/16. This does not necessarily mean that there have been fewer complaints locally resolved just that staff are continuing to improve the reporting of these.

4. NHS Choices

The internal monitoring of NHS Choices postings is an additional way of gathering feedback about our services. Similar to complaints, for an individual to take the time to post on our website about their experience, means they feel very strongly about their position and therefore the Trust needs to take these comments seriously and respond appropriately.

19 negative comments were received in quarter four. Seven of these were about mental health services across inpatient and community based teams and two were about parking at Upton Hospital and King Edward VII Hospital. Communication was a theme including a lack of/ poor communication between families and staff. Each posting has received a response apologising for the experience and offering the opportunity to speak with our PALS or Healthwatch organisation. There were parking problems on sites in East Berkshire but this is due to the lack of capacity. Alternative options are provided where possible. There was a lack of accurate information about services for example when do services start and the definition of a walk in service. People were dissatisfied with the care from mental health services at PPH, Hillcroft House, West Berkshire CRHTT and Reading CMHT.

There have been 17 positive posts during quarter four. All of these were about physical health services including audiology (who had the highest number with 4) and two were about stays on community inpatient wards, Jubilee Ward and Ascot Ward.

5. Compliments

Graph eight shows the number of compliments received since quarter one 2014/15 by Locality. Since quarter four 2012/13 compliments have been routinely reported directly by services through the web based Datix system. This method of collating feedback enables the Trust to capture compliments, by means other than the traditional thank you card. We have listened to what staff

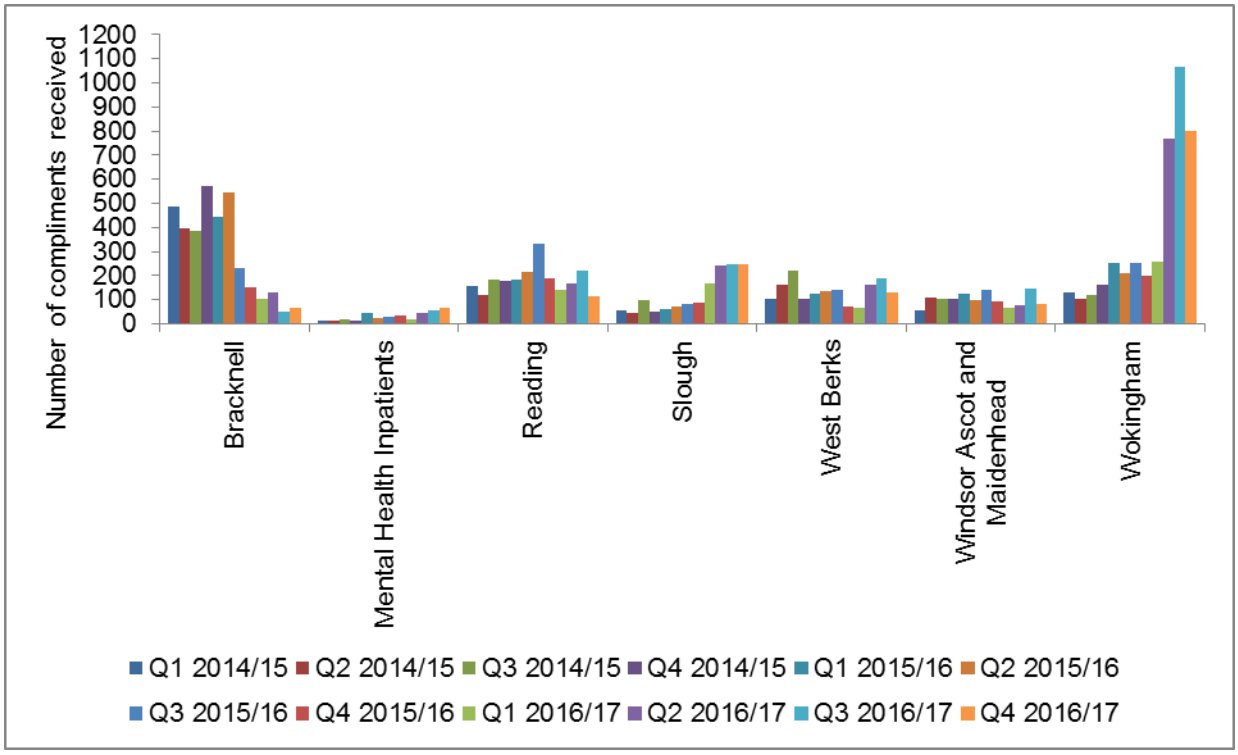
have said about improving the way this system works and there is now a batch upload option for multiple compliments to be entered into the system.

The majority of the compliments that we receive are thanking staff for their time and care and are not specific about what made the difference.

The number of compliments received continues to increase on an annual basis:

2013/14: 3050
2014/15: 4359
2015/16: 4620
2016/17: 5950

Graph Eight: *Number of compliments received since quarter one 2014/15*



There were 1534 compliments reported in quarter four of 2016/17, in comparison with 1993 in quarter three, 1602 in quarter two, 821 in quarter one, 826 in quarter four, 1219 in quarter three, 1313 in quarter two and 1262 in quarter one of 2015/16. Our IAPT (Talking Therapies Service) moved from the Bracknell locality to the Wokingham locality which has contributed to the change in activity.

The online compliment form enables people to add information such as staff group the compliment was received for and the theme. As this is not a mandatory part of the form, and you can add more than one for each compliment it needs to be remembered that this will not make up 100% of the compliments reported.

Table Twelve: *Top services to report compliments in quarter four*

Service	Number of compliments
Talking Therapies	618
ASSiST	194
Community Hospital Inpatient	82
District Nursing	49
Mobility Service	46
Older Peoples Mental Health (Ward Based)	46
Community Based Neuro Rehab	37
Continence	32
Diabetes	29
CMHTOA/COAMHS - Older Adults Community Mental Health Team	29

In addition, there were 144 compliments logged that were from sources other than patients, carers and the public. These include students on placements, other organisations and services.

6. Complaint Department observational visit

During quarter four, the CCG carried out an observational visit to the complaints office. There has been positive feedback about both the way the complaints process is carried out and the Trustwide approach to complaint handling and responsiveness.

The visiting team commented that:

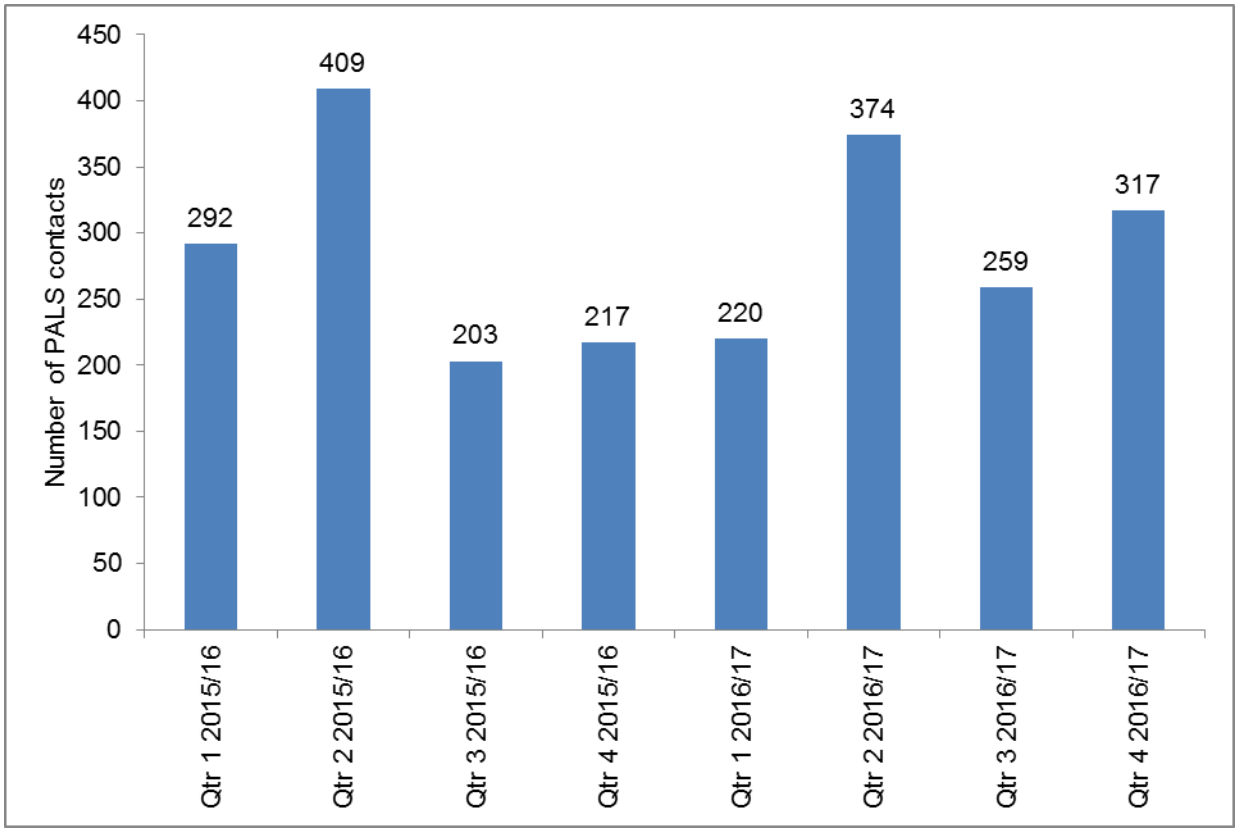
The complaints department was able to give some good examples of best practice. The service is responsive to the complaint and this is illustrated by the service hitting the time-scales for a reply to the complaint. The service was seen as part of an integrated patient experience team. The complaints team is small but the processes in place ensure that there is clear responsibility and accountability throughout the whole organization.

There were no recommendations for the service from this report.

7. Patient Advice and Liaison Service

The role of PALS is to offer a signposting service as well as to facilitate the resolution of concerns with services at the first stage of the complaints process. PALS have established drop in clinics in sites across the localities and continue to promote these to raise further awareness and increase accessibility.

Graph Nine: PALS contacts



There are still a large proportion of people contacting our PALS office about issues relating to their GPs, external groups and organisations and education; 33 in quarter four. PALS are signposting these queries to the appropriate people.

Review of the data shows the themes which have attracted the highest number of queries/concerns continues to be:

- Communication
- Care and treatment
- Information requests

These have consistently remained the top reasons for contacting PALS over 2016/17. Many of the enquiries are, for example wanting a message to be passed to a service, advice and information on how to access services. There are no particular themes and the reason for calls into PALS is very variable

As with formal complaints, a pattern is showing of a reduced number of contacts between October and December (quarter three).

Patient and Public Involvement

Deep Dives

- **The experience of patients with Schizophrenia**

We commissioned this deep dive has been commissioned to understand the experience of people with schizophrenia in our services. Evidence shows that people with a diagnosis of schizophrenia have poor physical health, suffer from increased rates of cardiovascular disease and type 2 diabetes and, as a consequence, suffer from premature mortality. The economic cost of schizophrenia is considerable; treating a patient with schizophrenia through their life is about six times the cost of treating a patient with heart disease. The fieldwork for this survey will close on 5th May.

- **Crisis Resolution/Home Treatment Team**

The aim of the Deep Dive into the Crisis Resolution/Home Treatment Team was to objectively assess the patient experience and levels of satisfaction amongst patients who use and are currently receiving care from CRHTT services across Berkshire.

In-depth feedback was obtained using a mixed methodology comprising desk research, data analysis, telephone interviews, face-to-face interviews, focus groups at carer meetings and printed surveys. The CRHTT teams, management and administrators were vital in engaging people for interview, especially via carer groups/contacts.

There were 1,582 service users between January and March 2017. Whilst the response rate was low, the feedback generated was rich.

41 Patients and carers were consulted using a mixed methodology:

1. Desk research and data analysis – this informed the topic guide development.
2. Qualitative research – this topic guide enabled us to identify key questions that provoked discussion.
   Surveys were distributed over three two week periods, given relatively low service volume at the time. 10 surveys were distributed each week to patients, with an additional 10 surveys for carers handed out. An incentive was offered to patients to return the survey, which varied so we could evaluate impact on response. Online surveys were offered as an alternative to the printed versions.
3. Quantitative research – a survey captured a consistent response over a six week period to a tested and refined topic guide.

There were responses from all localities in the survey with the following results:

- Satisfaction with the CRHTT service is high. There have been issues in the past, with a clear link to high service use volume (well above national averages) and understaffing, but now as the volume of users has diminished (by one third 2014-16) and continuity of care has been addressed, service experience has improved. There has been significant ‘scope creep’ for the teams, as service bottlenecks beyond CRHTT mean that patients return to their care and people know they can be relied upon for support.

- 100% of patients and carers would recommend CRHTT to a relative or friend needing such treatment. This compares to 89% of patients and 91% of carers responding to on-going patient feedback.

- The overall service experience is considered good. No patients in this survey rated it badly, but one carer did. This compares to 87% of patients and 91% of carers who ranked their experience as good or excellent in the trust on-going patient feedback.

The CQC community mental health survey reported in November 2016 which stated that only 14% of patients say that they receive appropriate care in a crisis, as well as increasing reports of poor experience in community mental health care, these results are very positive. Complaints have increased by 30% from 2015-16 but in the same time period, compliments have doubled. Increased complaints were about attitude of staff, service access and discharge arrangements. Conversely, compliments analysis by number of mentions speaks of supportive, helpful and enabling staff, as well as general commentary around quality of service.

Key issues and recommendations

1. Continuity of staff – this has been addressed by increasing staff capacity, but further improvements to personalise the service, irrespective of personnel include:

    - Clarify whether patient responds better to male/female staff (where feasible, given a busy team)
    - Ensure preferred name for patient is captured early on, flagged in notes and used by all staff.
    - Ensure condition is flagged more prominently so that all staff (even during peak times) can respond in a relevant way, avoiding suggestions that are inappropriate to the condition.
    - Ensure prominent flagging of carer involvement and associated permissions, to help support a sustainable approach to recovery.

2. A system that enables recapping to patients to avoid repetition, which patients can find distressing, will help support the feeling of forward movement and lack of information sharing.

3. Improving the links between services – and information sharing – would make a big difference. But in the context of insufficient funding, which clearly imposes limits, more clarity on what happens next would be appreciated.

4. Carers:

    - Expand the carer groups by offering information packs to all carers, friends and family at first meeting
    - Set up a peer support network.
    - Offer handover information at point of discharge.
    - Engage carers proactively, especially where they may be absent from meetings due to work.

The actions will be monitored through the quarterly Patient Experience and Engagement Group.

15 Steps

Six visits have taken place during quarter three; three clinic visits and three inpatient visits.

Appendix Two contains the full quarterly report showing the feedback and themes from the 15 Steps visits which took place during quarter four.

8. The Friends and Family Test

The NHS Friends and Family Test (FFT) give an opportunity for patients and their carers to share their views in a consistent way across the Health Service. Berkshire Healthcare has set an aspiration of 15% response rate for the FFT in both physical and mental health service as one of our strategic objectives.

The monthly FFT results, for each service and reporting locality, are shared on our intranet to make them accessible to all staff. The comments are also available online and the patient experience team are currently exploring how to share these more visually, as 'wordles' or No Way Events (attitudes and actions that a patient should never experience) and Always Events (attitudes and actions that patients should always experience).

Table Thirteen: *Number of Friends and Family Test responses*

		Number of responses	Response Rate
2016/17	Q4	3696	5.1%
	Q3	4024	5.1%
	Q2	5357	2.2%
	Q1	6697	2.7%
2015/16	Q4	4793	2.1%
	Q3	5844	4.2%
	Q2	6130	4.5%
	Q1	7441	6.6%

The tables below show the percentage of patients that would recommend the service they received to friends or family

Table Fourteen: *FFT results for Inpatient Wards showing percentage that would recommend to Friends and Family*

		2016/17				2015/16			
Ward	Ward type	Q4%	Q3%	Q2%	Q1%	Q4%	Q3%	Q2%	Q1%
Oakwood Ward	Community Inpatient	100	-	85.7	89.47	95.16	94.55	88.71	91.94
Highclere Ward	Community Inpatient	96.6*	90	100	96.3	96.88	81.48	85.19	90.32
Donnington Ward	Community Inpatient		75.7	100	90.91	89.47	95.83	94.87	96.15
Henry Tudor Ward	Community Inpatient	97.14	89.3	95.7	95.92	87.27	95.71	100	86.49
Windsor Ward	Community Inpatient	100	92	94.7	93.94	100	96.61	98.08	100

		2016/17				2015/16			
Ward	Ward type	Q4%	Q3%	Q2%	Q1%	Q4%	Q3%	Q2%	Q1%
Ascot Ward	Community Inpatient	100	80	100	88.89	90	93.55	97.14	100
Jubilee Ward	Community Inpatient	100	90	100	97.78	97.44	95	97.22	92.73
Bluebell Ward	Mental Health	80	60	100	78.79	80	75	0**	66.67
Daisy Ward	Mental Health	50	-	66.7	85.71	68.42	75	71.43	77.78
Snowdrop Ward	Mental Health	78.57	66.7	50	66.67	85.71	0**	100	75
Orchid Ward	Mental Health	-	0**	100	-	100	0**	100	66.67
Rose Ward	Mental Health	66.67	0**	80	33.33	54.55	58.82	100	75
Rowan Ward	Mental Health	-	0	-	72.73	100	-	-	-

* Highclere Ward and Donnington Ward collected the Friends and Family Test as West Berkshire Community Hospital Inpatients during quarter four.

** Where an - is shown, there were no responses reported for the quarter. 0 means that there were responses but that 0% would recommend the ward to a friend.

From the Community Services that have responded, 94% have a recommendation rate of 85% or above, with the lowest being 0% for Phlebotomy (based on one response).

Community inpatient wards have been consistent throughout this quarter with responses received. At the end of Quarter 4, the overall response rate is 41% and the overall recommendation rate is 98%. All community inpatient wards, except Oakwood ward, have a response rate of 15% or above and all have recommendation rates above 85%.

From the Mental Health Services that have responded, 50% have a recommendation rate of 85% or above, with the lowest being 0% for ECT (based on one response). Responses received from mental health inpatient wards have increased somewhat. At the end of Quarter 4, the overall response rate is 11% (8% in Q3) and the overall recommendation rate is 74% (52% in Q3). Only Snowdrop ward has a response rate above 15% and no wards have a recommendation rate of 85% or above.

Table Fifteen: *FFT for Walk-in services showing percentage that would recommend to Friends and Family*

	2016/17				2015/16			
Walk-in Services	Q4%	Q3%	Q2%	Q1 %	Q4 %	Q3%	Q2%	Q1 %
MIU: West Berks	98.36	91.03	96.92	97.37	96.54%	95.81	93.29	93.04
SWIHC: Walk-in	96.35	79.54	89.69	88.45	81.23%	77.69	84.94	93

Table Sixteen: *FFT for GPs showing percentage that would recommend to Friends and Family*

	2016/17				2015/16			
General Practice	Q4%	Q3%	Q2%	Q1%	Q4 %	Q3%	Q2%	Q1 %
Circuit Lane Surgery*	-	-	-	-	33.33	-	66.67	60.78
Priory Avenue Surgery*	-	-	81.34	73.87	73.42	69.57	-	-
SWIHC - GP	96.27	70.09	74.75	41.67	58.0%	58.87	58.21	63.01

*no longer managed by the Trust

A review of the national results for February 2017 shows that the collective percentage recommendation rate for GPs in Slough is 82%, slightly lower than the national GP rate of 89%. In quarter four. The percentage of patients who would not recommend the GPs in Slough was 10% compared to the national rate of 6%.

The combined community based physical health services recommendation rate for the services that have been reported on, and are not detailed above, was 97% for quarter four, 90% for quarter three, 96% for quarter two, an increase from 90% in quarter one.

The patient experience team have recruited a volunteer to help with collecting feedback, based at St Marks Hospital in Maidenhead.

However, the response rates for Prospect Park Hospital in particular are disappointing, especially as our Patient Advice and Liaison Service (PALS) manager has been supporting the wards with promoting and collecting the Friends and Family Test. The challenge around collecting this feedback was discussed at our Patient Experience and Engagement Group, and a potential reason for this was explained by a member with a lived experience of being an inpatient on one on of our wards. They explained that once they knew that they were going home, that was their focus and that from their experience, completing feedback would not have been a priority or something that they would value at that time. This insight brought the opportunity to explore alternative options such as offering the Friends and Family Test as part of the seven day follow up after discharge. Following discussion, support will continue to be offered through the PALS Manager onsite at Prospect Park Hospital at the moment with a more defined process being made clear in the first instance.

There are a number of ways that the Patient Experience Team is supporting services with increasing the response rate. These include:

- Slough Walk in Health Centre to reinstate a kiosk back as responses have declined significantly
- Possibility of Westcall using SMS
- Ensure Friends and Family Test responses are discussed at PSQ (Monthly reports/comments)
- Revising the Friends and Family Test cards; one card for all with patient/carer question
- Business Managers holding more operational responsibility for their services and acting as a point of contact for responses
- Email reminders to ensure cards are received in time for analysis
- Monthly email to services to include the ‘services table – this shows response/recommendation rates for all services. Some may not be checking Teamnet so emailing might be more effective.
- Suggest all services use stamps/labels on all cards to avoid blank cards being sent back to us
- Encourage services to display results/comments – patients might see and be more willing to provide feedback as well.
- Posters/signs for services to encourage providing Friends and Family Test feedback
- Meet with Business Managers to support the Friends and Family Test

Table Seventeen: *Number of Carer Friends and Family Test responses*

	Number of responses
2016/17	
Q4	74
Q3	57
Q2	54
Q1	22
2015/16	
Q4	15
Q3	15
Q2	73
Q1	29

The responses received are generally positive; however response rates are low and we are aiming for 100 per locality per quarter. We are working on increasing awareness of Carer FFT cards within the trust and potential impact of the FFT on other carer feedback e.g. memory clinic accreditation.

8.1 FFT national benchmarking

Each month health services (both NHS and independent providing NHS services) submit a report to the Department of Health on their FFT results and activity. As each organisation differs in the services that they provide, and the guidance for calculating the response rate differs substantially.

Table Eighteen: *Number of Friends and Family Test responses*
Community health services FFT data for February 2017

	Feb-17				Oct-16	
Trust Name	**Total Responses**	**Total Eligible**	**Response Rate**	**Percentage Recommended**	**Response Rate**	**Percentage Recommended**
Berkshire Healthcare	855	19,689	4%	98%	5%	94%
Solent NHS Trust	916	45,081	2%	97%	2%	96%
Southern Health NHS FT	3,139	40,396	8%	95%	7%	96%
Oxford Health NHS FT	301	34,136	1%	96%	2%	94%

Table Nineteen: *Number of Friends and Family Test responses*
Mental health services FFT data for February 2017

	Feb-17				Oct-16	
Trust Name	**Total Responses**	**Total Eligible**	**Response Rate**	**Percentage Recommended**	**Response Rate**	**Percentage Recommended**
Berkshire Healthcare	190	8,089	2%	88%	9%	92%
Solent NHS Trust	133	2,310	6%	92%	4%	89%
Southern Health NHS FT	361	11,728	3%	91%	3%	80%
Avon and Wiltshire MH Partnership	843	5,715	15%	89%	15%	88%
Oxford Health NHS FT	120	10,139	1%	79%	3%	90%

There has been a notable decrease in both the response rate and recommendation rate within mental health services. We are in contact with Avon and Wiltshire Partnership Mental Health Partnership Trust to see how we can learn from their practice and response rates. They predominantly send a paper survey out to people at home which is different to the more face to face approach that is used within the Trust.

The available information demonstrates that the collection methodology with the highest response continues to be paper/postcard at point of discharge.

9. Other Patient Feedback

We continue to work closely with Healthwatch organisations to gather feedback on the services we provide and explore ways that we can improve this further. The Patient Engagement and Experience team hold a meeting every three months where we give an update on patient experience and incidents, and invite services that Healthwatch have asked for further information on. Localities also meet directly with their associated Healthwatch organisation.

Complaints review

During quarter four, Healthwatch Slough published the findings of their multi-agency project ‘How Slough organisations can learn from feedback and complaints’. Berkshire Healthcare was represented as part of a panel to share the findings of the report and to discuss how to work together as part of the wider complaint management system.

An example of good practice from Berkshire Healthcare, included in the published report, was how our Head of Service Engagement and Experience ‘doesn’t just wait for complaints to come to the Trust, but endeavours to get out and about as much as possible, such as visiting wards and speaking to people about their experience’.

Recommendation: Treat every bit of feedback and information as an asset

Recommendation: Actively encourage both positive and negative feedback about services. Complaints should be seen as essential and helpful information and welcomed as necessary for continuous service improvement.

Healthwatch Slough will be drawing together the recommendations identified as a result of this project; a major theme being around addressing multi-agency complaint management.

Complainant survey

We have reviewed the way that we collect feedback on our complaints process. From April 2017, we will be sending out an in-house survey, using the complainant's preferred method of communication. We have chosen this as it is hoped that a survey that is more tailored to our organisation will obtain a higher response rate and richer feedback, In addition, this means that we will be able to adapt what and how we ask people based on what we are told throughout the year.

Good or Better results

Total feedback relevant to the good or better rating has been received from **2,754** patients and carers, compared to 2,245 in the last quarter. Of those that provided feedback **91%** reported the service they received as good or better. **22** of the services carrying out the internal patient survey were rated 100% for good and better with a further **13** services rating 85% or above.

It is promising to see an increase in data collection as we have been working with a number of services. We also know that some services have worked hard to increase their numbers which is reflected in their results. An increase in awareness at PSQ meetings has also resulted in a positive outcome. This is a marked improvement to the previous quarter where only 8 rated 100% and 1 85% or above. MSK Physio has had a significant increase in responses as a result of focusing their efforts to gain more feedback. Inpatient wards, both community and mental health have also increased.

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Formal Complaints received during quarter four 2016/17

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Bracknell	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	04/01/2017	15/9 Mother worried for her son due to drug use leading to paranoia she asked if he could be sectioned, the MHP, who previously said if she needed extra support and wasn't coping then the pt could be sectioned, allegedly said 'I cannot section him, this is way out of my league' 20/9 Pt took 4 grams of cocaine and mother was worried for his safety so she called the police. MHP arrived and he was sectioned. Mother says son hated her for doing that and she has struggled emotionally as a result, she wants to know why the MHP was given her son to case when he was obviously 'out of his depth' as a result she felt very unsupported. She does not want other parents to go through this in the future.	Partially Upheld	There were elements of how we handled her son's care that could have been better. Communication about the role of the SMHP could have been better and would not have left her feeling unsupported.	Care and Treatment
West Berks	Community Hospital Inpatient	West Berks	04/01/2017	Pt's family feel the Matron was aggressive and that the staff were unaware of the pt's long term condition and thus did not treat her accordingly	Partially Upheld	The level of communication between ward staff and family was lacking and the findings from the investigation show clear learning points. However, the records show that the ward were aware of patient's history and she was clinically treated appropriately.	Care and Treatment
West Berks	Phlebotomy	West Berks	05/01/2017	Nurse could not take blood on the 2/12/16 as pt had eaten despite the fact Dr had allegedly denied the need to fast when asked. Pt feel nurse should have called the Dr to confirm, unhappy that she had to wait a further 6 days for the test. Letter of complaint hand delivered to Phlebotomist on the 8/12/16 which allegedly did not reach the correct person until the 29th Dec, pt wishes to know why this was not delivered promptly and feels it is a breach of confidentiality.	Upheld	Phlebotomy staff could have offered patient a non-fasting test on the day and staff will be remind to offer that choice should a similar issue arise. Also it is acknowledged that the first complaint raised, on 8 December, was not acted upon by the service.	Care and Treatment
Slough	Health Visiting	Windsor, Ascot and Maidenhead	05/01/2017	HV visited mother following a recent C-section delivery and commented on a previous care regarding her 5 yr old which the Police allegedly found as untrue. Mother feels HV purposely disrespected her dignity and psychologically traumatised her with a grin on her face.	Partially Upheld		Communication

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Slough	Walk in Centre	Bracknell	06/01/2017	Pt's mother alleges that the 2 reception staff and the female Dr on duty on the 27th Dec were extremely rude to her in font of her son. Reception staff said there were no more appointments when the mother ask why when the reception is empty the reception staff and Female Dr allegedly became very aggressive and abusive toward the Mother and the Female Dr refused to see the 4 yr old, the Male Dr however did see pt and prescribed medication.	Not Upheld	Complainant left SWIC despite being told not to and therefore missed the triage slot. Investigation report is that he became abusive to staff and was videoing them on his phone.	Abuse, Bullying, Physical, Sexual, Verbal
Reading	Health Visiting	Reading	09/01/2017	Baby born in the RBH, mother believed had tongue tie from the outset, hospital did not look into this, midwife did an examination and said they could not find anything, HV advised the patient to persevere with feeding, GP said they did not know anything about tongue tie and said to refer to HV. HV only documented mothers beliefs once in the Red book despite her repeated saying it at every meeting. Mother eventually went private, diagnosed with tongue tie, sorted at the apt and baby now a different happy baby	Upheld	Upheld as the tongue tie was not diagnosed by RBH, GP or BHFT.	Care and Treatment
Reading	CMHT/Care Pathways	Slough	10/01/2017	Large issues centred around funding through the CCG. BHFT to answered the lack of action and assessment of needs and the unsatisfactory treatment/support by Winterbourne House.	Partially Upheld	Not been able to find evidence to support some aspects of the complaint but we have acknowledged and apologised that some of the clinical decisions made were not as clear as they could have been.	Care and Treatment
Windsor, Ascot and Maidenhead	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Slough	13/01/2017	Daughter wishes to raise a complaint regarding the conduct and professional competence of a Memory Clinic Nurse due to the fact she has received a report on her mother which she states is factually inaccurate. Having called to chase this up she was assured the staff member would call her back and failed to do so on more than one occasion.	Partially Upheld	Learning identified with aspects of report writing, which wasn't comprehensive.	Medical Records
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	13/01/2017	Family feel the Dr failed to inform NOK of the care plan going forward in spite of messages left. The family feel they should be involved in care planning for the patient as they feel she is abusive to her parents whom they feel are at risk of harming them physically and psychologically	Consent Not Granted	Formal complaint not continued as patient does not give consent. However, clinical team are continuing to have contact with family to give assurance of patient care.	Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	13/01/2017	Mother called Maidenhead CAMHS and was advised by staff member that 'the list was currently on hold and not moving' Mother wishes to know 1. why can pt not be on 2 lists 2. why is the list on hold 3. Wants a timeline as to when son will be seen 4. has her son been waiting longer than most	Upheld	Incorrect information was given to mother regarding his assessment and the waiting time has been elongated. An appointment has now been offered.	Waiting Times for Treatment
West Berks	Common Point of Entry	Wokingham	13/01/2017	Pt unhappy with the attitude of 2 members of staff from the Service, feels they were not listening to him and they have discriminated and he feels an injustice has been caused against him	Not Upheld	The complaint is primarily about a meeting on 4 January. The investigation has shown that the meeting broke down and was terminated when patient starting throwing papers around the room. Staff terminated the meeting for their own safety.	Attitude of Staff
Bracknell	Health Visiting	Windsor, Ascot and Maidenhead	16/01/2017	Mother unhappy that, having spent a considerable amount of time with Community Paediatric nurse discussing difficulties with her son, an assessment for ASD was not identified sooner.	Not Upheld	Due to length of time that has elapsed, it has not been possible to review all documentation or speak to staff concerned. However, what docs were reviewed, did not show a failing on our part and a letter was sent to Children's Social Care back in August 2012.	Care and Treatment
Wokingham	CMHT/Care Pathways	Wokingham	16/01/2017	Mother feels her son's consultant psychiatrist has neglected her son's wellbeing and has failed to give him the correct care and medication that he had required. She feels the cocktail of drugs he was on led to his nervous breakdown and she feels she questioned the pt in an inappropriate manner.	Partially Upheld	1.Dr will discuss with colleagues recently involved in Stephen's care about the issues raised in the complaint and will reflect on any learning points. 2.Dr will continue having reflective notes and case based discussions as part of her annual appraisal. 3.The importance of involving and working together with patients families and carers will be shared with all team managers in the monthly patient safety and quality meetings at Wokingham locality meeting and discussed in the wider trust clinical governance meeting.	Care and Treatment
Reading	District Nursing	Reading	18/01/2017	DN booked on 2 occasions to see pt but did not come. Pt due op on 2/12/16 DN due 1/12/16, called to say not coming RBH can flush pict line, which they did not have time to do before the op. 5/1/17 DN due out and didn't show up, pt called 6/1/17 to ask when they are coming. Stressful time for pt and partner as he is going through Radiotherapy and Chemo so having the chase DN's is felt to be unacceptable.	Upheld	It is acknowledged that care fell below standard. Learning outcomes identified with training in communication and PICC line care.	Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Bracknell	CMHT/Care Pathways	Slough	19/01/2017	Mother unhappy about the care her daughter has been receiving from her CPN and would therefore like to have a new one	Investigation currently underway		Care and Treatment
Bracknell	Corporate/Policy	Corporate	25/01/2017	Pt unhappy with the time taken to process 3rd Section 10 notice.	Not Upheld		Medical Records
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	31/01/2017	Pt feels she is unable to communicate directly with her consultant and has stated that she finds he lacks compassion and understanding and she feels she is not cared for properly. Separate incident, pt states she was allowed to finish self harming and she is concerned the that report for her tribunal, which is due on the 7th March has already been written.	Investigation currently underway		Attitude of Staff
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	02/02/2017	Pt states she was discharged over the phone when she thought she was arranging a discharge meeting. Her discharge summary has BPD on and she wants a correct discharge summary issued which states she has PTSD & BDD. Also requires help from CMHT with her funding application with the CCG for her treatment in London	Partially Upheld	The team had made decisions based on clinical grounds. In spite of detailed entries about meeting with patient, there is not much record of explaining her the rationale for referral to IAPT. Though the rationale for referral is clear in the record of team discussions, there is no record of having same detailed discussion with her.	Care and Treatment
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	02/02/2017	Mother has raised 4 points 1. Lack of consent for meeting between son and clinician 2. Incorrect documentation in discharge letter which the mother suggests the Police have been called inappropriately for assistance during the pt's meltdowns. 3. Mother believes CAMHS should have identified or explored inconsistencies is statements form the pt regarding self harm. 4.Discharge letter sent to pt's junior school breaching confidentiality	Partially Upheld	Point one upheld as lack of consent and poor communication with clinician. Point two upheld as letter could and should have been clearer. Point three not upheld as no evidence at that time. Point 4 upheld as there was a breach in confidentiality when writing to the school.	Medical Records

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	03/02/2017	Pt went to Peach Street to see services and change her address details. Was told she would receive a call from CRHTT over the w/e as she was unwell - No call. Appt arranged but Pt called to cancel as was distressed that she had to go to a physical health clinic appt. - re-arranged but staff member did not turn up - records state they visited the house which was in darkness. - Pt wants this looked into, the same thing happened a second time. Pt called, staff were going to the wrong address, agreed to come out again - again they did not come, despite being told again the staff had gone to the wrong address. Pt wand her mother want to know why the staff went to the wrong address when she had told the service the new address. Why they did not call her or other contact numbers when outside the house to check the pt was ok as in Crisis. Service do not seem to care.	Upheld	All aspects upheld. Had consent form been dealt with appropriately in the first instance, the clinician would not have gone to the wrong address and the trust would not have needed to call her mother.	Care and Treatment
Reading	Out of Hours GP Services	Wokingham	06/02/2017	patient who worked at the RBH was refused by WestCall to be seen having just turned up, they suggested he go to A&E	Not Upheld	Patient did not attend WestCall in the correct manner and had an informal conversation with a nurse on her way to work.	Access to Services
Windsor, Ascot and Maidenhead	Common Point of Entry	Wokingham	07/02/2017	Pt requested copy of review on 30/1/17, still not received. Pt feels assumptions have been made based upon a phone assessment, not seen in person. She states this has caused undue distress and has contributed to her sense of worthlessness and she feels this is unsafe practice.	Upheld	Patient complains she was not involved in the plans to change her treatment and investigation apologises that this was the case. Learning has been shared with the team.	Care and Treatment
Slough	Early Intervention in Psychosis	West Berks	07/02/2017	Sister of pt feels the fact she has been threatened and in danger from her brother is due to his care co-ordinator allegedly neglecting his cry's for help. Pt became extremely abusive on the 24th Jan and complainant had to call the police resulting his arrested. Sister feels he does not deserve to be arrested but needs help.	Consent Not Granted		Care and Treatment
Bracknell	Corporate/Policy	Corporate	08/02/2017	Complaint about unlawful sharing of sensitive information	Not Upheld	Not BHFT issue. Should direct to BACP.	Communication
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	10/02/2017	Mother wishes to complain about the assessment appointment which turned out to be a risk assessment and the subsequent decision not to provide treatment for the patient through CAMHS.	Partially Upheld	Communication with services and individual clinicians issues are upheld as it has been acknowledged they could have been better. However, there are clear explanations of why decisions were made and the course of action being taken.	Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Bracknell	Corporate/Policy	Corporate	13/02/2017	Pt wrote on the 11th Feb that he feels the Trust have not followed the procedure properly when responding to his complaint of the 3rd Feb by allowing the caldicott guardian to sign the final response. He also feels we have failed to comply with a duty to care for him and that we have contravened the Equality Act of 2010 in our communication with him. Pt wrote again on the 13th Feb that he is unhappy that a psychotherapist disclosed information about him at a BACP hearing bought by the pt.	Not Upheld	Not upheld. Issues have already been addressed in previous complaints.	Communication
Reading	CMHT/Care Pathways	Reading	13/02/2017	Pt unhappy with the complaints process and the fact her CPN does not know how to apply for funding, which is the second time. She is upset that no one communicated that her CPN was on extended annual leave and is unhappy that BHFT liaised with SEAP and not directly with her.	Investigation currently underway		Communication
Wokingham	Talking Therapies	Wokingham	13/02/2017	Pt self referred into TT last year and was referred to Eating Disorders clinic, who have not received the referral. After much chasing referral eventually received and EDS sent a questionnaire, which has not arrived. Pt feels the minor errors that are being made are having a massive impact on her. Pt wishes TT/EDS to contact her to book apt and re-send questionnaire	Partially Upheld	Partially upheld as there was a delay with the talking therapies referral being sent incorrectly but once received it was processed timely and back dated to when it should have been received.	Communication
West Berks	CMHT/Care Pathways	West Berks	16/02/2017	Pt wishes his memory problems to be further investigated but has 9 points he wishes addressed in a local resolution meeting. Points 1-3 relate to Crisis 4-9 relate to psychiatrists	No Further Action	Patient too unwell to deal with this at present. Agreed with SEAP to close until he is well enough.	Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
West Berks	Community Hospital Inpatient	West Berks	16/02/2017	Wife concerned there were no Drs on the ward and felt the Ward sister had a brusque attitude. Wife left the ward for 30 mins on the 16th sept asking nurse to watch her husband in her absence, the pt called a friend in a distressed state as he felt his oxygen was low, friend called the ward to sort, when his wife returned his breathing machine was switched off and the oxygen was not connected correctly. On 19th Sept pt was moved to a side room but the portable oxygen did not move with him. wife noticed and tried to reconnect. pt died. Wife feels the actions of that day hastened her husbands death leaving him to gasp for air, she feels no one understood his condition. Complainant wants palliative pts to be treated with care and compassion in the future.	Investigation currently underway		Care and Treatment
Reading	Diabetic Eye Screening	Wokingham	21/02/2017	Pt unhappy that our envelopes say 'UK Mail Ltd' on the back of them, he feels this goes against our duty of care as the recipient does not know who t is from without opening it. Pt also states he lives in Reading and wants an apt there not Wokingham	Not Upheld	Patient declined eye drops so was referred to BHFT services, which the locations do not suit patient. There is an option for him to return to RBH, if he wishes or to get GP to refer.	Management and Administration
Slough	Walk in Centre	Bracknell	24/02/2017	Pt saw GP and feels he was very rude and inpatient, he said she should have booked a double apt as she had so many questions. Pt wanted blood test to check possible pregnancy but GP said he thought it was early onset menopause. Pt very unhappy and wants blood test to check both things	Local Resolution		Attitude of Staff
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	02/03/2017	Pt suffering with anxiety, on the Rose ward since 18th January. Husband feels she is not making any progress questioning whether Rose Ward is the best place for her. He states the Dr is very dismissive and feels generally that there is a lack of care.	Investigation currently underway		Attitude of Staff
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	03/03/2017	Telephone handler appeared not to be listening to pt, then he said he couldn't help her as the shift was about to end. Pt said this is not the first time she has been told that and feels it is inappropriate and thus wishes to raise it formally.	Upheld	Investigation showed that call handler did not act professionally whilst on the phone to patient. Learning identified and will be implemented.	Attitude of Staff
Wokingham	CMHT/Care Pathways	Wokingham	03/03/2017	Pt feels that care has been done to her instead of with her. She feels the Positive Risk Panel has caused undue stress, she would like to appeal against the decisions made on the 24th Feb and complain that she felt excluded from the process leaving her at risk.	Investigation currently underway		Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Reading	Neuro Rehab (CHC)	West Berks	06/03/2017	Husband unhappy with his wife's care and the decision to discharge her from the CBNRT service. Also the lack of therapy received whilst on Oakwood ward.	Partially Upheld	Clinical care was appropriate, however the expectation of what the service can offer should have been made clearer.	Care and Treatment
West Berks	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	06/03/2017	Pt seen by clinician in November 2016. Observation required which was due to be done before the end of November 2016 but did not happen till Feb 17. Mother has had many problems being able to speak to clinician who assured her the report would be sorted by 3/3/17. Mother feels very let down by services and feels no one is communicating with her.	Upheld	Acknowledgement and apology for the lack communication with the delay in the assessment. Staff member also apologises for delay in returning calls.	Communication
Slough	Walk in Centre	Bracknell	06/03/2017	Father is very upset at the way his daughter was spoken to by the Dr she saw.	Investigation currently underway		Attitude of Staff
Bracknell	Common Point of Entry	Wokingham	06/03/2017	Pt diagnosed with Asperger's wants to know why therapy has been refused by CMHT as this goes against the Autism Act and is not making reasonable adjustment under the equality act. Why do the Trust not provide ASD Pathway on a diagnosis service? Why can't services communicate with each other when using different systems?	Partially Upheld	No clinical failings identified. Care has been appropriate but patient cannot have the therapy she wants. However, PALS have apologised for the lack of responsiveness so this element upheld.	Care and Treatment
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	06/03/2017	Pt previously on a section now voluntary has been going out of the ward buying tablets / knives and bleech from Boots and Asda. Father believes pt is at high risk of self harm and suicide. Father does not understand why PPH are talking about discharge and feels we are neglecting our duty of care.	Investigation currently underway		Care and Treatment
Windsor, Ascot and Maidenhead	Hearing and Balance Services	Bracknell	10/03/2017	Pt unhappy with the way they were spoken to by the Audiology consultant in Windsor	Upheld	Staff member admitted being abrupt with patient due to tiredness. Training to be undertaken that includes looking at one's behaviours and the impact on others.	Attitude of Staff

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Slough	Walk in Centre	Bracknell	10/03/2017	Father has come back to say he wishes to appeal against our response as he feel we have not looked at CCTV footage as he would never swear in front of his son ORIGINAL COMPLAINT Pt's father alleges that the 2 reception staff and the female Dr on duty on the 27th Dec were extremely rude to her in font of her son. Reception staff said there were no more appointments when the mother ask why when the reception is empty the reception staff and Female Dr allegedly became very aggressive and abusive toward the Mother and the Female Dr refused to see the 4 yr old, the Male Dr however did see pt and prescribed medcication.	Not Upheld	Complainant left SWIC despite being told not to and therefore missed the triage slot. Investigation report is that he became abusive to staff and was videoing them on his phone.	Abuse, Bullying, Physical, Sexual, Verbal
Windsor, Ascot and Maidenhead	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	14/03/2017	Pt of 9 yrs old attempted suicide 4 times last summer, mother desperate for help from CAMHS and is struggling to cope as it is all taking such a long time. Mother has 2 other SEN Children and she has had a nervous breakdown as a result of everything.	Investigation currently underway		Care and Treatment
West Berks	Children's Speech & Language Therapy - CYPIT	Windsor, Ascot and Maidenhead	15/03/2017	Pt had his name removed from the SALT list and as such has not been receiving therapy which has been needed. Parents feel an apology is not enough and want 1:1 sessions in addition to his restored and ongoing SaLT	Investigation currently underway		Care and Treatment
Slough	Common Point of Entry	Wokingham	21/03/2017	Pt tried to access help from CPE and New Horizons. On filling out the forms was advised that he must have a GP. When speaking to CPE to try to sort the group therepy he was previously instructed he needed he received a discharge letter.	Investigation currently underway		Access to Services
Windsor, Ascot and Maidenhead	Community Hospital Inpatient	Bracknell	21/03/2017	Family unhappy with our response they wish 1. statement around pt being fully weight bearing 2. Mental capacity family were unaware their mother had been assessed as have not seen any documentation around this. 3. Pt was heating impaired so feel she was not always listening 4. family wish clarity on why pt had to attend apt at WPH as they say it was for her shoulder, not her leg The family are adamant that BHFT did not treat their mothers knee wound appropriately and that complications from the infected wound caused the pts death. They believe we have failed in our duty of care and as such are frustrated and angry.	Investigation currently underway		Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Reading	Talking Therapies	Wokingham	22/03/2017	Pt feels she has wasted her time going through several referrals and many sessions of TT. She especially feels that she should not have to answer the same question regarding suicide in every questionnaire or discussion and as a result she wishes the process to change. Pt has requested copies of the referral process along with other information.	Investigation currently underway		Communication
Windsor, Ascot and Maidenhead	District Nursing Out of Hours Service	Reading	23/03/2017	Pt has been told the service plan to stop the morning (OOH) nurse visits for the administration of suppositories. The patient feel this will greatly affect his life going forward	Investigation currently underway		Access to Services
West Berks	Community Hospital Inpatient	West Berks	24/03/2017	Partner of patient wishes to know why the pt was not taken to the eye clinic during her admission. If there is a specific clinical reason for this they wish to know why it was not communicated to them.	Investigation currently underway		Care and Treatment
Reading	CMHT/Care Pathways	Reading	30/03/2017	Patient feels there has been a lack of provision of adequate and appropriate treatment for his MH and psychological condition from 2014 to the present day. Pt wishes to receive adequate and relevant treatment at Castle Craig Hospital and redress for damage to health and life and expense of alternative support.	Investigation currently underway		Care and Treatment
Bracknell	CMHT/Care Pathways	Slough	03/04/2017	Re-opened from 5440 Pt now able to identify staff member to which she raises 27 points to be addressed. several other points raised about various members of staff and questions regarding the previous investigation into CMHT	Investigation currently underway		Attitude of Staff

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

15 Steps Challenge

Quarter 4 2016/17

During the fourth quarter of 2016/17 a total of 6 visits were carried out which means that the 15 Steps programme has been achieved its target of visiting all high risk areas within the year. A new member of the public has been recruited for the programme bringing our pool of volunteers up to four. Some of the new Non-Executive Directors and the new Chairman, have joined the team on visits during the year and are scheduled to do more in the coming year.

Looking forward to 2017/18

The Professional Development Nurses attended one of the Healthwatch meetings to promote the 15 Steps Challenge to enlist the Healthwatch volunteers in participating in the 15 Steps programme for the coming year. Dates for visits have been passed to Healthwatch and we are awaiting confirmation of when they can join the team on visits.

During 2016/17 there were a high proportion of clinics visited, as these are scheduled for bi annual visits the coming year will show a drop in the number of visits.

The toolkits used on the visits will be updated to more accurately reflect the services within BHFT.

Information and the role descriptor for volunteering on 15 Steps programme has been updated for both the new teamnet site and public website, in preparation of when they go live, with the aim of promoting the programme and attracting more volunteers.

Of the six visits that were carried out the overall impression was positive with only minor observations for improvement.

Daisy Ward

The team had a good visit to the ward which felt calm and relaxed. All the staff were friendly and helpful especially one of the support workers who showed the team around the ward. All the patients seen appeared content and happy.

Physiotherapy – Churchill House

A well run clinic with excellent facilities and a professional, courteous, patient focused team.

Physiotherapy – Upton

A particularly enjoyable visit to this friendly and well organised clinic. There was a great atmosphere with a positive and energised vibe.

Podiatry – Upton

The team were impressed by the engaging and welcoming attitude of the staff and the department had a good feel.

Rose Ward

The well-established team of staff members on the ward work well together and this promoted a good positive feel to the ward which was calm and organised. All the patients seen seemed content and happy.

Ascot Ward

The team were impressed by the multidisciplinary working of the ward. This was a good visit at a busy time yet the ward felt calm, relaxed and the patients appeared content and well looked after.

Friends & family team discussion: In all areas visited, the teams were confident in the safe care being delivered should a family member or friend be admitted to the care of the ward or clinic.

Pam Mohomed-Hossen and Kate Mellor
Professional Development Nurses
March 2017

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	9th May 2017
Title	Quality Account 2017
Purpose	NHS foundation trusts must publish a quality account each year, as required by the NHS Act 2009, and in the terms set out in the NHS (Quality Accounts) Regulations 2010 as amended by the NHS (Quality Accounts) Amendments Regulations 2011 and the NHS (Quality Accounts) Amendments Regulations 2012 (collectively "the Quality Accounts Regulations"). For the Trust this provides an opportunity to present a balanced account of its quality priorities and performance against these. The report includes some mandated content which can be complex, but should, in general, be accessible for members of the public.
Business Area	Trust Wide
Executive Lead	Medical Director
Authors	Head of Clinical Effectiveness and Clinical Effectiveness Facilitator.
Relevant Strategic Objectives	Strategic Goal 1- Improving Patient Experience: To provide accessible, safe and clinically effective services which improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. The NHS Improvement annual reporting guidance for the quality report incorporates the requirements set out in the Department of Health's Quality Accounts Regulations and additional reporting requirements set by NHS Improvement.
SUMMARY	The Quality Account for 2017 consists of three main sections in line with Department of Health and Monitor requirements. Part 1 is the Chief Executive's Statement. Part 2 is a report on the priorities for improvement and statements of assurance from the Board. This section must also cover specified areas in relation to clinical audit, research, CQUINs, CQC, data quality and information governance. Part 3 is a review of quality performance in 2016/17 and must include at least 3 measures in each of the areas of quality - patient safety, clinical effectiveness and patient experience. The Quality Assurance Committee have reviewed the draft account in Q1, Q2 and Q3, all required actions identified by the QAC were incorporated within the final Q4 version being presented today, due to timescales of meetings the QAC members received the Q4 version electronically outside of the formal meeting. Page 7 of the QA details a one page summary of the Trust achievement against the 2016/17 priorities. The priorities for 2017/18 are directly linked to the annual plan and build on previous quality priorities. Clinicians, Trust Governors and other stakeholders have been consulted through various mechanisms to help agree the priorities. The Board will note that changes have been made to the presentation of the quality account with the aim of making it more readable, blue coloured information notices have been added at appropriate points in the report to better explain and signpost its content to the reader. The draft Quarter 3 Quality Account was shared with the required stakeholders

	including the CCG, HOSC, Council of Governors and Health and Wellbeing Boards. Comments received are predominantly positive with some areas of clarification identified which we have responded to, all support the consistency of the QA with data and information they are aware of. KMPG will audit the content of the Quality Account in the 1st 2 weeks of May to ensure that it meets the requirements set out in 'The detailed requirements for Quality Accounts 2016/17' NHSi (2017). They will then provide an independent assurance report to the Council of Governors, assurance was positive in 2016 and it is expected that we will achieve the same level of assurance for this account. The final Quality Account will be submitted to NHS Improvement in May 2017 as part of the annual accounts and published on NHS Choices in June 2017.
ACTION REQUIRED	The Board is required to seek any clarification required and approve the 2016/17 Quality Account. Directors are asked to consider the Statement of Directors' Responsibilities in Respect of the Quality Account (Section 3.3, page 53), and ensure they are satisfied with the quality account in relation to the requirements detailed in this statement. Directors must confirm to the best of their knowledge and belief they have complied with the requirements detailed on page 53 in preparing the Quality Report, and the statement must then be signed by the Chair and Chief Executive by order of the Board to confirm this.

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust

Quality Account 2016/17

Our vision: To be recognised as the leading community and mental health service provider by our staff, patients and partners

Our Values:
Caring for and about **you** is our **top priority**
We are **committed** to providing **good quality, safe services**
and **working together** with **you** to develop **innovative solutions**

What is a Quality Account?

A Quality Account is an annual report about the quality of services provided by an NHS healthcare organisation. Quality Accounts aim to increase public accountability and drive quality improvements in the NHS. Our Quality Account looks back on how well we have done in the past year at achieving our goals. It also looks forward to the year ahead and defines what our priorities for quality improvements will be and how we expect to achieve and monitor them.

About the Trust

Berkshire Healthcare NHS Foundation Trust (BHFT) provides specialist mental health and community health services to a population of around 900,000 within Berkshire. We operate from more than 100 sites across the county including our community hospitals, Prospect Park Hospital, clinics and GP Practices. We also provide health care and therapy to people in their own homes.

The vast majority of the people we care for are supported in their own homes. We have 216 mental health inpatient beds and 180 community hospital beds in five locations and we employ more than 4,000 staff.

Working in partnership with patients and their families is really important to us as this helps us to provide the best care in the right place. We support people with long-term health problems to manage their own lives as much as we can, so they can stay at home and do not need to be in hospital.

We organise our services around the six areas of Berkshire, to match the local authority boundaries. We call these Localities. Each Locality Director works together with a Clinical Director to make sure that our service management is informed by clinical knowledge and expertise.

We work closely with our commissioners to develop services that meet the needs of our diverse population – aiming to help people remain independent at home as far as possible. We provide many of our services in partnership with Local Authorities and also work closely with GPs, voluntary sector organisations and others.

We support the education of the future NHS workforce by working in partnership with Health Education Thames Valley and 10 universities, including the Universities of Reading, Oxford, Oxford Brookes, Southampton, Surrey and West London. We train a wide range of healthcare professionals including future doctors, nurses, psychologists, special care dentists, occupational therapists, health visitors, dieticians, audiologists and physiotherapists. These learners may be part of the care teams delivering our services and will work in a manner consistent with the NHS Constitution.

Table of Contents for Quality Account 2016/17

Quality Account Highlights 2016/17

Patient Experience

We ask patients and carers to tell us how they rate the care they received. There was an improvement across most areas of those who would rate us as good or very good, with a slight decrease in Mental Health Inpatients.

Community Hospitals- 97%
Community Physical Health- 93%
Community Mental Health- 85%
Mental Health Inpatients- 72%

Patient Safety

Priority targets have been met in relation to:

- the reduction of pressure ulcers that have developed due to a lapse in care by the trust
- the reduction of falls by patients in our hospitals

Clinical Effectiveness

The trust continues to demonstrate that relevant NICE Technology Appraisals are available and greater than 80% of all NICE guidance is being met.

Zero Suicide

The trust has launched its zero suicide initiative this year, with a focus on both challenging the culture relating to suicide and on giving people skills to address situations when people are at their most vulnerable.

Care Quality Commission (CQC) Rating

The trust continues to be rated as 'Good' by the CQC and is committed to maintaining and improving on this rating.

Service Improvements

Many successful improvements have been implemented across the trust, including:

- The Westcall Out of Hours GP Service have implemented a successful sepsis project
- The Children's Young People and Families Service continue to deliver a transformation programme
- The Adult Learning Disability Service have established a mortality Clinical Review Group
- All trust memory clinics are now accredited by the Memory Services National Accreditation Programme (MSNAP)
- A new Intensive Management of Personality Disorders and Clinical Therapies Team (IMPACTT) has been established
- Mental health inpatient services have run a successful "failure to return from leave" project
- Child and Adolescent Mental Health (CAMHS) have started a new Eating Disorders Service

The trust has set quality priorities for 2017/18 in the following areas:

Quality Improvement Priority

- To implement the trust Quality Improvement Initiative to link in with aspects of quality, safety, effectiveness and experience

Patient Safety Priorities

- Falls
- Pressure Ulcers
- Health promotion- To continue implementing the Zero Suicide initiative

Clinical Effectiveness Priorities

- To report on the implementation of NICE guidance identified as a Trust priority
- To review and report on mortality in line with new national guidance as it is published

Patient Experience Priorities

- To continue to prioritise and report on patient satisfaction and make improvements.
- To improve on national patient and staff survey results
- To continue to prioritise learning from complaints
- To continue to implement the Patient Leadership Programme.

Part 1. Statement on Quality by the Chief Executive of Berkshire Healthcare NHS Foundation Trust

Throughout the 2016/17 financial year, Berkshire Healthcare NHS Foundation Trust has continued to deliver effective, safe and efficient care for its patients. We have a trust-wide vision to be recognised as the leading community and mental health provider by our patients, staff and partners, and the results shown in this Quality Account help demonstrate our commitment to this aspiration.

We are committed to ensuring that patients have a positive experience of the care we provide, and evidence available from patient satisfaction surveys demonstrate that we continue to meet this commitment. A positive experience of our services by both patients and the people that care for them helps to support and enhance the high clinical quality of the care we provide. We aim to maintain and improve on these results and have set an ongoing priority in this area for 2017/18.

Patient safety remains of paramount importance to us. Our trust board monitors performance in this area through scrutiny of a variety of patient safety metrics, several of which are shared in this report. Our governance, patient safety, incident and mortality reporting systems are increasingly robust and are able to highlight areas for improvement in a timely manner allowing for learning. In addition, results from our patient safety priority this year, detailed in part 2 of this report, highlight that we are meeting the targets set in relation to the reduction of patient pressure ulcers and falls. We will continue striving to deliver safe care and have set further patient safety priorities for the coming year.

Our clinical effectiveness agenda helps us to ensure that we are providing the right care to the right patient at the right time and in the right place. By performing clinical audit, we are able to measure our care against current best practice leading to improvement, and this report details some of the many audits that have been undertaken this year. In addition, our involvement in research has helped to inform future treatment and management of patients. We have also met our priority target of implementing 100% of relevant NICE Technology Appraisal Guidance and greater than 80% of all relevant NICE Guidance for the second year running.

The launch of our zero suicide initiative was a highlight this year as it focuses on both changing the culture in relation to suicide, as well as giving people the skills to address situations when people are at their most vulnerable. The first year of this initiative has seen the establishment of a steering group to oversee the project, with two leads in place to drive it forward. Additional crisis awareness and suicide prevention training has been delivered to relevant staff, and a new risk summary has been implemented across the trust to help clinicians better identify when patients are in need and to take timely actions as required. This project will continue to March 2018 and we will be reporting on further progress in next year's Quality Account.

Numerous other service improvement projects have been undertaken by trust services throughout the year. Many of these improvements are detailed within this report and they demonstrate the breadth of improvement work that is being undertaken, as well as the commitment of trust staff to improve services across the county.

The Trust continues to be rated as 'Good' by the Care Quality Commission (CQC). We are proud of this rating and are determined to be recognised as the leading community and mental health provider by our patients, staff and partners.

In 2017/18 we will be embarking on a significant 18 month programme of Quality Improvement with the aim for our patients, carers, staff and the CQC to view us as an 'outstanding' organisation.

The information provided in this report is, to the best of my knowledge, accurate and gives a fair representation of the current services provided

Julian Emms CEO

"Great team in Ascot ward. My dad was looked after in Ascot ward until he was moved to the Royal Berks. While he was in Ascot ward he was looked after very well by all of the staff, who also looked after him in Prospect Park Oakwood, there were many other excellent staff and not to forget the only nurse who managed to shave him through their persistence and caring. You all gave my family a lot of reassurance through a very difficult time and we appreciate everything you did for him even though he has now since died. You made his last couple of weeks comfortable. You should all be very proud of what you do and deserve full credit and a pay rise as you are all worth so much more.
Thank you again".

From a relative of patient- Ascot Ward- Wokingham Community Hospital

Part 2. Priorities for Improvement and Statements of Assurance from the Board

2.1 Achievement of Priorities for Improvement for 2016/17

ⓘ This section details the trust's achievements against its quality account priorities for 2016/17. These priorities were initially identified, agreed and published as part of the 2015/16 quality account process. Specific priorities have been set in the areas of patient experience, patient safety, clinical effectiveness and health promotion.

These quality account priorities support the trust's quality strategy for 2016-20 (see Appendix A) to provide accessible, safe, and clinically effective community and mental health services that improve patient experience and outcomes of care through the following six elements:

- Patient experience and involvement – For patients to have a positive experience of our service and receive respectful, responsive personal care
- Safety – To avoid harm from care that is intended to help
- Clinical Effectiveness – Providing services based on best practice
- Organisation culture –Patients to be satisfied and staff to be motivated
- Efficiency – To provide care at the right time, way and place
- Equity – To provide equal care regardless of personal characteristics, gender, ethnicity, location and socio-economic status.

Figure 1 below summarises the achievement of the Trust in 2016/17 against each of its quality account priorities. Each of these priorities is then discussed in more detail later in this section.

Figure 1- Summary of Trust achievement against 2016/17 Quality Account Priorities

Priority and Indicator		Results 2015/16	Results 2016/17	Comment & Change from 2015/16
Patient Experience				
Friends and Family Test- % of patients likely or extremely likely to recommend the service to a friend or family member	Community Services (Mental health and physical health combined)	97%	**95%**	**Change: -2%**
	Mental Health Inpatients	70%	**74%**	**Change: +4%**
	Community Hospital Inpatients	94%	**95%**	**Change: +1%**
	Minor Injury Units and Walk-in Centre	91%	**95%**	**Change: +4%**
Trust Patient Satisfaction Survey- % of Patients rating the service they received as good or very good	Community Mental Health	82%	**85%**	**Change: +3%**
	Community Physical Health	91%	**93%**	**Change: +2%**
	Mental Health Inpatients	81%	**72%**	**Change: -9%**
	Patients in Community Hospitals	95%	**97%**	**Change: +2%**
Carer Friends and Family Test- % of carers likely or extremely likely to recommend the service to a friend or family member		N/A	**96%**	**First Year in Qual. Account**
Initiate Patient Leadership Programme		N/A	**Met**	**Target Met**
National Community Mental Health Survey- Overall result (score out of 10)		6.8	**7.2**	**Change +0.4**
Staff Experience				
National Staff Survey- Staff Engagement Score (Score out of 5)		3.91	**3.91**	**Change: 0**
Patient Safety				
Number of Pressure Ulcers developed due to lapse in care by trust staff	Community Category 2 pressure ulcers (Target- Less than or equal to 24)	N/A	**17**	**Target Met**
	Community Category 3 and 4 pressure ulcers (Target- Less than or equal to 12)	N/A	**9**	**Target Met**
	Inpatient acquired Category 2, 3 and 4 pressure ulcers (Target- Less than or equal to 15)	N/A	**1**	**Target Met**
Rate of inpatient falls per 1000 bed days	Older Peoples Mental Health Wards (Target- less than or equal to 8 per 1000 bed days)	N/A	**6.62**	**Target Met**
	Community Health Wards (Target- less than or equal to 8 per 1000 bed days)	N/A	**4.95**	**Target Met**
	Adult Mental Health Wards and Berkshire Adolescent Unit (Target- less than or equal to 5.2 per 1000 bed days)	N/A	**0.58**	**Target Met**
	Learning Disability Units (Target- less than or equal to 5.2 per 1000 bed days)	N/A	**1.86**	**Target Met**
Clinical Effectiveness				
Compliance with Trust NICE guidance implementation targets	Percentage of NICE Technology Appraisals implemented by the Trust (Target 100%)	100%	**100%**	**Target Met**
	Percentage of all NICE Guidance and Guidelines implemented (Target 80%)	84%	**84%**	**Target met**
Zero Suicide Initiative				
Initiate Zero Suicide Programme with Steering Group and Leads in Place		N/A	**Met**	**Target Met**
New Risk Summary produced and implemented		N/A	**Met**	**Target Met**
Programme of training courses delivered	Number of crisis intervention training places completed by the Crisis Intervention and Home Treatment Team (Target: 48)	N/A	**28**	**Target Not Met** Further course planned for May-July 2017
	Number of additional suicide awareness training places completed by the Community Mental Health Team (Target: 100)	N/A	**128**	**Target Met**

2.1.1 Patient Experience

ⓘ One of the Trust's primary priorities is ensuring that patients have a positive experience of our services and receive respective, responsive personal care. This sub-section details our performance against our patient experience priorities for 2016/17.

Our 2016/17 Patient Experience Priorities:

- **To continue to prioritise and report on the Friends and Family Test (FFT) results for both patients and carers, and on the trust's own internal patient satisfaction survey throughout the year. By doing so, the trust aims to demonstrate continuing improvement.**
- **To improve on national patient and staff survey results**
- **To continue to prioritise learning from complaints**
- **To implement the Patient Leadership Programme.**

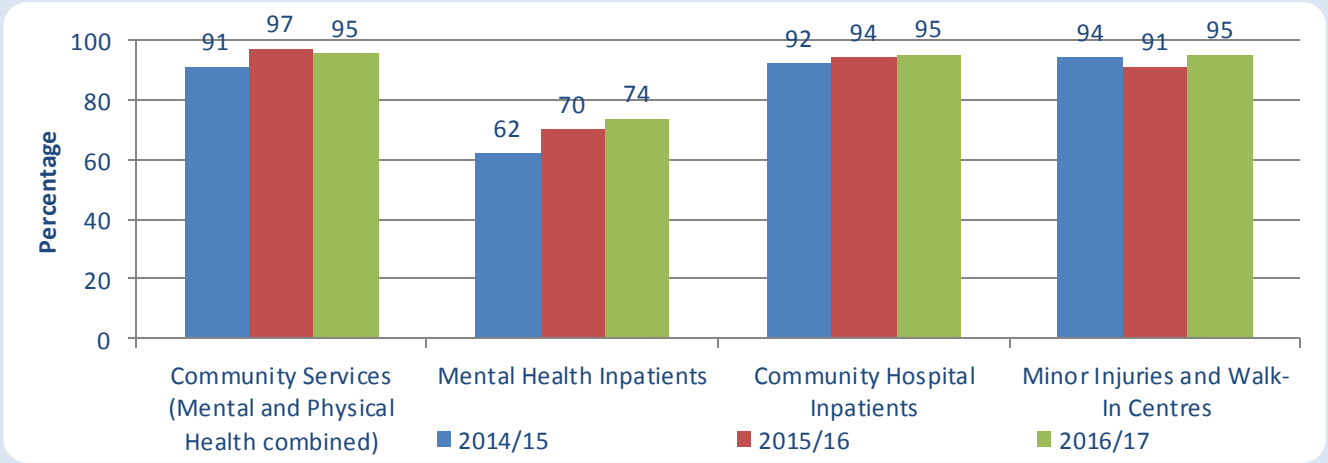
Patient Friends and Family Test (FFT)

ⓘ The Friends and Family Test (FFT) is used by most NHS funded services in England. It is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The FFT asks people if they would recommend the services they have used, and can be completed by text messaging after discharge, card or on the internal trust patient survey.

Figures 2 and 3 below demonstrate the Trust's achievement in relation to the FFT. The figures show that recommendation rates for trust services are generally high. Responses for 2016/17 indicate that greater than 90% of respondents were very likely or likely to recommend Trust community services, community hospital inpatient services, minor injuries services and the walk in centre.

There is also an increased recommendation rate for mental health inpatient services in 2016/17 when compared with 2015/16. However, it should be noted that overall response rates are low and, as a result, the patient experience team are working with services to promote the FFT.

Figure 2- ***Patient Friends and Family Test (FFT): Percentage of patients extremely likely or likely to recommend the service to a friend or family member.***



**Mental Health figures for 2014/15 are for Nov 2014-March 2015 due to the change in national methodology.*
Source: Trust Patient Experience Reports

Figure 3a- Patient Friends and Family Test- total number of responses

Survey and Service	2015/16			2016/17		
	Total no. of respondents	Respondents likely or extremely likely to recommend service		Total no. of respondents	Respondents likely or extremely likely to recommend service	
		No.	%		No.	%
Community Services- Mental Health & Physical Health Combined	11492	11193	97	11339	10815	95
Mental Health Inpatients	140	99	70	141	104	74
Community Hospital Inpatients	1128	1062	94	887	845	94
Minor Injuries Unit and Walk in Centre	8649	7871	91	5869	5577	94

Source: Trust Patient Experience Reports

Figure 3b: Response Rate for patient Friends and Family Test (latest available month)

For February 2017 (latest data available)	Total Responses	Total Eligible	Response Rate
Community Health services	855	19,689	4%
Mental Health Services	190	8089	2%

Source: Trust Patient Experience Reports

Please note that response rates have been included above, but they only relate to the latest monthly data available. BHFT in line with national recommendations aim for a 15% response rate for the FFT across all services.

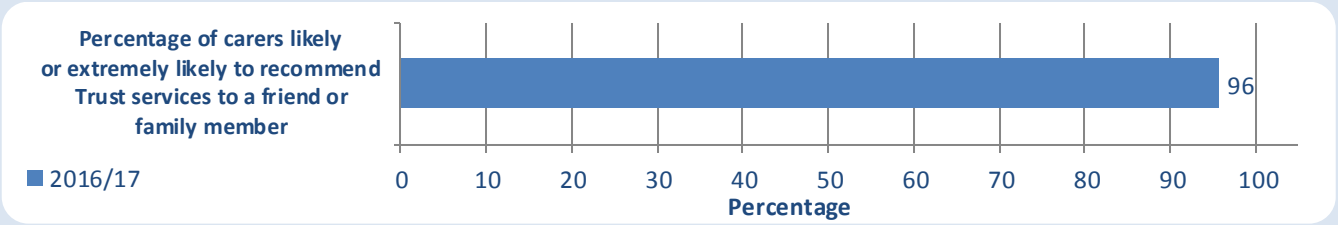
Carer Friends and Family Test (FFT)

ⓘ A Friends and Family Test for carers has also been created and distributed to trust services. This survey asks if carers would recommend trust services, thus allowing them the opportunity to share their experience with us in a dedicated way. Whilst this is not mandated nationally, the Trust recognises the crucial role that carers have and the value of their feedback.

Figures 4 and 5 below demonstrate the Trust's achievement in relation to the carer Friends and Family Test. The figure shows that, up to the end of 2016/17, 96% of respondent carers were extremely likely or likely to recommend the service to a friend.

The trust are working on increasing awareness of Carer FFT cards within the trust and the potential impact of the FFT on other carer feedback e.g. memory clinic accreditation.

Figure 4- Carer Friends and Family Test: Percentage of carers extremely likely or likely to recommend the service to a friend or family member



Source: Trust Patient Experience Reports

Figure 5- Carer Friends and Family Test- total number of responses

Survey and Service	2015/16			2016/17		
	Total no. of respondents	Respondents likely or extremely likely to recommend service		Total no. of respondents	Respondents likely or extremely likely to recommend service	
		No.	%		No.	%
All carers	N/A	N/A	N/A	207	198	96

Source: Trust Patient Experience Reports- Please note that the Trust does not have a response rate for this survey.

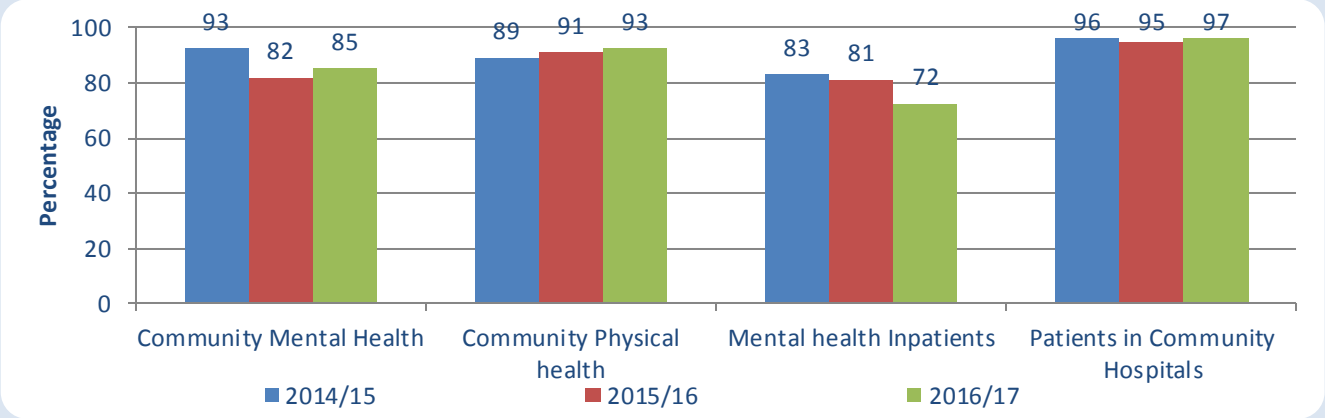
Trust Patient Satisfaction Survey

ⓘ The Trust also carries out its own patient satisfaction survey throughout the year to further ascertain and assure levels of patient satisfaction.

Figures 6 and 7 below demonstrate the Trust's performance in relation to its patient satisfaction survey.

The figures show that during 201/17 85% or more of respondents rated the service they received from community health services (both physical and mental health) and community inpatient services as very good or good. The findings for mental health inpatients are below 80%, which is in line with the equivalent Friends and Family Test findings.

Figure 6- Trust Patient Survey: Percentage of patients who rated the service they received as very good or good.



Source: Trust Patient Experience Report

Figure 7- Trust Patient Survey- total number of responses

Survey and Service	2015/16			2016/17		
	Total number of respondents	Total rating service as good or very good	% rating service as good or very good	Total number of respondents	Total rating service as good or very good	% rating service as good or very good
Community Mental Health	1308	1068	82	1254	1067	85
Community Physical Health	10947	10010	91	9228	8544	93
Mental Health Inpatients	703	567	81	271	196	72
Patients in Comm. Hospitals	1288	1229	95	622	601	97

Source: Trust Patient Experience Reports

Patient Leadership Programme

ⓘ The Patient Leadership Programme has been set up to improve involvement of patients and carers in the development of our services. The aim of the programme is to establish a group of people that have received training and support to work with us to design and change patient services for the better.

During 2016/17, the trust appointed a patient leader to our 'zero suicide' programme. A further round of recruitment for patient leaders was not successful during 2016/17 and we are revising the recruitment process for 2017/18.

Learning from Complaints and Compliments

The Trust has continued to respond to and learn from complaints and compliments during the year.

Figures 8 and 9 below show the number of complaints and compliments received by the Trust. From these charts, there appears to be a slight downward trend in the number of formal complaints received since April 2015 and an upward trend in compliments received over the same period. The Trust received 209 formal complaints in 2016/17 compared with 218 in 2015/16 and 244 in 2014/15.

The services with the highest number of formal complaints during quarter four of 2016/17 were CMHT/Care Pathways; Acute Adult Mental Health inpatients; Crisis Resolution/Home Treatment Team (CRHTT) and Community Hospital inpatients. In addition, there was an increase for the Slough Walk in Health Centre; Common Point of Entry Service and Child and Adolescent Mental Health Service (CAMHS).

The number of complaints for Crisis Resolution and Home Treatment Team (CRHTT) continue to remain at a lower level than an original peak noted in quarter one of 2016/17, but are higher overall than in 2015/16 at a total of 21 compared to 13 for the previous year. The Clinical Director for CRHTT continues to review all of the complaints received to ensure that there are no particular themes or trends that require specific action.

For Community Mental Health Teams and Community Hospital inpatients, the number of complaints received in Q4 of 2016/17 was similar to the number received in quarter three, and those for Adult Acute Mental Health inpatients remained the same.

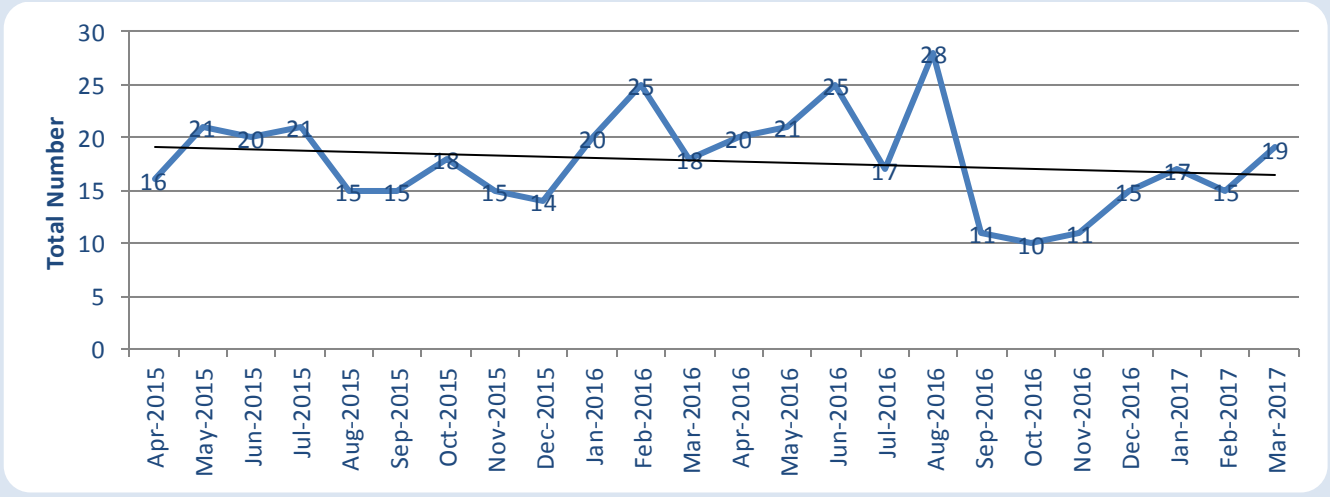
Child and Adolescent Mental Health Services have seen an increase in formal complaints in Quarter 4 2016/17 (5), compared to 2 in quarter three. This is in comparison to 5 in quarter two and 6 in quarter one. There was no specific theme to the complaints received during quarter four.
It is encouraging to see the overall number of formal complaints for CAMHS reduce in comparison with 2015/16. There were 28 formal complaints received in 2015/16, equating to 13% of complaints, compared to 18 in 2016/17, which is 8% of the overall activity. This is a reflection of the continued targeted service improvements underway within CAMHS.

During 2016/17 the trust achieved a complaints response rate of 100% within the timescale agreed with the complainant. This demonstrates the commitment of both the complaints office and clinical staff to work alongside complainants. The average number of days taken to resolve formal complaints during quarter four of 2016/17 was 24. This was a significant decrease in comparison with 33 in quarter three and a sustained decrease from 28 in quarter two and 29 in quarter one.

The Trust has used complaints to help inform service improvements, some of which are detailed later in this report.

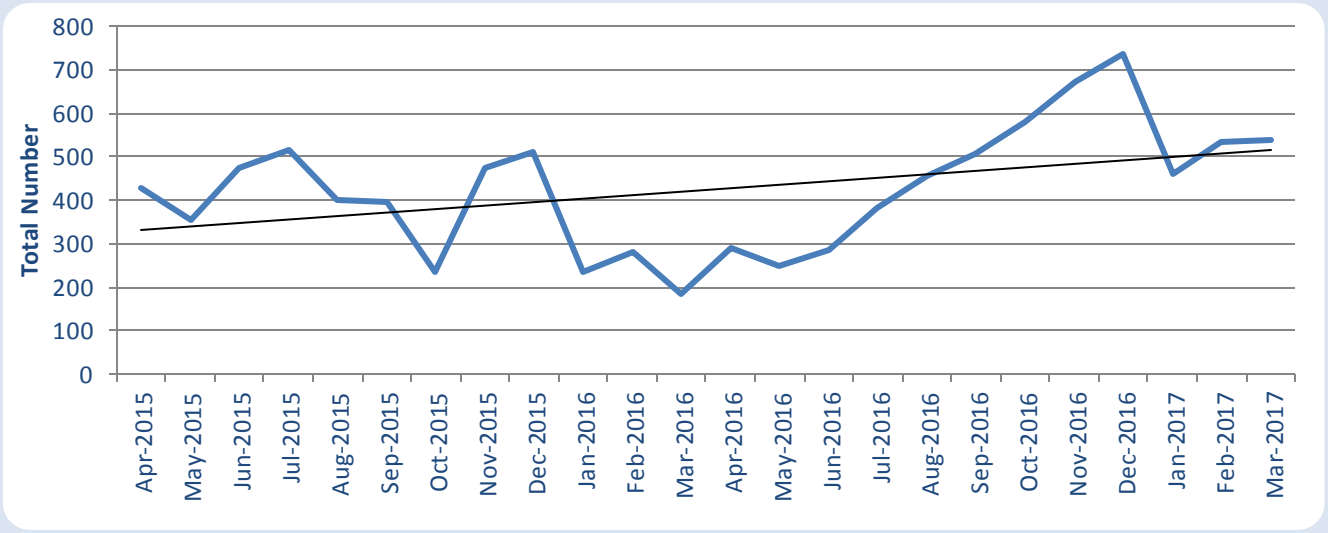
Please also note that the number of complaints, together with response and resolution times is included within section 3 of this report as they are core indicators.

Figure 8- Complaints received



Source: Trust Complaints Report

Figure 9- Compliments received



Source: Trust Compliments Report

2016 National NHS Community Mental Health Survey

ⓘ The National Community Mental Health Survey is an annual survey that aims to ascertain the experiences of people that receive specialist care or treatment for a mental health condition. Feedback from people about their experiences of our community mental health services is crucial in helping us highlight good care and to identify potential risks to the quality of services.

The results of the 2016 National Community Mental Health Survey were published in November 2016. Patients were eligible to receive and respond to this survey if they had been seen by community mental health services between 1 September 2015 and 30 November 2015. Surveys were sent to 850 people meeting this inclusion criteria, with responses received from 233 of them (27%). This is a decrease from 30% in 2015, but is in line with the national average (which has also seen a decrease).

The 2016 survey contained 36 questions across ten sections. Each question and section was scored out of a total mark of 10 and given a RAG rating (Red, Amber or Green) to indicate how the trust had scored in relation to an expected range of scores. For example, an amber score indicates that the trust is not significantly different than average for that question, with a green score indicating that the trust scored better and a red score worse.

The Trust scored amber (about the same as other Trusts) across all sections of the benchmarking report in the 2016 survey. The Trust also scored amber across all questions in this survey, with the exception of one question where the trust scored Red: When you tried to contact them (Crisis Care), did you get the help you needed? Improvement in scores was seen across all areas of the report that looked at support and wellbeing.

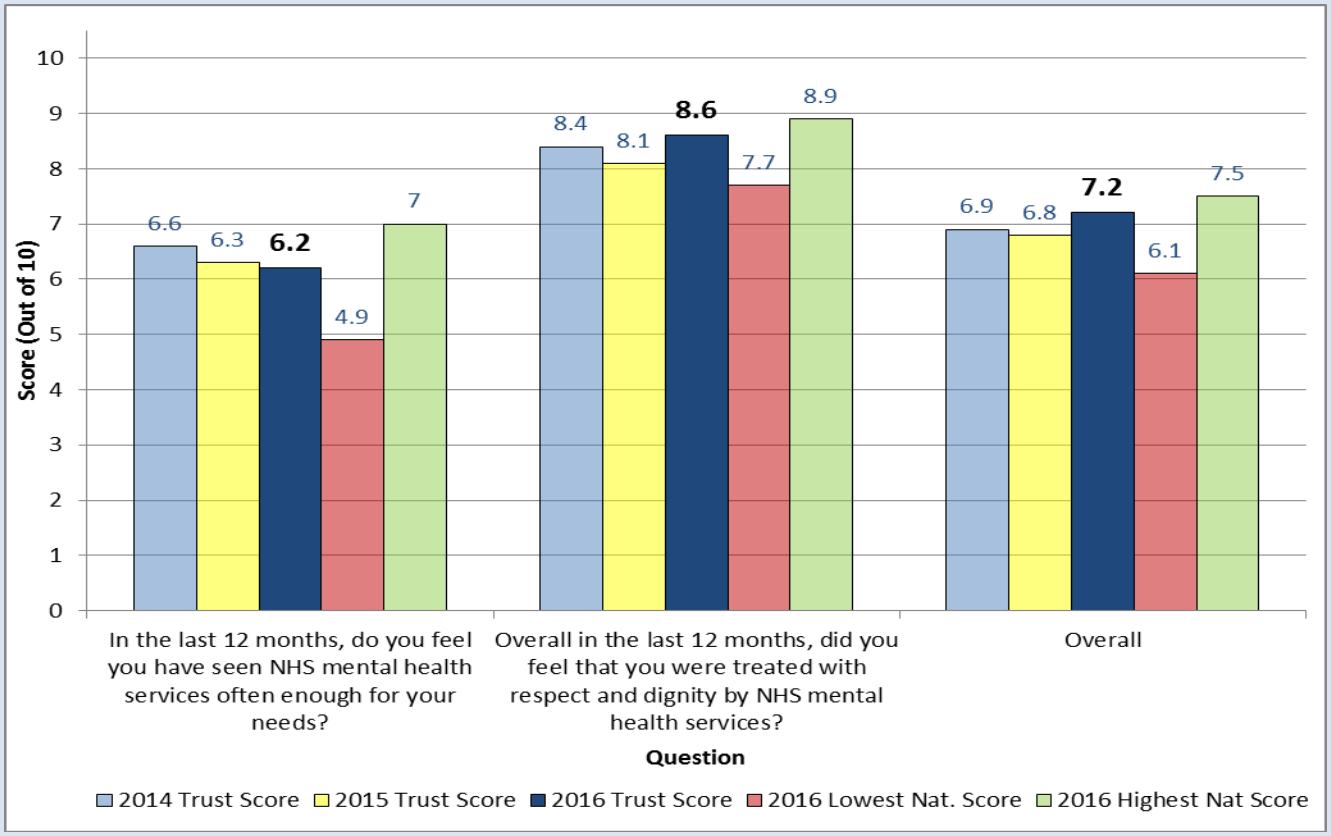
The Trust has undertaken an externally facilitated 'deep dive' into our crisis resolution/home treatment team. Next steps to be taken as a result of this work are to review the findings and recommendations of the project with the CRHTT service, and to collaborate with people who use the service and those who care for them, to improve experience in the areas of; continuity of staff; carer feeling out of loop/not knowing diagnosis or how to help; system failures beyond CRHTT; consistency of staff achieving trusts values; frustration with what happens after CRHTT care and different people asking same questions.
The actions will be monitored through the quarterly Patient Experience and Engagement Group.

There has been a significant increase in satisfaction about being supported to find work. Our Individual Placement and Support (IPS) employment service receive positive feedback through our internal patient

survey and it is assuring to see that this is also reflected in this improvement.

These results are to be shared with the Community Mental Health Teams and the wider organisation. Figure 10 below gives an overview of scores for the Trust in relation to respondents' overall views of the care and service they received and their overall experience. The 2016 Trust scores are compared with the highest and lowest scores achieved by other trusts this year, and with the comparable Trust score for the equivalent question in both 2014 and 2015. Please also note that the overall Community Mental health score for the Trust is also included within section 3 of this report as it is a core indicator.

Figure 10- National Community Mental Health Survey Results 2016- Overall view of care and services



Source: National Community Mental Health Survey

2016 National NHS Staff Survey

The results from the National NHS Staff Survey are used by the Trust to inform local improvements in staff experience and well-being. This is important as a positive staff experience plays an important part not only in staff welfare, but also in helping to maintain and improve on patient safety and experience. This section has been included here as staff satisfaction can have an impact on both patient experience and safety

Berkshire Healthcare NHS Foundation Trust took part in the 2016 NHS National Staff Survey between October and December 2016. The survey was conducted online, resulting in it being open to over 4000 of the Trust's employees, 1,911 (46%) of whom responded. This compares favourably with the 2015 response rate of 38%. Nationally the 2016 response rate was 38% for all 316 participating trusts and 44.2% for trusts similar to BHFT (29 combined mental health, learning disabilities and community health services trusts). The trust results were benchmarked against these similar Trusts and showed that that for the 32 key findings, the trust had

- Better than average scores for 20, with 4 equalling the best score
- Average scores for 7
- Worse than average scores for 5

Of particular note, the 2016 staff engagement score was 3.91 out of 5- the same as in 2015. This high score is important due to the link between staff engagement and the provision of good quality, safe services.

The trust scored well in 2016 in relation to a number of key findings, including the following:

- Staff motivation at work - 4.06/5 – the best score.
- Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months - 9%- a small increase on last year's score (7%) but the best score in our group
- Percentage of staff satisfied with the opportunities for flexible working patterns – 64% - the best score and an improvement on 2015 (61%)
- Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month- 19% - the best score, although 1% higher than the trust score in 2015 (18%)

In addition, the trust experienced improved scores in 2016 compared with 2015 in the following areas:

- Percentage of staff working extra hours
  2015 Score- 79% 2016 Score- 75%.
- Percentage of staff feeling unwell due to work related stress in the last 12 months
  2015 score- 40% 2016 Score- 36%
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month
  2015 Score 89% 2016 Score- 92%.

The trust experienced reduced scores in 2016 compared with the 2015 results in the following areas:

- Percentage of staff reporting most recent experience of violence.
  2015 score- 86% 2016 score- 80%.
  Please note that trust analysis of the data shows that BHFT have a very small number of staff experiencing violence and therefore this reduction represents a very small number of people. However, we are keen to encourage high rates of reporting and providing good support to staff.
- Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
  2015 score 88% 2016 score 86%.
- Percentage of staff agreeing that their role makes a difference to patients / service users.
  2015 score- 93% 2016 score- 92%.
- Percentage of staff experiencing physical violence from staff in last 12 months
  2015 score- 1% 2016 Score- 2%
- Effective team working –
  2015 Score 3.99 2016 Score- 3.93

Please also note that the overall National Staff Survey score for the Trust is also included within section 3 of this report as it is a core indicator.

The Workforce Race Equality Standard (WRES) requires organisations to demonstrate progress against a number of indicators of workforce equality, with some of these indicators based on the Trust's National Staff Survey results.

Figure 12a below details these findings for the Trust, separated into scores for white and black and minority ethnic (BME) staff.

As can be seen, trust scores for the four components of the workforce race equality standard (WRES), have either deteriorated or not improved enough. The trust will make a consistent and sustained commitment over time to achieve the required progress and have a programme of work in place to achieve this

Figure 12a- Staff survey results relating to the Workforce Race Equality Standard

Description	Race	Trust Score 2014 (%)	Trust Score 2015 (%)	Trust Score 2016 (%)	Average (median) for combined MH/LD and community trusts (29 Trusts)- 2016
KF25- Percentage of staff experiencing harassment or bullying from patients / public in the last 12 months	White	21	23	**22**	27
	BME	32	25	**27**	32
KF26- Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	19	19	**18**	20
	BME	23	27	**26**	24
KF21- Percentage of staff believing the Trust provides equal opportunities for career progression or promotion	White	88	91	**90**	89
	BME	76	74	**68**	78
Q17b- In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues	White	5	5	**5**	5
	BME	13	14	**17**	14

Figure 12b below details further results from the 2016 staff survey and compares them with both the trust's results in prior years, and the median score for similar Trusts in 2016.

Figure 12b- 2016 National Staff Survey

Question and reference (2016 Survey)		Trust Score 2014 (%)	Trust Score 2015 (%)	Trust Score 2016 (%)	Average (median) for combined MH/LD and community trusts (29 Trusts)- 2016
Q2a	*I look forward to going to work (often or always)*	59	67	**67**	59
Q2b	*I am enthusiastic about my job (often or always)*	74	79	**79**	74
Q5f	*How satisfied am I that the organisation values my work (Satisfied or very satisfied)*	47	48	**51**	45
Q8c	*Senior managers try to involve staff in important decisions (agree or strongly agree)*	41	43	**43**	35
Q8d	*Senior managers act on staff feedback (agree or strongly agree)*	41	43	**43**	32
Q12a	*My organisation treats staff who are involved in an error, near miss or incident fairly (agree or strongly agree)*	51	56	**60**	54
Q12b	*My organisation encourages us to report errors, near misses or incidents(agree or strongly agree)*	88	92	**91**	89
Q12c	*When errors, near misses or incidents are reported my organisation takes action to ensure that they do not happen again (agree or strongly agree)*	67	78	**78**	70
Q12d	*We are given feedback about changes made in response to reported errors, near misses and incidents (agree/ strongly agree)*	51	65	**67**	60
Q13b	*I would feel secure raising concerns about unsafe clinical practice (agree or strongly agree)*	78	73	**76**	72
Q13c	*I am confident that my organisation would address my concern (agree or strongly agree)*	65	66	67	60
Q21a	*Care of patients / service users is my organisations top priority (agree or strongly agree)*	73	80	**81**	73
Q21b	*My organisation acts on concerns raised by patients and service users (agree or strongly agree)*	78	82	**81**	75
Q21c	*I would recommend my organisation as a place to work (agree or strongly agree)*	62	65	**67**	57
Q21d	*If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation (agree or strongly agree)*	71	74	**75**	66

Source: 2016 National Staff Survey

2.1.2 Patient Safety

ⓘ The Trust aims to prevent errors in healthcare that can cause harm to patients. The errors that occur in healthcare are rarely the fault of individuals, but are usually the result of problems with the systems they work in. Regardless, NHS patients should be treated in a safe environment and be protected from avoidable harm.

Our 2016/17 Patient Safety Priorities:

- **To continue to improve on the prevention and reduction of pressure ulcers during the year, maintaining the level of performance against current indicators on pressure ulcers that have developed due to a lapse in care by trust staff**
- **To reduce the number of falls experienced by trust inpatients**

Throughout the year, the trust's aim has been to foster an environment where staff can be confident to raise concerns about patient safety. Learning occurs with respect to errors, incidents, near misses and complaints across the organisation. Initiatives to achieve this have been implemented during 2016/17. The Trust has continued to engage with and contribute to cross organisational initiatives such as the patient safety collaborative.

The Trust has also signed up to the 'Sign up to Safety' pledges and through this has committed to put safety first, continually learn, be honest and transparent, collaborate in learning and support staff to help them understand and improve on when things go wrong.

A list of trust quality concerns are also documented within this section, together with progress re lating to the Trust Freedom to speak up (whistleblowing) process. Further information on Trust patient safety thermometer metrics, including those relating to various types of harm, are included in Appendix D.

Pressure Ulcer Prevention

ⓘ Pressure ulcers, sometimes known as 'bed sores' or 'pressure sores', are an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure and can range in severity from patches of discoloured skin to open wounds. Pressure ulcers are graded from 1 (most superficial) to 4 (most severe)

The aim of the pressure ulcer prevention priority during 2016/17 was to provide the best care to patients through prompt and thorough risk assessment, education of patients and carers, and early intervention to ensure prevention of pressure damage in the first instance.

In pursuance of this aim, the trust target was to demonstrate continuing improvement during the year, maintaining the level of performance against current indicators on pressure ulcers that have developed due to a lapse in care by Trust staff.

Current interventions to ensure sustained best practice included completion of the Waterlow risk assessment and Malnutrition Universal Screening Tool (MUST) scores on admission. Both of these identify someone's risk of developing a pressure sore and lead to implementation of an appropriate care plan to minimise the risk.

Further actions undertaken during 2016/17 to address this priority included:

- Continuing to support the Pressure Ulcer Prevention Champion Network (e.g. through education sessions)
- Undertaking learning summits for all developed category 3 and 4 pressure ulcers that are found to have had a Lapse in Care in the community.
- Involvement in improvement projects supported by the Oxford Academic Health Science Network looking at use of documentation at first assessment.

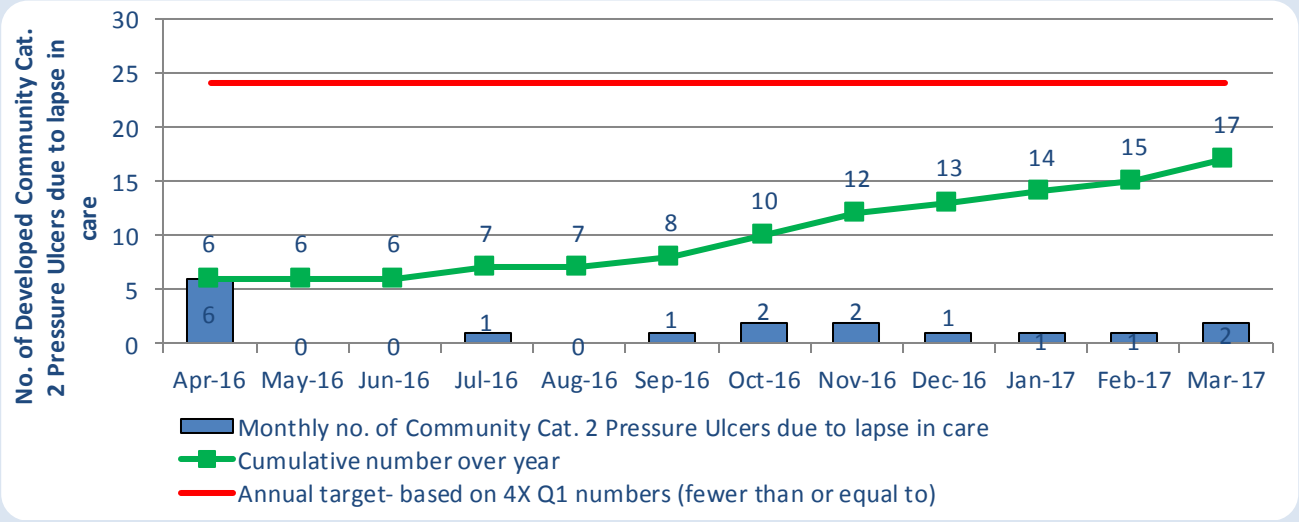
Progress against this priority has been monitored throughout 2016/17 using the following metrics, the results of which are detailed in figures 13 to 16 below:

1. To reduce or maintain the baseline from Q1 2016/17 of the number of developed community Category 2 pressure ulcers which occurred following a lapse of care from Trust staff. (Annual target has been set as less than or equal to 24 based on Q1 results)
2. To reduce or maintain the baseline from 2015/16 of the number of developed community Category 3 and 4 pressure ulcers which occurred following a lapse in care from BHFT staff. (Annual target set at less than or equal to 12)
3. To maintain or further reduce the number of inpatient acquired Category 2, 3 and 4 pressure ulcers which occurred following a lapse of care from BHFT staff. (Annual target has been set at less than or equal to 15)
4. To monitor trust point prevalence of new pressure ulcers detailed in the Classic Safety Thermometer

It should be noted that from April 2016, 'avoidable' pressure ulcers are referred to as Lapse in Care (LIC) and 'unavoidable' as Appropriate Care Given (ACG)

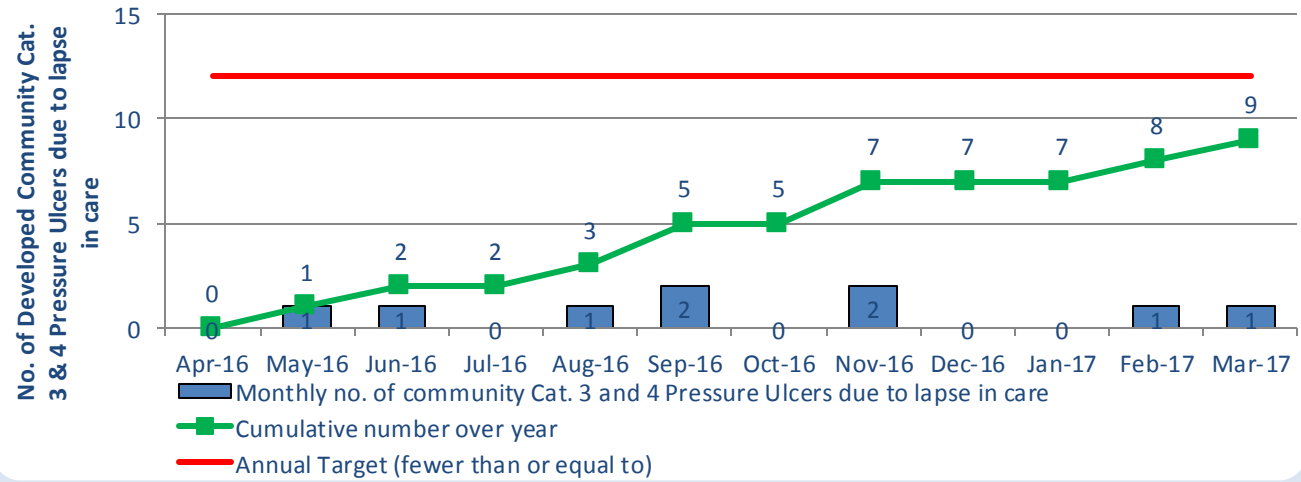
The charts below show that in 2016/17, the Trust met all of the targets detailed above. Of particular note is the finding that there was only one inpatient acquired category 2, 3 or 4 pressure ulcer during 2016/17 that were due to a lapse in care by the Trust.

Figure 13- Number of developed community Cat. 2 pressure ulcers which occurred following a lapse of care from Trust staff. Target- To Reduce or maintain number from Quarter 1 2016/17 baseline



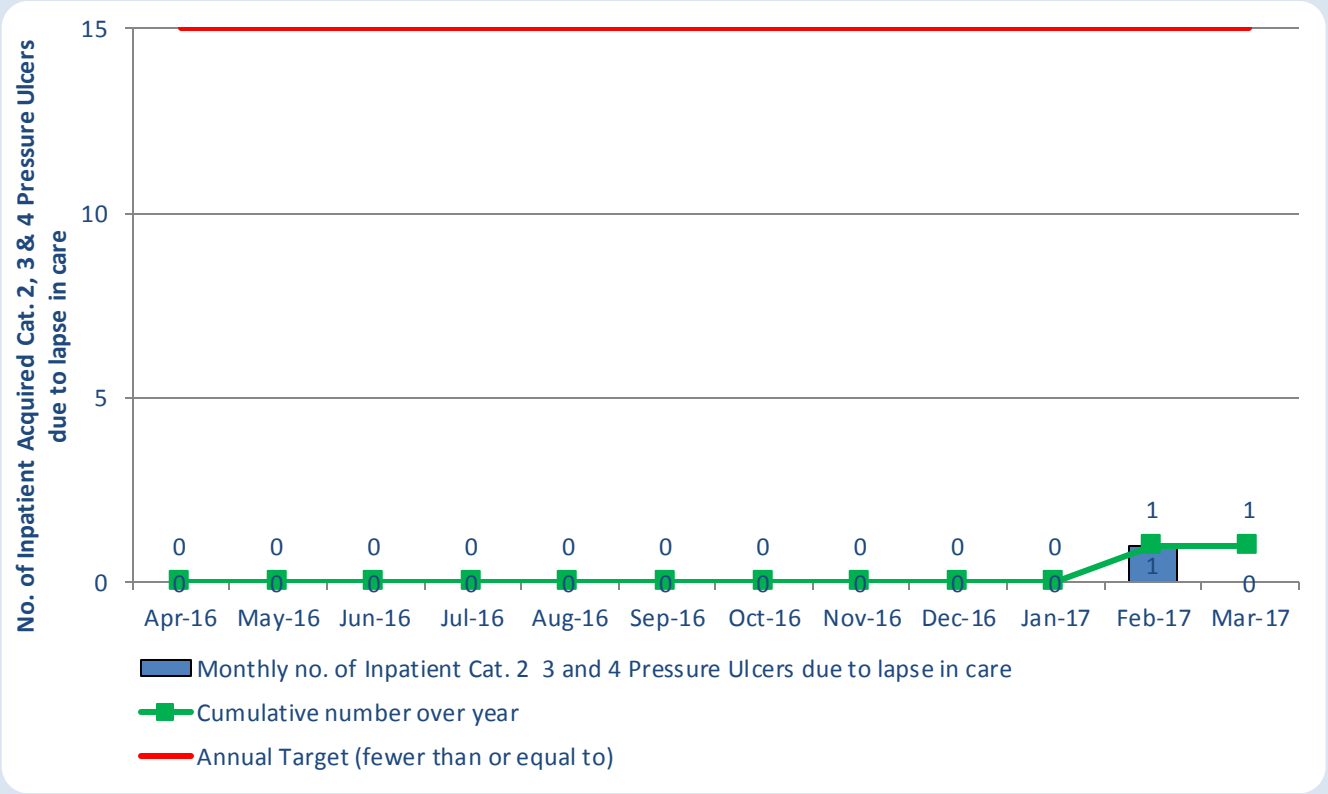
Source: Trust incident data (Datix) based on finally approved incidents

Figure 14- Number of developed community Cat. 3 and 4 pressure ulcers which occurred following a lapse of care from Trust staff. Target: To reduce or maintain number from 2015/16



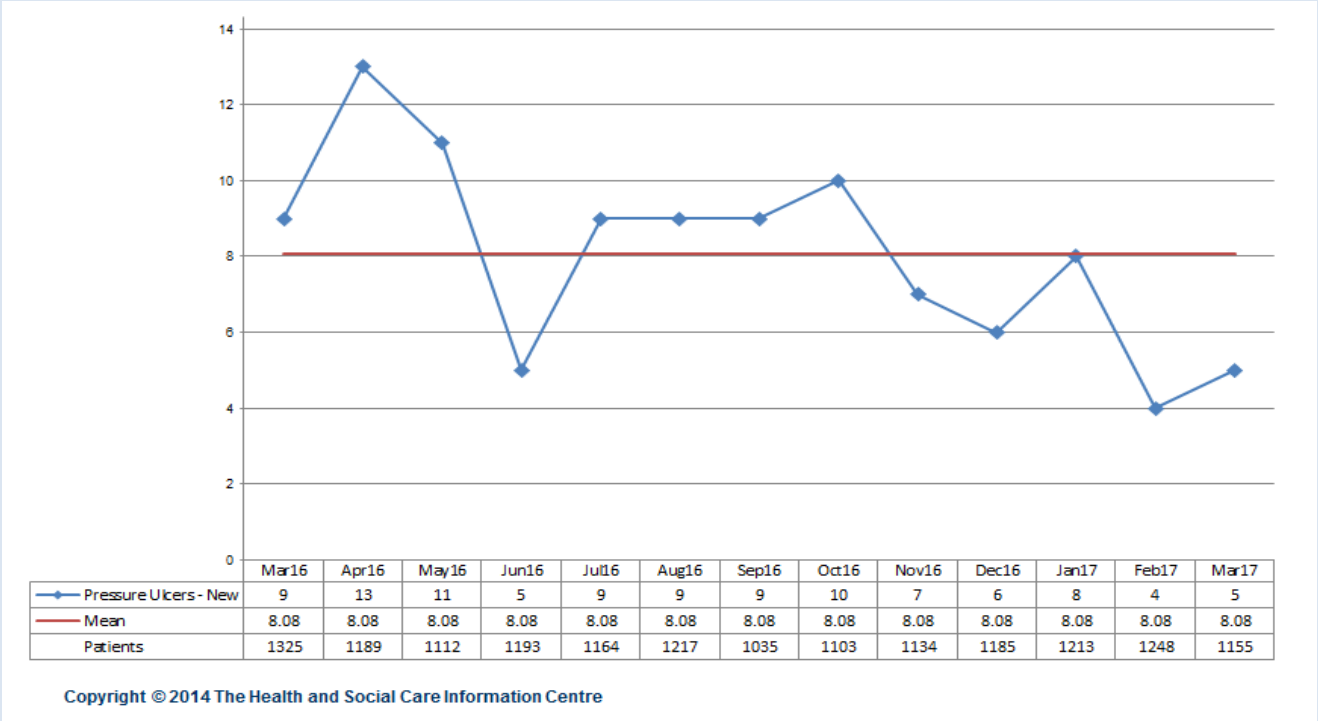
Source: Trust incident data (Datix) based on finally approved incidents

Figure 15- Number of inpatient acquired Cat. 2, 3 and 4 pressure ulcers which occurred following a lapse of care from BHFT staff. Target: To reduce or maintain number from 2015/16



Source: Trust incident data (Datix) based on finally approved incidents

Figure 16- Point prevalence of new pressure ulcers (all developed Pressure Ulcers for the Trust recorded at a specific point in time each month*)



	Mar16	Apr16	May16	Jun16	Jul16	Aug16	Sep16	Oct16	Nov16	Dec16	Jan17	Feb17	Mar17
Pressure Ulcers - New	9	13	11	5	9	9	9	10	7	6	8	4	5
Mean	8.08	8.08	8.08	8.08	8.08	8.08	8.08	8.08	8.08	8.08	8.08	8.08	8.08
Patients	1325	1189	1112	1193	1164	1217	1035	1103	1134	1185	1213	1248	1155

Source: Safety Thermometer

* **Please note** that the above Safety Thermometer chart does not show the total number of new pressure ulcers for the Trust, but only those that are recorded at a specific point in time each month.

Falls

ⓘ The Trust considers prevention of falls a high priority. The Royal College of Physicians report that falls are the most commonly reported type of patient safety incident in healthcare. Although most people falling in hospital experience no or low physical harm (such as minor cuts and bruises), others suffer severe consequences, such as hip fracture, head injury or, on rarer occasions, a fall will be fatal (falls are the commonest cause of death from injury in the over 65s). The personal consequences of a fall for the individual can be significant and even 'minor' falls can be very debilitating

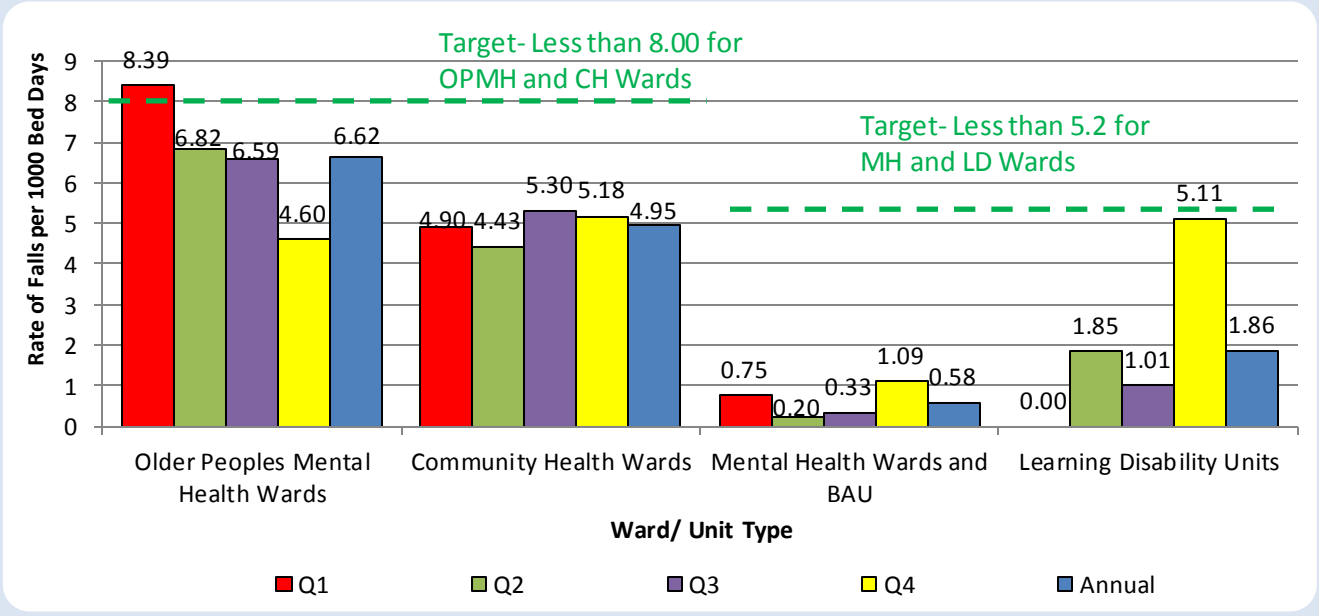
During 2016/17, the trust aimed to reduce the number of falls experienced by inpatients. The Trust Falls Strategy was written and ratified in the autumn of 2015 in response to the recognition that our falls focus and assessments were not standardised across all our wards and that numbers were at times high, both on mental health and community wards, with no real understanding as to why that was. Many of the reasons people fall are out of our control (e.g. comorbidity) but equally many of the reasons people fall can be learnt about and practice changed.

During this year, the trust intended taking the following actions to address this priority:

1. To introduce bespoke assistive technology equipment into all our inpatient wards that will alert nursing staff when at-risk patients are moving around so enabling staff to assist as required. This will be in the form of bed, chair and movement sensors as well as a new sensor for the WC (being developed for the Trust) maintaining patient dignity but alerting staff.
   This work will be started in 2017-18.
2. Closely working with the Oxford Academic Health Science Network (OAHSN) across the Thames Valley to implement evidenced-based ways of reducing falls in our services. This may include:
   - Replacing push-pedal bins with open topped bins, thus reducing the need for the patient to stand on one leg to dispose of paper towels
   - Leaving the light on/ putting a light sensor in the WC, so that the patient does not become confused with the pull cords or embarrassed they will pull the wrong cord and resulting in them using the WC in the dark.

Progress against this priority has been monitored by analysing the number of inpatient falls per 1000 bed days metric against set targets, dependent on ward type. Figure 17 below shows the Trust's performance against these targets and shows that, at the end of 2016/17, the Trust had achieved its set targets for falls rate per 1000 bed days.

Figure 17- Rate of falls per 1000 bed days- Split by Ward Type



Quality Concerns

ⓘ The Quality Committee of the Trust Board identify and review the top quality concerns at each meeting to ensure that appropriate actions are in place to mitigate them. They are identified through some of the information sources provided within this account, together with intelligence received from performance reports, our staff and stakeholders.

The trust is currently rated as 'good' overall by the CQC.

Acute Adult Mental Health Inpatient Bed Occupancy
Bed occupancy continues to be consistently above 90%. Patients have high acuity, there is disruption for patients who are on leave with concerns about where they will go on their return and patients are being placed out of area (this increases suicide risk on their discharge). The Chief Operating Officer is leading a bed optimisation programme to try and alleviate this pressure. Delayed discharges are increasing and additional support has been brought for the team. Daily conference calls are held to ensure the mental health pathway is flowing optimally. A bed manager has been appointed.

Locked Wards
Our inpatient assessment and treatment unit for people with learning disabilities and psychiatric intensive care unit are both locked units managing very challenging and vulnerable patients, who frequently assault staff. Both of these units continue to experience leadership challenges, high turnover of staff and agency use and therefore potentially provide a poor patient experience. Regular supervision is in place along with recruitment plans. Professional leads are working closely with staff to ensure standards of practice are maintained. Both wards are robustly monitored by Executive Directors.

Shortage of permanent nursing, therapy and medical staff
Mental and physical health inpatient and community services are now affected by shortages of permanent nursing, therapy and medical staff, which has resulted in increased agency and locum staff use. This has a potential impact on the quality of patient care and experience, and increases our costs. For Prospect Park Hospital a redesign of workforce has seen increased numbers of band 4 healthcare staff recruited, utilising the experience of West Berkshire Community Hospital. A similar programme is being explored for other services. The staff bank utilises framework agencies only and therefore processes are in place to assure quality of agency staff.

Interface between CRHTT, Common Point of Entry and Community Mental Health Teams.
Ensuring a smooth transition between components of our mental health services is a high priority, as we recognise the level of risk that this presents, particularly when services are busy. New leadership of CRHTT has been appointed which includes a nurse consultant. CPE has made significant changes to their service model which is demonstrating good improvements. CMHT's are currently reviewing caseload management.

Freedom to Speak Up

ⓘ Following a review by Sir Robert Francis, a national 'Freedom to Speak up' policy was developed that contributes to a more open and supportive culture that encourages staff to raise any issues of patient care quality or safety. It is expected that all NHS organisations in England adopt this policy as a minimum standard to help to normalise the raising of concerns

The Trust's recently reviewed Whistleblowing/Raising Concerns policy, which is largely based on the national template, has been fully approved and is now live and easily accessible for staff on the intranet.

The Trust has appointed a freedom to speak up guardian who has commenced in the role. In addition, the appointment of a number of champions is due to commence.

In the period January to March 2017, three whistleblowing concerns were raised, two of which are still under investigation.

2.1.3 Clinical Effectiveness

ⓘ Clinical effectiveness aims to ensure that each patient receives the right treatment in the right place at the right time. Achieving this requires the application of the best knowledge (derived from research, clinical experience and patient preferences) to achieve optimum processes and outcomes of care for patients.

Our 2016/17 Clinical Effectiveness Priority:

- **To continue to implement National Institute for Health and Care Excellence (NICE) Guidance to ensure that the services that the trust provides are operating in line with best clinical practice. Achievement against this priority will be measured against the Trust targets**

Implementing National Institute for Health and Care Excellence (NICE) Guidance

ⓘ Since 1999, NICE have provided the NHS, and those who rely on it for their care, with an increasing range of advice on effective, good value healthcare. NICE guidelines, technology appraisals and quality standards provide valuable evidenced-based information on clinically effective and cost-effective services.

To ensure best clinical practice, the Trust has developed and implemented a policy and procedure for implementing NICE Guidance. In summary, the following steps are taken to fulfil the process of identification, implementation and monitoring of NICE Guidance across all Trust services.

1. Identification and Dissemination of Guidance.
All newly published NICE guidance are identified and assessed for their relevance to the Trust as soon as possible after their publication. The guidance is then sent to the clinical/ service leads in each area for which it is relevant. The relevance of the guidance and the proposed nominated lead is also reviewed and confirmed at the next available meeting of the Trust Clinical Effectiveness Group. Service Clinical Directors support this identification process.

2. Conducting an organisational gap analysis
Identified service leads undertake a gap analysis of their current compliance with all relevant recommendations in the guidance. Based upon these analyses, each guideline is given either an 'adequate' or 'inadequate' rating. This rating is updated as and when new information emerges relating to the state of compliance with the guideline. Each guideline will contain a large number of individual recommendations, for a guideline to meet the performance requirement of compliant at least 80% of the recommendations must be met and a review of the current risk is made.

3. Implementing recommendations that are outstanding from the initial gap analysis
Following the initial gap analysis, the service lead produces an action plan for implementing the recommendations that are not currently met, these are referred to the Clinical Effectiveness Group for consideration and monitoring and review.

4. Monitoring implementation of NICE Guidance
The Trust has set performance targets in relation to the implementation of NICE guidance. These are:
1. Compliance with NICE Technology Appraisals- 100%
2. Compliance with all NICE Guidance- 80%

These targets are monitored by the Trust Clinical Effectiveness Group, chaired by the Trust Medical Director. In addition, NICE Quality Standards are considered as part of the clinical audit core programme and services undertake a variety of audit activity relating to NICE guidance. Progress against these targets is as follows.

Trust Performance Target	Target	Score
1. Compliance with NICE Technology Appraisals	100%	**100%**
2. Compliance with all NICE Guidance	80%	**84%**

Source: Trust NICE Compliance Update Reports

Other clinical effectiveness activity, including that relating to service improvements, clinical audit and research, is reported later in this report.

2.1.4 Health Promotion

ⓘ Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

Our 2016/17 Health Promotion Priority:

- **The Trust has selected the prevention of suicide and, in particular, the implementation of the Zero Suicide initiative as its health promotion priority.**

Suicide Prevention- Zero Suicide

ⓘ The Trust's vision is to develop a culture of zero suicide where patients, families and carers feel supported to manage illness when in crisis.

The focus of this initiative is on:

- Culture and changing attitudes and behaviours
- Training – giving people the skills to address situations when people are most vulnerable
- Monitoring and reporting processes

There is an established Steering Group to oversee this initiative.

The objective of the project is that, by March 2018:

- Our staff will have received suicide prevention training and feel confidence in their practice.
- We will have crisis plans that patients and carers recognise, understand and consider to be valid and useful.

In the first instance, the primary focus of this project is the Trust's mental health services, but there is an intention to raise awareness across all services.

In order to address this priority, the Trust aimed to take the following actions during 2016/17:

1. A programme of training courses will be delivered through to March 2018.
2. Visits will be made to localities and teams to deliver short workshops
3. Launch event in autumn 2016.
4. Amendments will be made to RiO our electronic patient record to include a new Risk Assessment Tool and a new Crisis Plan
5. Monitoring arrangements will be put in place and overseen by the Suicide Steering Group
6. A lead for suicide prevention will be in place
7. Promotional material will be produced

Progress against this priority during 2016/17 have been monitored using the identified actions detailed in the following sub-sections.
Please also note that monthly suicide numbers with associated rolling 12 month figures are included in Part 3 of this report.

a. Progress with implementation of Zero Suicide Project

As at the end of 2016-17, the following has been achieved:

- Leads for suicide prevention are in place with regular meetings of the Zero Suicide Steering Group, chaired by the Director of Nursing, to monitor progress. Areas for focus have been identified and a project plan devised.
- A suicide surveillance dashboard has been created and is being updated on a monthly basis. Data is used to inform training and learning.
- A range of training has been rolled out with positive feedback received from participants within all staff groups. Performance against training metrics is detailed later in part b of this section.
- A range of support is available for staff. A leaflet summarising this has been devised and is also included in the induction guide for new staff. Workshops have been delivered to localities and teams with promotional material produced and circulated to staff and other relevant community facilities. In addition, there is now a 'Zero Suicide' section on the trust intranet.

- A new risk tool has been tested and is in use in the trust. The tool includes links to staff resources and guides/examples, including guides for new and agency staff containing different levels of information commensurate with the level and role of the staff member.
- Two service user volunteers and a patient leader have been recruited to the zero suicide projects.
- A support leaflet has been developed for families and carers, and 'Help is at Hand' material is provided to all families as part of the trust's Duty of Candour. In addition, a support after suicide psycho-educational intervention has been developed and is being tested with outcome data being collected.

b. Progress with training

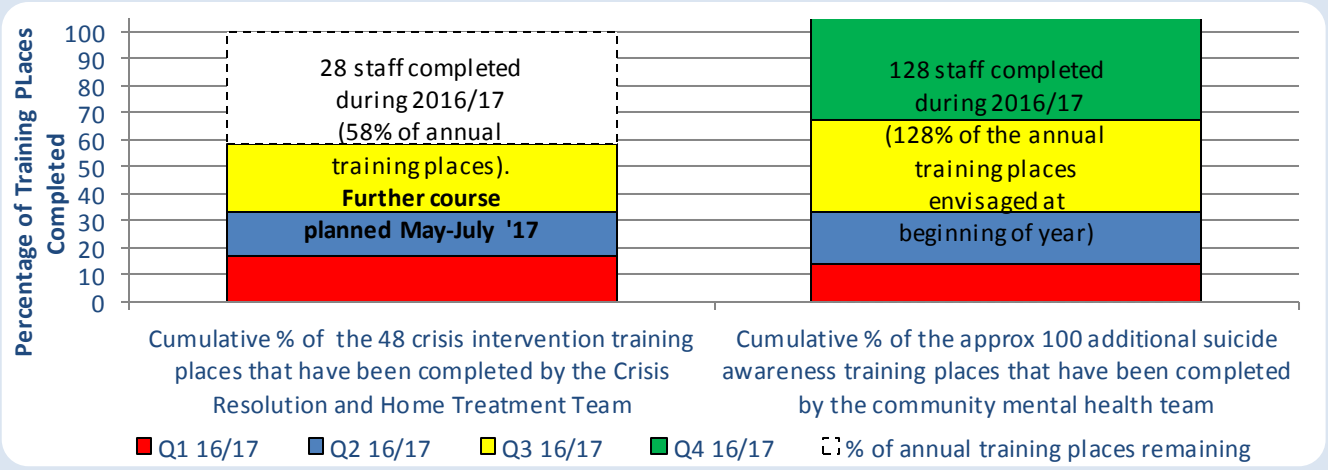
Figure 19 below details current progress against the training metrics for 2016/17. As can be seen, 58% of the available annual training places for the crisis intervention training and 128% of the additional suicide awareness training places envisaged at the beginning of the year have been taken up by staff. The crisis intervention training module was not run during Q4 of 2016/17 due to service changes and developments within the Crisis Resolution and Home Treatment Teams, but a further course is planned for May-July 2017 to address this.

In addition, materials for mandatory clinical risk one day induction training and Smart risk monthly training have been updated to reflect current evidence, best practice and learning from serious incidents.

Bespoke team training workshops have also been carried out, informed by incident data and near miss information from across the trust and wider.

Lastly, bespoke training relating to crisis telephone calls has also been undertaken by 22 Crisis Resolution and Home Treatment Team staff.

Figure 19- Trust performance against suicide prevention training metrics



Source: Trust Learning and Development Department

c. Results of Community Mental Health Team (CMHT) risk triangulation audit

The trust implemented a new risk summary at the beginning of January 2017 and, as a result, risk audits were suspended in December 2016 to enable staff to embed the new system. The new risk summary consists of a simplified format that allows the practitioner to complete one form to cover risk assessment, risk management and crisis contingency /service user focussed safety plan. The trust successfully launched the new form on 10th January 2017 along with a range of user guides and frequently asked questions. Champions in each area have helped staff to transfer information from the previous system into the new format. This work will continue and a new qualitative audit system is being devised which will be tested in April 2017 and reported in May 2017. Data is being collected from teams in relation to strengths and areas for improvement in the new system. This will be evaluated in April 2017.

1.1.5. Other Service Improvements achieved in 2016/17

ⓘ In addition to improvements resulting from the priorities detailed above, services have undertaken additional initiatives to improve the quality, safety and experience of care provided to patients. Details of some of these improvements are detailed below in separate sections relating to the area of improvement

The trust also participates in quality improvement programmes and accreditation schemes that are facilitated by the Royal College of Psychiatrists. These are a key part of the trust annual plan. A table detailing the projects that the Trust is participating in, including the accreditation status of trust services, is included in Appendix G.

1.1.6. Improvements in Community Health Services for Adults

The Diabetes Centre helps people with diabetes to manage their condition in both East and West Berkshire. The teams, made up of specialist diabetes nurses, consultants, GPs and practice nurses, provide patients with care and education so that they can manage their condition at home.

- From September 2016, the team have delivered structured education for people with Type 1 Diabetes in West Berkshire and this has resulted in very positive feedback. The team also deliver X-PERT structured education for people with Type 2 Diabetes in West Berkshire, winning four awards in the 2016 for this.
- The Diabetes Specialist Nurse Service (West) have been working alongside practice GPs and nurses to proactively identify and follow up patients with Type 2 Diabetes on insulin with sub optimal diabetes control, patients are seen in a group setting, resulting in their increased understanding of diabetes and insulin treatment as well as an average HbA1c reduction of 14.5mmols.
- The Diabetes Patient's Focus Group in East Berkshire continues to meet quarterly to discuss, and feedback on the Diabetes Service
- Patient satisfaction survey results show 98% of service users rated the Diabetes Service as good or better

The Berkshire Community Dental Service continues to provide dental care for patients who are unable to be treated in a general dental practice, including those with learning and physical disabilities, complex medical problems, severe mental health problems and dementia. The service also provides care for children referred with a large number of cavities who are non-compliant with treatment.

The Hearing and Balance Service has maintained their UK Accreditation Service (UKAS) accreditation status for Improving Quality in Physiological Services (IQIPS). In addition, the team have collectively agreed the following three service improvement priorities:

- Maximising use of technology- By March 2017 to set up and offer service users video conferencing consultations for some aspects of Hearing and Balance Services. In the long term to scope opportunities with manufacturers to develop remote access functionalities through cloud based apps and on-line support for hearing aid users.
- Improving service user experience and engagement- To engage with service users to better understand what they value/want from future Hearing and Balance Services then to co-produce redesign of service provision. A service user forum has been set up to support and initiate further decisions.
- Integrating our services- To improve communication and working between services within and external to Berkshire Healthcare NHS Foundation Trust.

Adult Community Inpatients Wards. Advanced Nurse Practitioners are supporting both the nursing and medical services to provide enhanced care to our patients. In addition, Oakwood Ward at Prospect Park Hospital in Reading has developed a patient expectation leaflet which will be sent to the Royal Berkshire Hospital to be given out to patients with the potential to be admitted to Oakwood Ward.

The Berkshire Health Hub is a single point of access for referrals for healthcare professionals and patients to scheduled and unscheduled community services and Wokingham Social Services. The Hub processes 145,000 referrals per year and receives 130,000 telephone calls. Future developments in the Hub include Enhanced Support for Care Homes via Skype

to help avoid hospital admissions and the integration of Slough Social Services into the Hub.

The East Berkshire Palliative Care Team relocated to Thames Hospice in November 2016. This will enable closer integration with colleagues working in the hospice and will help ensure seamless, well-coordinated patient care. As cancer is now becoming a long term condition and with the majority of patients successfully treated for their cancer but often having to live with long term consequences, Macmillan funded a project to support such patients back into an active and fulfilling life. The team is a joint BHFT, Frimley Health and Royal Berkshire Hospital team and, due to its success, has had its funding extended for another year.

Integrated Assessment and Rehabilitation Services for East Berkshire. Patients with frailty and long term conditions can now be referred to the Integrated Assessment and Rehabilitation Centre (ARC). The pathway includes urgent and routine appointments for Comprehensive Geriatric Assessments, ensuring patients can be assessed within 2 hours if necessary. The patient will receive treatments and input from the wider Multidisciplinary Team, including access to a range of specialist clinicians. Patients can also be admitted directly into our rehabilitation beds from the community if required, hence avoiding an unnecessary admission to an acute hospital bed.

East Berkshire Heart Failure Service has received additional funding to support an increase in nursing staff to manage increasing demand on the service.

Windsor and Maidenhead (WAM) Psychological care for patients with long term conditions pilot. This pilot initiative was implemented by WAM Community Nursing and WAM Older People's Mental Health team, specifically Psychology, supported by Improving Access to Psychological Therapies (IAPT), to work with patients with long term conditions. Patients experienced very positive outcomes with health interventions and dependency on health services significantly reduced for them. From January, IAPT investment is being used to fund continuation and development of this work on a greater scale across East Berkshire.

East Berkshire Community Nursing. Over the last few years East Berkshire Community Nursing Service has experienced an increased demand from a growing and ageing population, alongside a need to provide more complex care delivery to support and keep patients safely at home, without changes to resources. As is the national picture, this is resulting in significant and unsustainable pressure on District Nursing teams. In recognition of these issues the commissioners and Berkshire Healthcare Foundation Trust as the provider commenced a joint review of the current service. Early discussions have been commenced, with staff involvement in developing potential future models.

Wokingham Community Nursing has operated a community nursing triage system since September 2016 to streamline and efficiently manage all calls and referrals to the District Nursing (DN) service. The triage team review all calls and referrals to ensure that they were dealt with appropriately by allocating to the right DN teams, signposting and providing information. As at the end of December 2016, approximately 8000 calls and referrals have been processed by this team, with positive feedback from service users, nurses and administrators.

Reading Community Nursing have introduced a new approach called 'Home First' with the aim of integrating community services in Reading whilst keeping the patient at the centre and focusing services around the patient at home. The initiative brings together community nurses, Older People's Mental Health, Intermediate Care and Rapid Response and Treatment under one umbrella. The vision of this approach is to improve patient and carer experience whilst using resources effectively through a combined workforce, reducing the impact of unplanned work on community teams, working closely with multi-specialist teams and ensuring referrals are signposted to the correct services.

Reading Community Matrons and Care Coordinators have expanded the amalgamation of their services in 2016 to include all GP practices in their area. The data produced to date has demonstrated a reduction in the number of GP encounters, A&E attendances, unplanned hospital admissions and 111 contacts.

Reading Rapid Response and Treatment is a multidisciplinary service whose aim is to review residents/ patients who are entering a health crisis within the care home setting. Admissions to acute hospital have been avoided through the provision of advanced clinical nursing care, intravenous antibiotics and fluids and the ability to respond quickly and visit frequently. Feedback from carers, patients and families has been extremely positive and residents are grateful to receive acute care whilst remaining in their own care home.

Reading Community Cardiac service and Respiratory Specialist Service have been working hard to integrate their services. Joint clinics and rehabilitation sessions have been held, with the added effect of up-skilling staff. An integrated study day was also held for trust staff which resulted in very positive feedback.

Reading Adult Speech and Language Therapy (SALT) Staff have worked to make soaking solutions for patients on the community wards who have puree diet – this allows them to have snacks that look like a sandwich/biscuit but are actually puree. This improvement has meant some patients who were refusing to eat the puree meals are now actively engaging in mealtimes. In addition, the team have put forward a change in the use of thickeners on the wards and in the community. SALT are running Lee Silverman Voice Treatment (LSVT) support/ maintenance groups alongside and funded by Parkinsons UK. The team are also running transgender voice groups at West Berkshire Community Hospital and voice care groups together with therapy for transgender clients. They also deliver on-going training for nursing homes and Care homes on dysphagia and communication. Any service offered in the West or East of Berkshire will try to be matched so it runs across the service.

1.1.7. Improvements in Primary Care, Out-of-hours, Minor Injuries Unit and Walk-in Centre

The Slough Walk In Centre

This year the Slough Walk in Centre underwent a major refurbishment. All rooms were decorated and new flooring was laid in the clinical rooms and the waiting area. Following patient feedback, new magazine racks and magazines were also provided. The centre also purchased a Doppler machine to help manage diabetic foot care for patients. New sphygmomanometers have also been provided to assist patient triage and blood pressure management. The centre have also streamlined their pharmacy as they had experienced issues with missing medication for the Walk in Service. A central pharmacy cupboard is now in place, together with a signing-out system in reception which is monitored by CCTV. This is now working well.

Staff have been working hard to improve access for their registered population and are working towards a new telephone system to further improve access to services. This was undertaken partly in response to patient complaints about this issue.

The Walk in Centre is improving the care of patients with chronic diseases, especially diabetes and are looking at ways to encourage the hard to reach, vulnerable patients to ensure they get adequate access to healthcare.

WestCall Sepsis Project

In early 2015 the WestCall GP Out of Hours service planned a project to improve the management of patients with sepsis in the community, following the lead set by the UK Sepsis Trust. The priority stressed the importance of identifying patients with sepsis, assessing and treating them within a short time frame and then ensuring that their antimicrobial treatment was appropriate.

A new "Sepsis Kit" was designed that WestCall doctors should use to identify cases of sepsis more easily and where appropriate to commence treatment with the appropriate antibiotic immediately before admitting the patient to hospital.

Prior to this project the diagnosis of sepsis and septicaemia was not one that appeared and this was true of most Out Of Hours organisations in the country. Following the implementation of the project the diagnosis was recorded and hospital admissions for sepsis in Berkshire West began to rise quickly to what became often over twenty per month.

Sepsis is by no means an easy diagnosis to make so not all patients admitted were found to have sepsis but out of 175 admissions over the year to April 2016, 126 patients were confirmed as having sepsis and a further 20 probably had sepsis. Only 29 were found to have other disorders.

Where patients were previously admitted as being very unwell but with no clear diagnosis it is now possible to pre-alert the A&E departments to the arrival of septic patients so that they can open their specialised sepsis management procedures and commence antibiotics without delay.

For patients who are some distance from acute hospitals the WestCall doctors can start antibiotics using the Sepsis Kits. For every hour of delay in giving antibiotics the mortality rate for sepsis rises by 11% so speedy treatment is a priority. We are now well into the second year of the WestCall sepsis project and the rates of diagnosis are still rising.

1.1.8. Improvements in Community Health Services for Children, Young People and Families

Children, Young People's and Families (CYPF) Services Development.
During 2016/17, the CYPF service offer has continued to be developed, according to the 2015/16 Children's Services Strategy and Blueprint. Universal and specialist children's services have been restructured to align under one locality and, where it makes sense to do so, have begun to integrate both physical and mental health services for children. By integrating these services, the trust places itself in a better position to partner with both the Local Authorities and other system partners to deliver a Berkshire wide Children's agenda.

The transformation programme of work continues to include:-

1. Delivery of a CYPF Health Hub; including one integrated CYPF referral form
   Children's Services plan to launch the newly developed CYPF Health Hub On 3rd April 2017. All referrals to Children's Services (with the exception of Universal) will be triaged by a multi-professional clinical team within the hub and clinical decisions made on the appropriate support for the individual CYPF; including assessment and further intervention with integrated professional teams where appropriate.
2. Development of a comprehensive CYPF On-Line Resource.
   Advances in technology have enabled us to begin to develop a sophisticated and comprehensive on-line resource, which will be launched on 3rd April 2017 also, with the aim of supporting CYPF either to self-manage their needs prior to accessing our services as a preventative measure or as a tool to accompany intervention.
3. Growth of Young SHaRON, our on-line support network across CYPF services
4. Development of integrated assessment and care, where it makes sense for CYPF
5. A focus on effective transition to adult services
6. Development of our patient record system - Open RiO for CYPF.

Over the past year, Children's Services have worked hard to improve the engagement of service users. We continue to develop and grow our service user participation group and the current service development has been strengthened by co-design with our service users.

Health Visiting (HV) Bracknell service improvements include:

- A new streamlined service model focusing on delivery of the Healthy Child Programme and working with vulnerable families
- Joint Solihull approach parenting training with Children Centre staff
- A corporate approach to delivery of the service has ensured that all families are offered an equal service across Bracknell.
- Health Visitor in Multi Agency Safeguarding Hub (MASH), ensuring better contribution to decision making for social care
- Bespoke training for staff e.g. perinatal mental health, bloodspot screening for Community Nursery Nurses

Reading Health Visiting Central diary allocation has helped ensure that bank and agency capacity is well used

Health Visiting West Berkshire are offering antenatal groups to women who are pregnant in their third trimester. The groups are offered across different venues and at different times during the week. Information is shared in the antenatal group on the Solihull approach, breast feeding, immunisations, the healthy child programme and how to access the local health visiting teams.

Health Visiting Wokingham have held two listening into Action (LiA) events. The first looked at communicating with clients and, from this work, the service now has team generic email boxes set up so that parents are now able to email questions to the service. The staff have also been issued with smartphones to allow them to demonstrate apps to clients and have easy access to their email while mobile working. SMS text reminders have also been set up to automatically be sent 7 and 2 days prior to developmental review appointments.
The 2nd LiA event looked at increasing the quality and quantity of Antenatal contacts offered. Clients told the service what time of day and week they wanted to see a HV and what they wanted to discuss. The format has now changed and so has the contact letter after taking clients opinions into account. The number of

Antenatal contacts achieved in Wokingham almost doubled.
Due to the high volume of clients being referred from the HVs to the skill mix staff for baby massage it was decided to reintroduce the Talk and Touch Group. This group runs for 5 weeks and not only teaches massage, which in itself holds many positive benefits; it is also a safe environment for a few parents to meet and hold topical conversations facilitated by trained Nursery Nurse. This course has been extremely well evaluated and appreciated by staff and clients alike.

Health Visiting Slough improvements have included:

- Development of the Health Visiting Duty Telephone Line to include email messaging for service users.
- Incorporating the Family Health Needs Assessment within the RiO record system
- Implementing smartphones to help share resources with parents.
- Full time Health Visitor co-located in the Multi Agency Safeguarding Hub (MASH), ensuring secure research, analysis and assessment of risk relating to children safeguarding notifications to social services.

School Nursing improvements have included:

- Improved feedback from school age children receiving immunisations, using customer feedback user friendly machines and a simple feedback questionnaire.
- The use of the links on iPhones for nocturnal enuresis and general questionnaire giving a voice to the most vulnerable clients.
- Developing the use of email to send the web link to teaching / school staff for feedback post medical conditions training.
- Asthma bus to educate young people on their condition working with Frimley Health Trust.

"I attended the diabetic clinic today. The whole experience I've had since being diagnosed with diabetes has been first class. The nurse who I had my appointment with was professional, polite and very good at their job and a credit to the clinic".

From a patient- Diabetes Clinic – Langley Health Centre

1.1.9. Improvements in Services for People with Learning Disabilities

Our services for people with learning disabilities aims to ensure the best care is provided in the right place – which means working to enable people to remain living in their own homes and local communities, with our specialist inpatient services only being used when clinically necessary for people's safety and wellbeing.

During the past year our community services have been working on improving our record keeping and risk assessments – to ensure we can demonstrate how we work in collaboration with people and their families/carers in planning and providing care. We have been using our Learning Disability Outcome Measure as a tool to help us measure how effective people think our support of their care has been. In addition to working individually with people - there have also been a wide range of clinics, workshops and meetings across the county helping to improve the health and wellbeing of people with learning disabilities.

In our inpatient services there has been a focus on improving the environment – with new bedroom and communal furniture and an extension to the garden. We have also been increasing the range of activities available to people who are staying in hospital at the Campion Unit, Prospect Park Hospital, and ensuring there are activities for people to participate in every day. We have also been developing the skills of our staff to improve their ability to communicate more effectively with people who have limited or no verbal communication.

We also know that that people with learning disabilities are more at risk of dying prematurely, compared to the general population of people without a learning disability. We have established a Clinical Review Group to help us review the deaths of people with learning disabilities known to our services – to identify any immediate areas for improvement, good practice, but also areas where wider or longer term changes might be required to help improve the health and wellbeing of people with learning disabilities.

1.1.10. Improvements in Mental Health Services for Adults, Including Older Peoples Mental Health Teams

Older People's mental Health Services

Memory Clinic Accreditation.

- All of the Trust's memory clinics are now accredited by the Memory Services National Accreditation Programme (MSNAP).
- Wokingham and Bracknell memory clinics have successfully completed their 2nd accreditation cycle and rank equal 1st and equal 8th respectively out of a total of 89 services.
- Reading memory clinic is also ranked equal 1st and is preparing for its second Peer Review at the end of February 2017.
- Slough memory clinic is accredited and is ranked equal 8th.
- WAM OPMH and Newbury Memory Clinic (rankings both tbc) achieved MSNAP accreditation this year.

Tier 1 Dementia Training has now been completed by almost 80% of the Trust workforce.

Younger People with Dementia (YPWD). Following the successful pilot of a YPWD model in East Berkshire last year, CCG's in the east of the county have commissioned a 3 day service provided by the YPWD Charity to deliver age-appropriate workshops for younger people with dementia and their carers in the east of the county. The Charity has secured a temporary grant funding for an Admiral Nurse to support carers of YPWD in Berkshire East and is hoping to demonstrate the need for a permanent Admiral Nurse position like the one already employed by BHFT funded by West Berkshire CCGs. (Berkshire now has the only 2 Admiral Nurses for YPWD in the UK). A Listening into Action (LiA) project is currently underway to develop a YPWD model and pathway for Berkshire East similar to that provided in Berkshire West. We are therefore nearing equity of provision for YPWD across Berkshire. The YPWD Charity & BHFT OPMH were shortlisted for the 2016 Royal College of Psychiatrist's Sustainability award.

Dementia Care Advisors. Thames Valley Clinical Support Network has funded an 8 month project led by BHFT comparing Dementia Care Advisor provision across Berkshire. The aim of this project is to produce a best practice Dementia Care Advisor pathway for localities to consider adopting.

Bracknell Older Peoples Mental Health team (OPMH) has held monthly case formulation sessions lead by a psychologist where complex cases are discussed and a deeper understanding is gained by sharing views and knowledge across all MDT staff. The session is open to all staff and it is protected time. This helps individual workers share complex cases, manage potential risk and deliver innovative solutions.
In addition, Bracknell OPMH has held Staff mindfulness sessions to help to support wellbeing. Mindfulness is paying attention to the present moment, non-judgementally and has been shown to have benefits for wellbeing. These sessions have been well received and attended and staff report that they find the sessions relaxing and grounding.

Reading OPMH Team have undertaken the 'Great Apples' pilot project in care homes focusing on reducing pressure ulcers and other common health issues. During the pilot at Walnut Close Care Home, no pressure ulcers were developed in 6 months. MUST, Weights and BMI were audited and measurements went from 50% and 65% to 100% compliance – helping to monitor risk more accurately.

Bracknell Community Mental Health Team for Older Adults (CMHTOA) and Home Treatment Team (HTT) integration. This integration is now embedded and the service will be evaluated in the coming year.

Adult Mental Health Services

East Out of Area Placements (OAPs) Panel. There have been a number of changes to assessment, approval and monitoring for patients for whom a health- funded placement is recommended. The objective is for locality teams, who generally know the patient best, to be more closely engaged in overseeing and monitoring the quality of any placement, to ensure the patient's outcomes and need are being met, patient experience is improved, and resources are allocated most effectively. To this end, An OAPs panel has been established in East Berkshire along with a revised process for treatment placements to be considered and approved.

World Mental Health Day: SloughFest 10th October 2016. World Mental Health Day is celebrated each year on 10 October. This year in Slough, members of

all sections of the local community came together for 'Slough Fest', a day of art, drama and music at the Singh Sabha Slough Sports Centre. The event was attended by more than 400 people, and provided an opportunity to tackle stigma, raise awareness and celebrate of creativity and achievement by people who have mental health problems.

Perinatal Mental Health. Berkshire has received National Perinatal Development Funding for the next two years to help build on the service that is currently being provided. This funding has enabled the trust to recruit to a Perinatal Psychiatrist post and to increase Perinatal Cognitive Behavioural Therapy hours so that an improved service can be delivered to the women of Berkshire and their families. We have been seeing a year on year increase in referrals to the service and together with funding for other projects/pilots planned for the next two years we will be able to deliver training to a wider audience and trial perinatal clinics at our three most local maternity units.

Intensive Management of Personality Disorders and Clinical Therapies Team (IMPACTT). IMPACTT is a new specialist service which has been developed following the review and subsequent closure of the Complex Needs Service. IMPACTT provides comprehensive assessment and evidence-based treatments for individuals aged 18 and over as part of an updated care pathway for individuals with a diagnosed personality disorder, primarily Borderline Personality Disorder/Emotionally Unstable Personality Disorder (BPD/EUPD), but who may also have comorbid Antisocial Personality traits.
The team consists of highly skilled specialist staff who are experienced in working with people who have a diagnosis of Personality Disorder. They come from a variety of backgrounds and include Psychotherapists, Psychologists, Psychological Therapists and Assistant Psychologists. IMPACTT offers two evidence-based treatments: Dialectical Behavioural Therapy (DBT) and Mentalization-Based Treatment (MBT), as recommended by the NICE guidelines.

East Berkshire – ASSIST/Embrace- Assertive stabilisation for people with emotional intensity and instability. The Embrace group continues to engage with service users across East Berkshire, providing a supportive and enabling space for people who have engaged with ASSIST. There have been a number of positive developments this year, whereby Embrace and ASSIST group members have been active in representing the service, and offering Peer support. Two Embrace group members attend BHFT Patient Experience and Engagement meetings, and Embrace group members co-facilitate Carers and Family group, and group sessions on the ward of Prospect Park Hospital. From the group we have elected members who are now working as peer auditors for The Royal College of Psychiatry, on their Community of Communities projects.

Recovery Team: Hope College- Slough. Hope College has grown over the last year and now offers 22 different courses to students who are primarily people with mental health problems and their carers. 628 students have enrolled in the college since the launch in 2015. The peer mentor training course has trained 22 peer mentors who are engaged with many activities such as co-facilitation of Hope College courses and consultation activities within the service. The Hope College provides a positive link for service users in supported living facilities, with tailored courses to assist in developing independent living skills, self confidence and self-esteem.

Carers' activities for mental health carers. Carer Café for mental health carers is held once every 2 months in Slough , providing support from other carers and mental health professionals, opportunities for training, information, signposting, pampering, and time out from caring.

Reading CMHT successes include:
- Individual Placement and Support (IPS) employment service– 58 successful job outcomes.
- Service leaflets and carers leaflets being developed which gives an explanation of the CMHT and what service clients can expect from the CMHT.
- Ongoing review of out of area placement and, where appropriate, clients are accommodated in more cost effective placements.
- Safeguarding lead in place.
- Home treatment team piloted.
- Dual diagnosis lead.
- Improved performance
- Development of Recovery College.

The Psychological Medicine Service has carried out a number of service improvement projects in 2016.The three outstanding projects were namely:
- Frequent attenders project. This is an ongoing project which has had a positive impact on reducing the numbers of re-attendances to the emergency department.

- Follow up clinic for patients who frequently attend RBH emergency department. Patients reported that this experience was positive.
- Working with the RiO transformation team to establish referral pathways and to allow the service to capture activity.

The Liaison and Diversion Service improve access to healthcare and support services for vulnerable individuals through effective liaison with appropriate services. In addition, the service diverts individuals into health or other supportive services. Diversion can be out of the youth or criminal justice system (where appropriate) or within these systems. This results in the delivery of efficiencies within the youth and criminal justice systems as well as the reduction in re-offending, health inequalities and first-time entrants. There has also been an expansion of service provision available at Berkshire custody suites as well as the development of service information material.

The Health Outreach Liaison Team (HOLT) has provided multiple health drop-in clinics around Reading town centre and has implemented an Acute Hospital Discharge pathway for homeless clients. The team host the Reading Homeless Health Forum and have developed a Homeless Health Needs Audit.

Forensic Supervisors have developed regular Berkshire West Forensic MDT meetings and Local Forensic supervisors' meetings. There are also ongoing reviews of restricted patients and placements. In addition, links have been established between Reading CMHT management and Oxford Health NHS Foundation Trust forensic team.

The Attention Deficit/ Hyperactivity Disorder (ADHD) service is now offering joint assessment appointments so that clients have their complete assessment with both the psychologist and the psychiatrist on the same day. They are also submitting a book, "The Adult ADHD Treatment Handbook" regarding psychological treatments for ADHD, in March 2017.

The Autistic Spectrum Disorder (ASD) service offers a multidisciplinary assessment involving a speech therapist to many clients. They also ran a very successful training day in November 2016..

Clinical Health Psychology

- Dr Abigail Wroe, Clinical Health Psychologist, has joined the NICE Expert Review Group addressing guidelines for 'Integrated Mental and Physical Health'. She is a Clinical Health Psychologist working in a specialist Clinical Health Psychology Service, with knowledge of IAPT.

  Dr Sarah Scott works with the Melanoma education group in her Cancer Rehabilitation role and their poster came 2nd at the UK Oncology Nurses Conference.

  Claire Luthwood continues in her role as Visiting Tutor, Oxford Institute of Clinical Psychology Training, University of Oxford.
- Clinical Health Psychology Service improvements within the Royal Berkshire Hospital include:
  - Pain Unit- The pain psychologist and physiotherapist within the Royal Berkshire Pain Unit have reviewed and updated the Group Pain Management Programme to incorporate the latest and most reliable physiotherapy and psychological research for effective, non-medical management of persistent pain.
  - Bariatric Team- This service is now seeing an increased number of patients. This requires the team to work innovatively to make suitable adaptations to the multi-disciplinary assessments, pre-operative groups, post-operative groups and individual sessions for clients who require them. The service has increased its integrated working with secondary services such as adult mental health teams, and eating disorders team. In addition, the Bariatric team have made links with the Health Psychology team in University of Reading, and are looking into being part of a Randomised Control Trial to evaluate a post-op psychological intervention.
  - Haematology Service- This service has conducted a service improvement project at Royal Berkshire Hospital looking at patient experience of having a Stem Cell Transplant at the RBH. This has led to the development of a new information leaflet for patients to improve communication and ensure the right level of information was provided.
  - We provide Oncology Clinical Nurse Specialist (CNS) group supervision which is now provided for 24 specialist nurses, limited 1:1 supervision is provided if required.
  - Oncology consultant Supervision: One-to-one supervision is being offered to Consultant Oncologists at The Royal Berkshire Healthcare NHS Foundation Trust and there has been very good uptake since it was initiated in November 2016. 82% of the Consultants have attended at least one session and 73% have met three times and are being seen on a monthly basis.

- Other Services offered by the Clinical Health Psychology Team in BHFT include reaching out to Reading locality service leads, input into case management of complex cases at the RBH, and limited psychological supervision for district nursing staff and community matrons.

Mental Health Inpatient services at Prospect Park Hospital (PPH)

The team are committed to improving patient care and safety through innovation. Some of the current projects that have been implemented across the wards at Prospect Park Hospital are outlined below.

- **Using Innovate Technology to Monitor Physical Observations Following Rapid Tranquilization (RT).** This project has shown an increase in RT monitoring, up to 100% in October 2016. We are still testing and in the future will spread the word to others as well as looking at other aspects of RT
- **A Unique Bespoke Preceptorship Programme Tailored To Inpatient Mental Health Nursing.** The aim of this project is to develop our newly qualified nurses with inpatient skill and expertise.
- **Safewards at PPH.** Research and recent policy initiatives support the promotion of ensuring proactive measures are in place to reduce conflict within inpatient settings. In addition, this initiative has been undertaken as a response to patient complaints around feeling unsafe on wards. The Safe Wards model, developed by Bowers et al (2013) introduces a dynamic model of what drives conflict and containment on acute mental health wards. There has been an extremely successful implementation of this on Rowan and Orchid wards which are the first older adult wards to successfully do this. The project has also been implemented on acute wards and has led to a 16% improvement in the number of days between conflict in 2016 compared to 2014/2015 on all in-patient wards.
- **Improving Failure to Return From Agreed Leave or Time Away From the Ward Using QI Methodology.** This project focused on patients failing to return from leave or time away from the ward. The risks involved in this area are high, whether a service user fails to return as an informal patient or under the mental health act. The aim of the project was to increase the proportion of patients returning on time from leave or time away from the ward by 50% on bluebell ward in 12 months. The project resulted in Bluebell (pilot ward) achieving a 90% improvement within 12 months. The team are currently looking to sustain this improvement and roll out the project to all wards.
- **Improving Access to Physical Activity with Sport In Mind and Sport England**. In 2015, through the Sport England 'Get Healthy Get Active' funding programme, we secured over £200,000 to enable a Berkshire wide physical activity programme to be rolled out, and to ensure the sport sessions for inpatients were sustainable in the long term. This project delivers a sustainable programme of 33 weekly supported sport and physical activity sessions across Berkshire. Wellbeing data will be analysed in August 2018 at end of project. Gym attendance has averaged 198 patients per month across 7 PPH wards since start of project.
- **Collaborative Working: Occupational Therapy and Reading Repertory Theatre** Reading Rep, Reading's regional producing theatre company has been working in partnership with Occupational Therapy at Prospect Park Hospital since January 2016. We have been delivering weekly sessions which last for around 1 hour. During these sessions we have looked at memories, films, sharing stories and creating frozen images and short scenes. Interest in and attendance to the group have surpassed our initial expectations and making this accessible to other patients is a priority. Reading Rep. has secured further funding to increase sessions at PPH.
- **Reducing Falls Through a Falls Prevention Programme for Inpatients.** We recognise that there have been a number falls during hospital admission at PPH, and for older people a fall can result in fatality. Therefore it is important for us to as proactive as possible in reducing and avoiding falls. As a result, an 8 week programme lead by an O.T. and Physiotherapist has been introduced with a balance between exercise and education. There is regular attendance from older adult and adult wards, with patients reporting feeling more confident walking outside. The project has resulted in a reduction in falls for Rowan Ward attendees
- **Aligning Psychological Interventions with NICE Guidelines.** Psychological therapy for patients at PPH is provided by clinical psychologists, assistant psychologists and trainee psychologists. Support is given in a variety of ways, including 1:1 sessions, family work and support groups, using evidence-based approaches such as cognitive behaviour therapy, interpersonal psychotherapy and systemic therapy. Interventions provided for inpatients have been aligned following NICE recommendations for a number of conditions.

- **Increasing the Opportunity for Patients to Access Shared Reading Groups.** Occupational Therapy staff have been delivering shared reading sessions called 'tea and tales' with The Reader Organisation for a number of years. Following ongoing positive feedback from our patients, in 2016 we have enabled these sessions to now be delivered on all 7 wards. It was previously only available for 4 wards. In September 2016, a group of staff from PPH presented at the Thames Valley Suicide Prevention and Intervention Network (SPIN) conference, promoting the link between shared reading in tackling depression and preventing suicide.
- **Family Support in Psychosis Project (FSiPP)** Evidence suggests that family interventions are associated with positive outcomes for patients with psychosis, particularly in relation to service user relapse, hospitalisation rates and medication compliance. In addition, psychoeducation interventions have been found to improve the experience of caring, quality of life and to reduce psychological distress in family members of people diagnosed with a psychotic disorder. FSiPP is a safe, supportive and psycho-educational group for families or significant others whose relatives have been diagnosed with a psychotic disorder. It is an opportunity for family members to discuss, explore and develop ways of helping their relative with psychosis and themselves. Attendees felt they benefitted from having the opportunity to share experiences, feelings and concerns, be listened to and to receive support from both peers and professionals. It was helpful meeting others in a similar position and the group enabled attendees to gain a better understanding of psychosis and its treatment.
- **Introducing a 'Community Marketplace' - Increasing Referrals to Voluntary, Statutory and Non-Statutory Organisations before Discharge from Hospital.** This initiative was set up in September 2016 by a Senior O.T. for Daisy/Bluebell Ward. It is an open forum attended by a variety of third sector and voluntary agencies that can all provide support to patients when they leave hospital.

1.1.11. Improvements in Child and Adolescent Mental Health Services (CAMHS)

CAMHS has remained an area of national focus throughout 2016/17. Our service leads have been fully engaged with the multi-agency groups working to implement the Future in Mind recommendations to transform local services for children and young people's emotional wellbeing and mental health.
The recruitment undertaken following investment in 2015/16 has enabled CAMHS to make real progress this year with waiting times falling across all parts of the service.

Average waiting times for a first triage assessment in the CAMHS Common Point of Entry are now consistently below 6 weeks, which is less than the national average of 9 weeks. The introduction of an on-line support network for parents and carers of young people referred to this team is enabling us to provide both expert clinical and peer support to families prior to and following diagnostic assessment.

Improving information about the service has been a priority through 2016/17 some of which has been as a response to complaints. As a result, information has been improved in order to:

- improve knowledge and understanding of BHFT CAMHS referral criteria across all partner agencies
- reduce the number of referrals to CPE that should be managed through Tier 2/early intervention services
- improve system working to enable children and young people to access early intervention and targeted services where these are the right service to meet their needs
- improve partnership working with early intervention and targeted services to ensure children, young people and families are well supported

The Trust has dedicated communication resource to support this and a programme of CAMHS update newsletters has been produced to raise awareness of referral systems, provide information on the referral process and provide links to more detailed referral guidelines on the service website. These have been shared with key partners. Information to support improvements in referral quality is being provided via a dedicated programme of training to colleagues in primary care, education and other agencies. This will be progressed further through the development of the CYPF Health Hub and the Trust CPE education programme.

New investment in 2016/17 has enabled the development of pilot projects to enable a more rapid response to children and young people experiencing mental health crisis. These pilots were set up to offer enhanced care planning in conjunction with partner agencies to provide wrap-around care to keep young people safe. The teams are providing focussed, high level, crisis support to enable a more rapid response to young people who present to emergency services at the point of crisis and to avoid escalation into crisis where possible; through intensive community support. The project in the West of the county has been running all year and has demonstrated significant benefits in terms of a more rapid response to young people presenting to emergency services in crisis, with reduced waiting times for assessment, reduced admissions and more rapid throughput resulting in fewer occupied bed days. The East project is smaller and has only been in place for a short period but is already showing similar positive outcomes. The trust is hopeful that these pilots will develop into a sustained new service in 2017/18, providing equity of care across the county.

CAMHs Eating Disorder Service

The new Community CAMHS Eating Disorders Service went live in October 2016. Recruitment, induction and training of staff are still ongoing, but the team is now offering a community based service to young people that is able to meet the national waiting time targets of 7 days for urgent referrals and 1 month for routine referrals.

The new service is providing high quality evidence-based interventions, including in-reach to the acute paediatric wards where required, for all new referrals and existing cases that have transitioned to the team where appropriate. The service is being managed alongside the adult eating disorder service to enable an all-age service with smooth transition when needed. The team have already delivered some training to key partners, including our acute paediatric colleagues and further training, including a launch conference are planned for 2017/18.

1.1.12. Improvements in Pharmacy

Pharmacy/Medicines Optimisation

Electronic Prescribing and Medicines Administration (EPMA): The Trust has committed to implementing EPMA. This will revolutionise current prescribing and administration processes across the Trust, enabling better monitoring and audit of medicines, thus contributing to improved patient safety. It will provide efficiency opportunities and will enable greater patient facing activity to be undertaken.

Joint Formulary

BHFT have strong relationships with Berkshire West CCGs and contribute to a Joint Formulary. We have recently met with Frimley Health Drugs and Therapeutic Committee and now have Trust representation across Berkshire East CCGs which is a significant improvement and will facilitate collaborative working which will ultimately improve patient care. There is also work within BHFT to harmonise our formulary with the CCGs and our acute trust partners.

The College of Mental Health Pharmacy (CMHP): The BHFT project student was awarded the CMHP Undergraduate Pharmacist Research Award for 2016 for 'An audit of Anticholinergic Cognitive Burden in elderly mental health and dementia patients'.

Safety Improvement

The Availability of Urgent Medicines Audit was awarded the runner-up prize at the CMHP conference and was also shortlisted for the Trust's Quality Improvement Awards. This audit resulted in the development and internal publishing of a standardised, detailed list of urgent medicines that wards/services should keep. It addressed many longstanding issues with a clear benefit to patient safety. The Research and Development Pharmacist was highly commended at the CMHP conference for their paliperidone service evaluation poster.

1.2. Setting Priorities for Improvement for 2017/18

ⓘ This section details Berkshire Healthcare NHS Foundation Trust's priorities for 2017/18. Specific priorities have been set in the areas of quality improvement patient experience, patient safety, clinical effectiveness and health promotion. They have been shared for comment with trust governors, local CCGs, Healthwatch Organisations and Health Overview and Scrutiny Committees. Responses to this consultation are included in Appendix G, together with the Trust response to each comment made by the stakeholders

1.2.1. Quality Improvement Priority

- To implement the trust quality improvement initiative. Metrics will be defined by the programme of work and will link with all three aspects of quality; safety, effectiveness and experience

1.2.2. Patient Safety Priorities

- Falls
- Pressure Ulcers
- Health promotion- To continue implementing the Zero Suicide initiative

1.2.3. Clinical Effectiveness Priorities

- To report on the implementation of NICE guidance identified as a Trust priority
- To review and report on mortality in line with new national guidance as it is published

1.2.4. Patient Experience Priorities

- To continue to prioritise and report on patient satisfaction and make improvements.
- To improve on national patient and staff survey results
- To continue to prioritise learning from complaints
- To continue implementing the Patient Leadership Programme

1.2.5. Monitoring of Priorities for Improvement

All priorities detailed above will be monitored on a quarterly basis by the Trust Quality Assurance Committee as part of the Quality Report and the Board of Directors will be informed of performance against agreed targets. We will report on our progress against these priorities in our Quality Account for 2018.

1.3. Statements of Assurance from the Board

During 2016/17 Berkshire Healthcare NHS Foundation Trust provided 63 NHS services.

The Trust Board of Berkshire Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 63 of these NHS services.

The income generated by the NHS services reviewed in 2016/17 represents 100% of clinical services and 89% of the total income generated from the provision of NHS services by Berkshire Healthcare NHS Foundation Trust for 2016/17.

The data reviewed aims to cover the three dimensions of quality – patient safety, clinical effectiveness and patient experience. Details of a selection of the measures monitored monthly by the Board which are considered to be most important for quality accounting purposes are included in Part 3. These incorporate more than three indicators in each to the key areas of quality.

I was an inpatient here and my team took very good care for me and got to know me and figure out how to help me when I'm in a crisis. They regularly kept my parents up to date with how I was and any changes to my care/ medication/ treatment. All staff are lovely and supporting and you can genuinely tell a lot of them cared for me.

From a patient- Berkshire Adolescent Unit

2.4. Clinical Audit

ⓘ Clinical audit is undertaken to systematically review the care that the Trust provides to patients against best practice standards. Based upon audit findings, the Trust makes improvements to practice to improve patient care. Such audits are undertaken at both national and local level.

National Clinical Audits and Confidential Enquiries

During 2016/17, 7 national clinical audits and 2 national confidential enquiries covered relevant healthcare services which Berkshire Healthcare NHS Foundation Trust provides.

During that period Berkshire Healthcare NHS Foundation Trust participated in 100% (n=7/7) national clinical audits and 100% (n=2) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust was eligible to participate in during 2016/17 are shown in the first column of Figure 22 below.
This column also details the national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in during 2016/17.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in and for which data collection was completed during 2016-17 are also listed below in Figure 22 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (detailed in the second column of figure 22).

Figure 22- National Clinical Audits and Confidential Enquiries Undertaken by the Trust

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during Q1 to Q3 of 2016/17	Data collection status, number of cases submitted and other comments	
1. National Clinical Audits (N=7)		
National Clinical Audit and Patient Outcomes Programme (NCAPOP)		
Falls and Fragility Fractures Audit programme (FFFAP) - Fracture Liaison Service Database	Data collection January and June 2016 358 patients submitted, across 1 service. Report due Spring 2017	
Learning Disability Mortality Review Programme (LeDeR)	Data collection delayed, due to extension in pilot.	
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme - Pulmonary rehabilitation	Data collection January to mid-July 2017. Data collection figures not yet available. Report due- autumn 2017: organisational and clinical service level reports to participants. Winter 2017/18: publication of national organisational and clinical audit reports	
National Diabetes Audit a) Adults - National Footcare Audit b) Adults- National Inpatient Audit c) Secondary care d) Primary Care – Slough Walk in Health Centre (SWiC)	a.	Data collection continuous. 45 patients submitted, across 1 MDFT team since 1st April 2016. 1st Report released 31st March 2016. NB: Report is registered and reported under Royal Berkshire Hospital NHS FT.
	b.	Not relevant to BHFT
	c.	Data collection 1st July 2016 to 18th Aug 2016 1606 patients submitted, across 1 service. Report received 31st January 2017
	d.	Data collection July to August 2016 249 patients submitted, across 1 service. Report received 31st January 2017

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during Q1 to Q3 of 2016/17		Data collection status, number of cases submitted and other comments
Sentinel Stroke National Audit programme (SSNAP) - SSNAP Clinical Audit (Post-Acute)		Data collection continuous. 410 Apr-Dec patients submitted, across 4 service elements (final figure not yet available). Report due: Apr-Jul Results – 19th Oct.
National audit of Early Intervention in Psychosis (EIP)		Data collected December 2015-January 2016. 19 patients currently submitted, across 1 service. Report received July 16.
Non- NCOPOP Audit		
Prescribing Observatory for Mental Health (POMH-UK) a) Prescribing antipsychotic medication for people with dementia b) Monitoring of patients prescribed lithium c) Rapid tranquilisation	a.	Data collection April 2016. 310 patients submitted, across 7 services. Report received November 2016.
	b.	Data collection June 2016. 69 patients submitted, across 4 services. Report received February 2017.
	c.	Data collection September – November 2016. 29 patients submitted, across 1 service. Report due June 2017
National Confidential Enquiries (N=2)		
Mental Health Clinical Outcome Review Programme a) Suicide in children & young people (CYP) b) Suicide, Homicide & Sudden Unexplained Death c) The management and risk of patients with personality disorder prior to suicide and homicide	a.	Data collection continuous. 2 patients submitted. Report due 31st July 2017 (delayed due to purdah)
	b.	Data collection continuous. 16 patients submitted. Report due October 2017
	c.	Data collection continuous. 1 patient submitted. Report due August 2017
Child Health Clinical Outcome Review Programme a) Chronic Neurodisability b) Young People's Mental Health	a.	Data collection Apr 2016 - March 2017. 0 patients submitted, across 1 service. The Trust completed the organisational survey and were not required to collect data as we do not admit these patients. 1 patient was subsequently identified for the case note review for paediatric community care and the questionnaire was submitted. Report due March 2018.
	b.	Data collection Apr 2016 to Mar 2017. 35 patients (inpatients) submitted, across 1 service in the prospective data collection and 9 patients (emergency attendances) for the retrospective data collection. 3 patients were identified for the case note review. The Trust submitted questionnaires for 2 patients. Report due April 2018.

Source: Trust Clinical Audit Team

The reports of 15 (100%) national clinical audits were reviewed by the Trust in 2016-17. This included 12 national audits for which data was collected in earlier years with the resultant report being published in in 2016/17. Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare provided as detailed in Appendix B.

Local Clinical Audits

The reports of 57 local clinical audits were reviewed by the Trust in 2016/17 and Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare which are detailed in Appendix C. (NB: Projects are only noted as 'completed' after completion of the action plan implementation, which is why there is a difference in the number of local projects 'reviewed' than total 'completed')

2.5 Research

ⓘ The Trust participates in research activity to help provide new knowledge that has the potential to be valuable in managing and treating patients. It is important that such research is open to critical examination and open to all that would benefit from it

The number of patients receiving NHS services provided or sub-contracted by Berkshire Healthcare NHS Foundation Trust in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was as follows:

1551 patients were recruited from 62 active studies, of which 45 were recruited from studies included in the National Institute of Health Research (NIHR) Portfolio and 17 were from non-Portfolio studies.

Figure 23- R&D recruitment figures 2016/17

Type of Study	No of Participants Recruited	No of Studies
NIHR Portfolio	1533	54 (9 of which are PICs)
Student	10	12
Other Funded (not eligible for NIHR Portfolio & Own Account (Unfunded)	8	5

Source: Trust R&D Department

2.6 CQUIN Framework

ⓘ The Commissioning for Quality and Innovation (CQUINs) payments framework was set up from 2009/2010 to encourage NHS providers to continually improve the quality of care provided to patients and to achieve transparency. CQUINs enable commissioners (such as the Clinical Commissioning Groups) to reward excellence, by linking a proportion of service providers' income to the achievement of national and local quality improvement goals.

A proportion of Berkshire Healthcare NHS Foundation Trust's income in 2016/17 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2016/17 and for the following 12 month period can be found in Appendix E & F.

The income in 2016/17 conditional upon achieving quality improvement and innovation goals is £3,949,099. The associated payment received for 2015/16 was £3,690,600.

Professional and understanding. My contact with the special needs dental team, both beforehand by telephone and on the day of attendance with my son, were relaxed and re-assuring. They are running a very efficient service. The staff in the whole building are keen to help with directions, making patients feel welcome, and the waiting area is quiet, fairly uncluttered, and as stress-free as possible. The dentist and whole team were quiet, professional, skilled and friendly - perfect for people with learning disabilities, autism and some challenging behaviours, who tend to be very anxious patients. Thank you!

From a relative of a patient- Community Dental Service

2.7 Care Quality Commission (CQC)

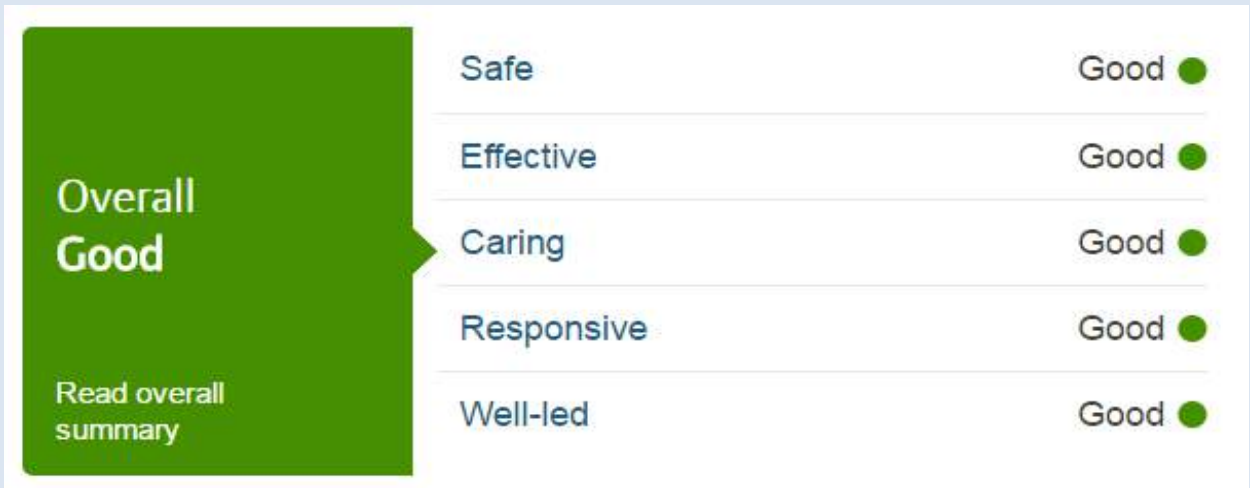
ⓘ The Care Quality Commission (CQC) is the independent regulator for health and social care in England. It ensures that services such as hospitals, care homes, dentists and GP surgeries provide people with safe, effective, compassionate and high-quality care, and encourages these services to improve. The CQC monitors and inspects these services, and then publishes its findings and ratings to help people make choices about their care.

Berkshire Healthcare NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered with no conditions attached to registration.
The Care Quality Commission has not taken enforcement action against Berkshire Healthcare NHS Foundation Trust during 2016/17.

Berkshire Healthcare NHS Foundation Trust is subject to periodic reviews by the Care Quality Commission and the last review was on 13th-16th December 2016. The results of this review were published by the CQC on 27th March 2017. During this inspection, the CQC found that the services had addressed the compliance issues raised during the previous December 2015 comprehensive inspection. The outcome for the four core services inspected is noted below:

- Learning disability inpatient services were rated 'good' across all domains
- Berkshire Adolescent Unit, providing tier four inpatient services for young people, was rated 'good' across all domains
- Older people's mental health wards were rated 'good' across all domains
- Acute mental health wards and psychiatric intensive care unit were rated 'good' for all domains except safety which is still rated as 'requires improvement'. The CQC report indicates that the inspection went very well for these wards however because of the two very serious incidents that have occurred over the last eighteen months and are still under investigation they believed 'requires improvement' was the correct rating. The CQC observed good evidence that the trust was taking the right steps to improve risk assessment and management plans for patients. Daisy ward received one compliance action relating to ligature risk assessment and a management plan for a garden door. This ward is currently developing plans to address this.

The teams have worked hard over the last year to make sustained improvements and should be thanked and congratulated for their achievements. As a consequence of this inspection the trust is now overall rated good across all five domains.



Berkshire Healthcare NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC has carried out the following unannounced Mental Health Act (MHA) visits during the 2016/17 financial year. By law, the Care Quality Commission (CQC) is required to monitor the use of the Mental Health Act 1983 (MHA) to provide a safeguard for individual patients whose rights are restricted under the Act.

- 29th April 2016- Snowdrop Ward, Prospect Park Hospital.
- 28th September 2016- Orchid Ward, Prospect Park Hospital.
- 1st November 2016- Daisy Ward, Prospect Park Hospital
- 2nd November 2016 Little House (Learning Disability Unit), Bracknell
- 14th November 2016- Berkshire Adolescent Unit, Wokingham
- January 2017- Sorrell Ward, Prospect Park Hospital

All of these inspections highlighted a number of areas of good practice and also made some recommendations for improvement. Full action plans to implement these recommendations have been produced and are being implemented.

An unannounced MHA visit was also carried out on Campion Unit (Learning Disabilities), Prospect Park Hospital on 28th February 2017. The Trust is awaiting the report from this visit.

Finally, the CQC carried out an unannounced inspection of the Slough Walk-in Centre on 9th August 2016. The resulting report, published in October 2016, gave the Slough Walk-in Centre an overall rating of 'Requires Improvement'. A rating of 'Good' was given in relation to the 'caring' and 'responsive' domains. A full action plan to address these findings has been developed and is being implemented, with many of the actions already completed.

2.8 Data Quality and Information Governance

ⓘ It is important that data used by NHS services is of a high quality so that it can be best used to inform decisions on the management of patients. In addition, data must be of a high quality to help inform organisational decision-making and planning.

Berkshire Healthcare NHS Foundation Trust submitted records during 2016/17 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

— which included the patient's valid NHS number was:
100% for admitted patient care
99.9% for outpatient care and
97.8% for accident and emergency care.

— which included the patient's valid General Medical Practice Code was:
100% for admitted patient care;
99.9% for outpatient care; and
99.9% for accident and emergency care.

Information Governance

ⓘ Information Governance requires the trust to set a high standard for the handling of information. The aim is to demonstrate that it can be trusted to maintain the confidentiality and security of personal information, by helping individuals to practice good information governance

Berkshire Healthcare NHS Foundation Trust's Information Governance Assessment Report overall score for 2016/17 was 79% and was graded as satisfactory (Green).

The Information Governance Group is responsible for maintaining and improving the information governance Toolkit scores, with the aim of being satisfactory across all aspects of the IG toolkit.

Data Quality

Berkshire Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission

Berkshire Healthcare NHS Foundation Trust will be taking the following actions to improve quality.
The Trust is using the latest Commissioning Data Set (CDS) version to send data. Data will continue to be monitored and improvements made where required.

The Trust continues to monitor the improvement of data quality. An overarching Information Assurance Framework (IAF) provides a consolidated summary of every performance information line and action plans.

Data Quality and Data Assurance audits are carried out throughout the year as part of the Information Assurance Framework (IAF) and where data issues are identified internal Data Quality Improvement Plans (DQIPs) are put in place. The data is monitored until assurance is gained that the Trust can have a high confidence level in the data being reported. The assurance reports are included in the monthly Finance, Performance and Risk Executive committee alongside the Performance Assessment Framework (PAF) and reviewed in monthly and quarterly Locality meetings. External Data Quality reports published on the Information Centre website are analysed to ensure consistency in reporting both internally and externally.

The clinical coding team continues to review and improve the Trust's diagnostic data. As part of our continuous improvement programme, a scheduled clinical coding audit took place in December 2016 and the primary diagnosis rate was 100%, and the secondary diagnosis rate was 95.1%. The coding team continues to work with consultants across the Trust to maintain accurate diagnosis data.

The key measures for data quality scrutiny mandated by the Foundation Trust regulator, NHS Improvement, and agreed by the Trust Governors are:

1. 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within 7 days of discharge from hospital (Trust choice)
2. Admissions to inpatient services had access to crisis resolution home treatment teams- gatekeeping (Trust choice)
3. Minimising delayed transfers of care (Governors' choice

2.9. Duty of Candour

ⓘ The Duty of Candour is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate, truthful information from health providers.

Berkshire Healthcare NHS Foundation Trust have an 'Open Communication (Being Open) a Duty to be Candid' policy that supports our culture of openness when things go wrong.

To promote and help embed this policy, face to face training has been provided and there is also a page on our intranet where staff can access information, flow charts and advice.

The Patient Safety Team monitor incidents reported on our incident reporting system (Datix) to ensure that where incidents meet the requirement for formal Duty of Candour that this is undertaken.

Our process for formal Duty of Candour include meeting with patients and families, apologising for their experience, explaining the investigation process, inviting them to be involved in the investigation and then sharing the report and findings when the investigation is complete. We also ensure that support is offered to patients, family and carers as appropriate.

Audiology – King Edward V11 Hospital: Very satisfied service in audiology department. Very helpful ,explain everything related to problem . We are treated with dignity and respect from audiology staff. Thank you so much.

From a patient- Audiology Department

3. Review of Performance

3.1 Review of Quality Performance 2016/17

ⓘ In addition to the key priorities detailed in Part 2 of this report, the Trust Board receives monthly Performance Assurance Framework reports related to key areas of quality. The metrics in these reports are closely monitored through the Trust Quality Governance systems including the Quality Executive Group and the Board Audit Committee. They provide assurance against the key national priorities from the Department of Health's Operating Framework and include performance against relevant indicators and performance thresholds set out in the Compliance Framework. Information relating to specific areas of Trust quality and safety performance in 2016/17 is detailed below.

Never Events

ⓘ Never events are a sub-set of Serious Incidents and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'.

The Trust has reported 0 never events in 2016/17.

Incidents and Serious incidents (SIs)

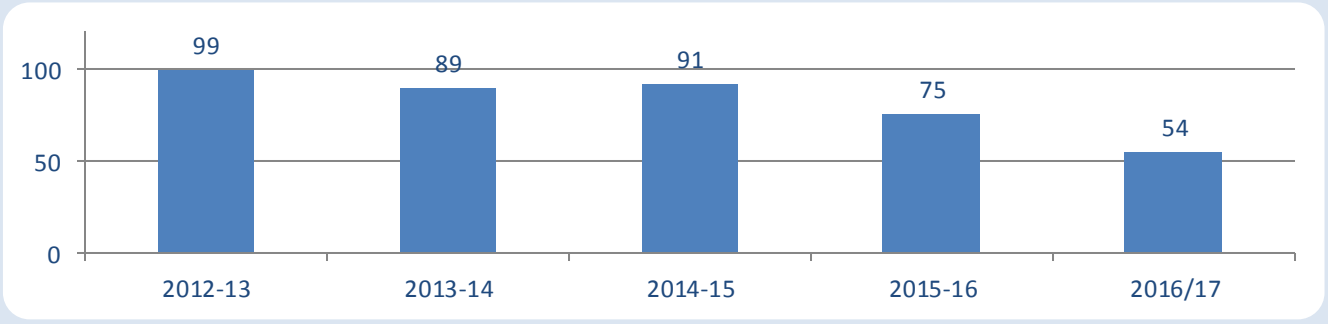
ⓘ An incident is any unintended or unexpected event which could have or did lead to harm for one or more people. Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

The Trust aims to maximise reporting of incidents whilst reducing their severity level through early intervention and organisational learning. Organisations that report more incidents usually have a better and more effective safety culture. The annual number of patient safety incidents reported by the Trust is detailed in part 3.2 below.

Figure 24 below shows the annual number of serious incidents reported by the trust in comparison with the previous financial years.

It should be noted that from 2015/16 Admission of Minors was no longer reported as an SI.

Figure 24- Number of SIs- Year on Year Comparison (excluding pressure ulcers)



Source: Trust Serious Incident Report

Summary of findings from Quarter 4 2016/17 Serious Incident (SI) reporting

The significant features represented in Q4 SI reporting are:

Suicide cases: In Q4 there were 4 SIs reported as suicides/suspected suicides. This is 1 fewer than the number reported in the previous quarter. There was one SI reported as an attempted suicide in Q4.

Unexpected Deaths: There were 3 unexpected deaths initially reported as SIs in Q4. 2 of these have been subsequently downgraded following the cause of death being established as due to natural causes. Therefore a total of one unexpected death has been captured.

Falls: In Q4, there were 3 SIs reported for a patient fall resulting in a fracture. These occurred in different wards and localities across the Trust. This is the highest number of falls reported in a quarter in 16-17.

Pressure Ulcers: Prior to April 2016, category 3 and 4 pressure ulcers were reported as SI's if they developed when the patient was in our care and were assessed as being avoidable. However, in agreement with the Commissioners, since April 2016 there is no longer a need to report developed pressure ulcers as SIs unless it is deemed that there was a significant lapse in care. Instead the Deputy Director of Nursing holds a Learning Summit with the ward/community team. The aim of this is to improve care by involving the teams in identifying learning and areas for improvement in care provision. The process also includes establishment of any themes that can be shared across the organisation.

In Q4, a learning event was held for two incidents of pressure damage where it was identified that there was a potential lapse in care that could have contributed to the development of the category 3 or 4 pressure ulcer. The outcome in both cases was Appropriate Care Given. At the time of writing the report, there is a learning event planned for April 2017 to consider whether lapses in care contributed to the development of 2 more pressure ulcers.

Downgrades: At the time of writing this report, as detailed above, 2 unexpected deaths that were initially reported as SIs in Q4 have been subsequently downgraded following further information from the Coroner and in agreement with the CCG. In addition, one AWOL initially reported as an SI has been downgraded because the patient was returned to the Ward.

Death of detained patients: there was 1 death of a detained patient during Q4 and this patient was receiving care under a Community treatment Order (CTO) - This death has been referred to the coroner as with all deaths of detained patients. However it has not been reported as an SI because this death was from natural causes at an acute trust following an admission instigated by our heart failure team who were providing support to this patient.

Comparison to 2015-16: There has been 54 SIs reported this year compared to 85 reported in 2015/16 (excluding downgrades). This reduction is in part due to no longer automatically reporting pressure ulcers (13 reported 2015/16). The number of suicides reported this year has also decreased to 22 from 28 in 2015/16 and there has been a reduction in falls resulting in serious harm/ fracture from 7 in 2015/16 to 4 in 2016/17.

Preventing Future Death reports (Regulation 28): During 2016/17 Berkshire Healthcare has provided information to and/ or attended 54 inquests, 31 of these relate to incidents occurring in 2016/17. There have been no Regulation 28 reports issued to Berkshire Healthcare NHS Foundation Trust.

Key themes identified in SI investigation reports approved in Quarter 4 2016/17, together with actions taken to improve services:

Communication between Mental Health Inpatient Services and Community Mental Health Services.
A couple of the investigations noted that work is required to improve the communication and sharing of information between the Trust's inpatient and community mental health services. This applies both on discharge from the ward to ensure that CRHTT and/or the CMHT are informed in a timely manner but also during admission and when a patient is granted leave during this time.
A new discharge template is now being implemented across the inpatient wards to assist in improved communication and planning.
There is also work being undertaken as part of the bed optimisation project to review the care/ treatment and experience of a patients first 7 days ion hospital,

this will include supporting improved communication between community and inpatient services.

Overall quality of documentation of risk

There is still a theme that risk management plans are not being documented. In addition, some of the investigations identified that the assessment of risk was not necessarily appropriately assessed and was underestimated.

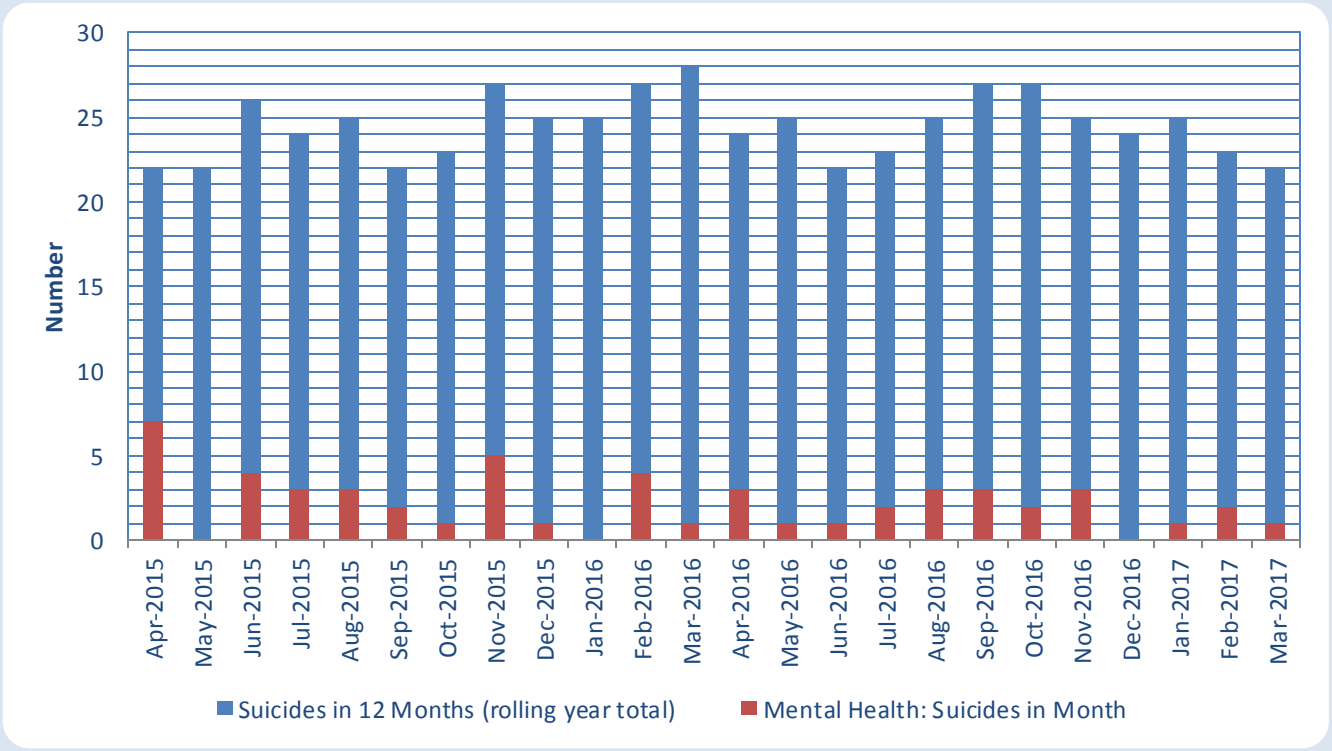
Alongside the new RiO Risk Assessment tool which was launched after these incidents happened, the Trust has made significant improvements to the risk training and supervision to equip staff with skills and competence (measured with the zero suicide surveys) to practice recovery focused, compassionate approaches to suicide risk assessment. This should enable positive risk management and safety planning as well as addressing issues of confidentiality and consent. A Suicide risk guide has been developed to accompany training. This includes a message from CEO and links to film clip to help staff with information sharing.

Suicides

Figure 25 below shows the number of suicides reported per month, together with the rolling 12 month figure.

The figure shows that there were 4 suicides reported in Q4 of 2016/17 compared with 5 in Q3, 9 in Q2 and 5 in Q1. There were 22 suicides in 2016/17, compared with 28 in 2015/16.

Figure 25- Suicides- Number per month and rolling year total per month



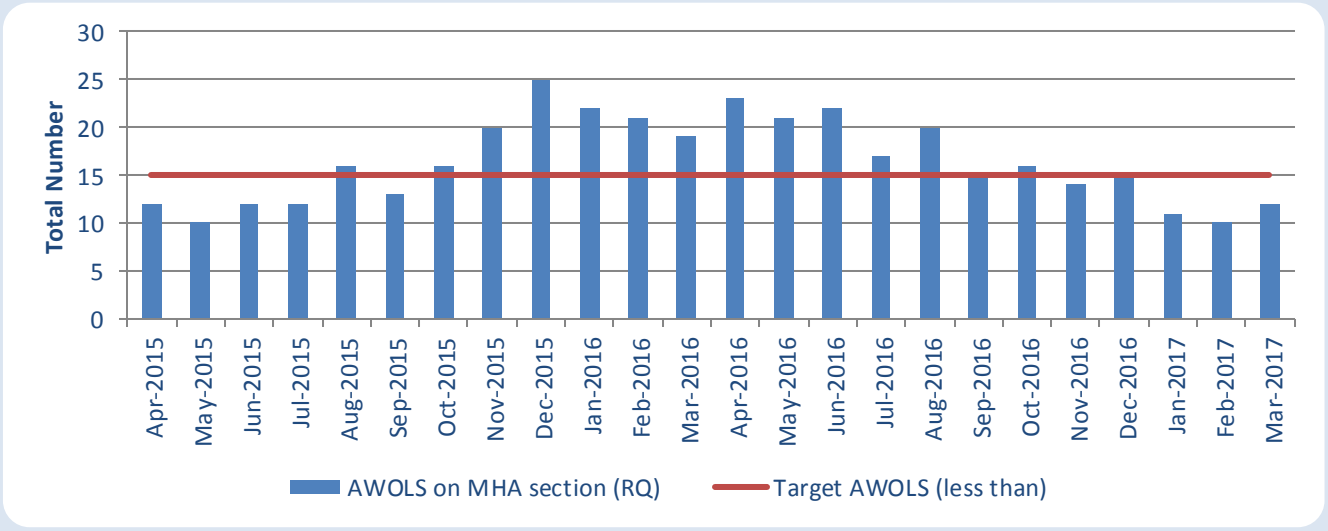
Source: Trust Performance Assurance Framework

Absent without leave (AWOL) and absconsions

ⓘ The definition of absconding used in the Trust is different than AWOL, in that this refers to the patients who are usually within a ward environment and are able to leave the ward without permission.

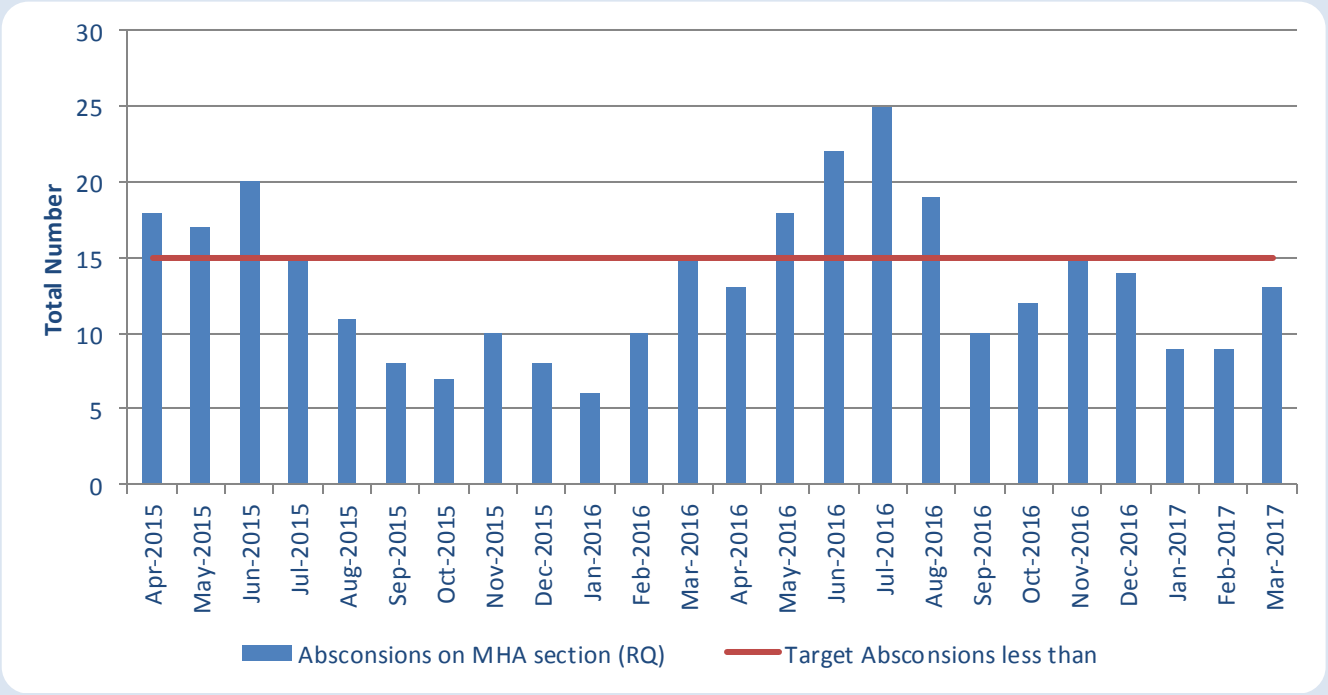
Figures 26 and 27 below detail the number of absconsions on a Mental Health Act Section and the number of patients absent without leave on a Mental Health section.

Figure 26- Absent without leave (AWOL) on a Mental Health Section- (Rolling quarters)



Source: Trust Performance Assurance Framework

Figure 27- Absconsions on a Mental Health Act (MHA) Section- (Rolling Quarters)



Source: Trust Performance Assurance Framework

Medication errors

ⓘ A medication error is any patient safety incident where there has been an error in the process of prescribing, preparing, dispensing, administering, monitoring or providing advice on medicines. Such patient safety incidents can be divided into two categories; errors of commission (e.g. wrong medicine or wrong dose of medicine) or errors of omission (e.g. omitting a dose or failing to monitor).

During 2016/17 there were 715 medication incidents reported. Figure 29 below details the total number of medication errors reported, based upon a rolling 12-month figure. When interpreting this figure, it should be noted that a high and increasing rate of medication error reporting is a sign of a healthy learning culture in the organisation and that reporting of such errors is being encouraged as the first step in ensuring a robust safety culture exists.

Moderate, major and severe medication incidents attributable to the Trust

There have been no severe or major medication incidents reported in this year that are attributable to the Trust.

There has been one moderate incident reported which related to a community patient who stated they had a penicillin allergy, they had a suspected chest and urine infection and where therefore prescribed ciprofloxacin, a non-penicillin antibiotic, by the out of hours service. The patient was also on a medication called warfarin, ciprofloxacin can interact with warfarin and this was not recognised. The patient deteriorated and required admission to an acute Trust with associated bleeding. It was identified that the doctor should use the Adastra interaction software which is available to our out of hours doctors to prevent a similar incident occurring.

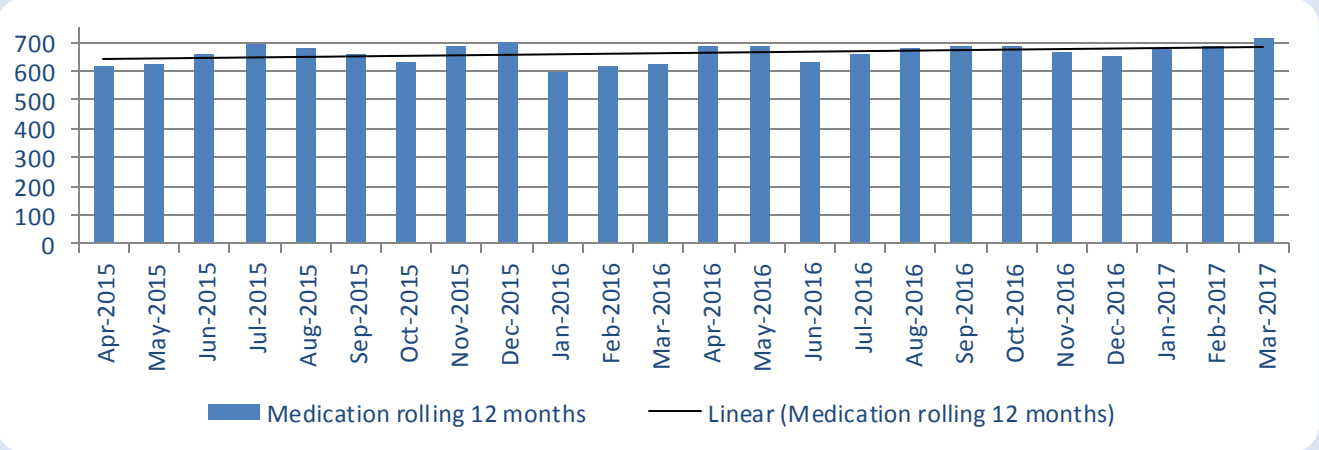
Moderate, major and severe medication incidents reported by, but not attributable to the Trust

During the year there has been no severe, one major and one moderate medication errors reported which were not as a result of BFHT action or inaction but which our staff reported as they were involved in resolving the medication related incident.

The major incident related to a patient with a care package in place with a local care provider that included checking if medication had been taken. Medications were missed for several weeks which resulted in rejection of a heart transplant and subsequent death. The local council and an acute hospital trust are investigating this incident.

The moderate incident related to a patient who was discharged from an acute Trust without referral for nursing services to change their fentanyl patch (a pain relieving medication). The patch was not changed for over two weeks and the patient was admitted to another acute care provider for acute pain. This second acute care provider also did not make a referral on discharge for fentanyl patch to be administered and the incident happened again.

Figure 29: Medication Errors (Rolling 12 Months)



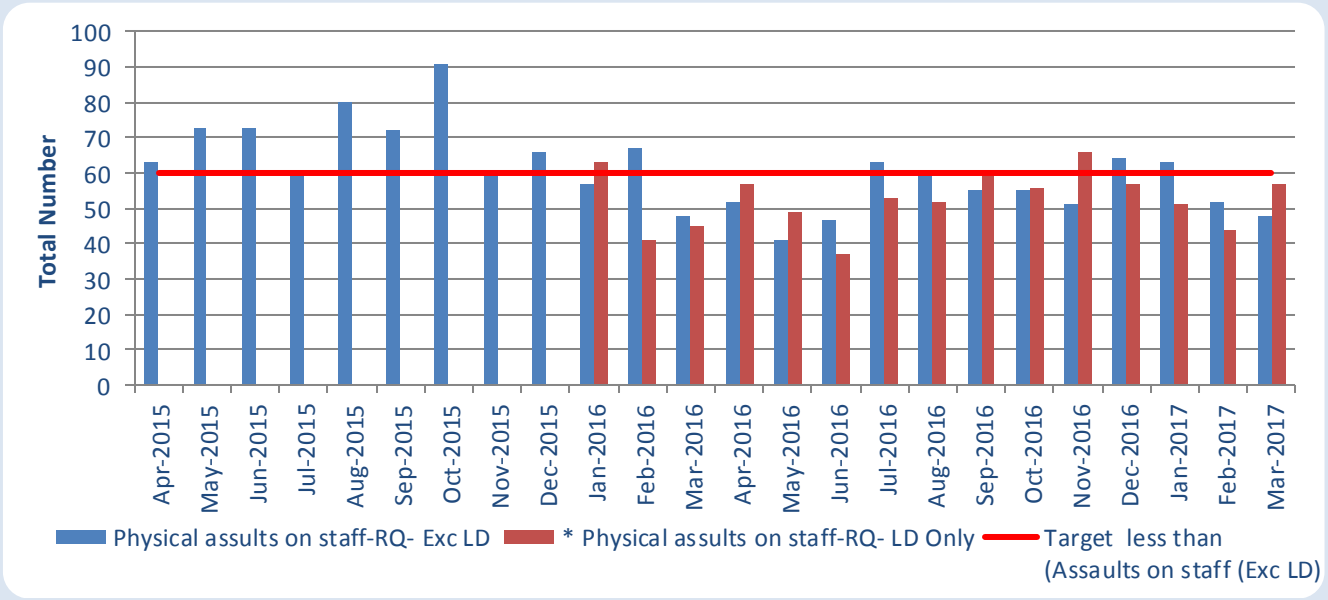
Source: Trust Incident Database (Datix)

Patient to staff physical assaults

Figure 30 below details the number of patient to staff assaults. This data has been separated to show assaults by patients with and without learning disabilities.

There have been fluctuations in the level of physical assaults on staff by patients. Often these changes reflect the presentation of a small number of individual inpatients.

Figure 30- Patient to staff assaults- Rolling Quarters (RQ)



**LD data available from Jan 2016*

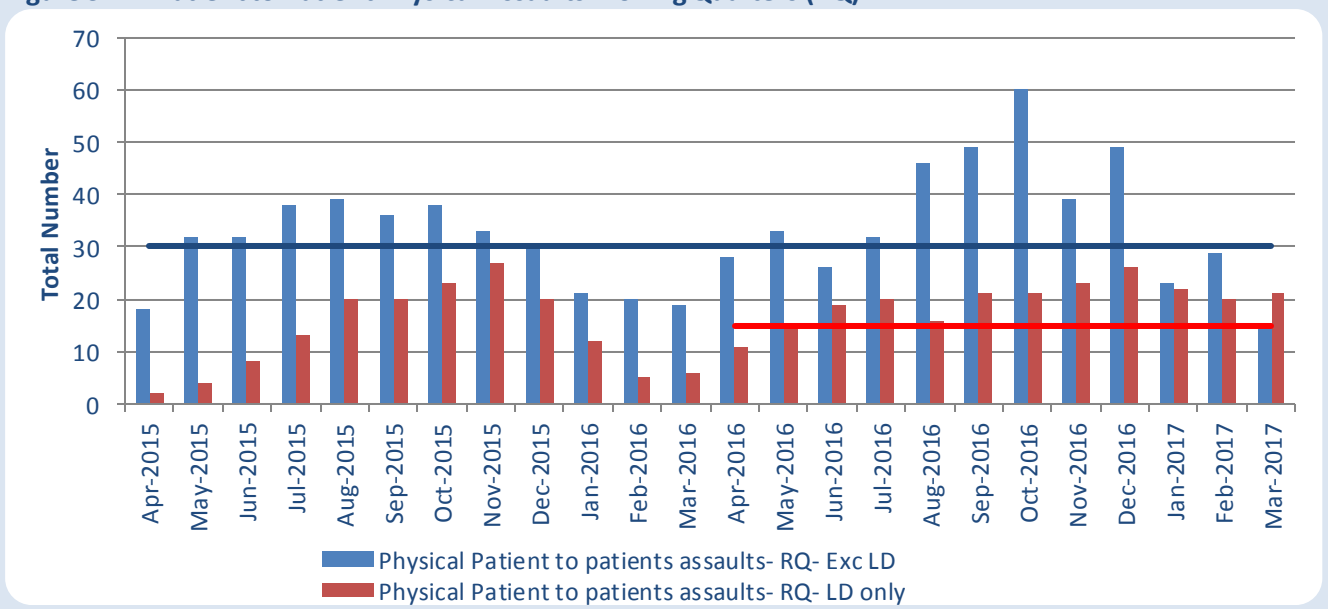
Source: Trust Performance Assurance Framework

Patient to patient physical assaults

Figure 31 below details the number of patient to patient physical assaults.

This data has been separated to show assaults by patients with and without learning disabilities. As can be seen, the level of patient on patient assaults appears to fluctuate.

Figure 31- Patient to Patient Physical Assaults- Rolling Quarters (RQ)



Source: Trust Performance Assurance Framework

3.2 Reporting against core indicators and performance thresholds

ⓘ **Since 2012/13, all NHS Foundation Trusts have been required to report performance against a core set of indicators. This section details the trust's performance against these core indicators.**

In addition, the section includes performance against specific indicators and thresholds that have been reported as part of the NHS Improvement's oversight frameworks during the whole year.

Where available, the national averages for each indicator, together with the highest and lowest scores nationally have also been included.

Figure 32	2014/15	2015/16	2016/17	National Average 2016/17	Highest and Lowest
The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period	98.20%	98.6%	**98%** **(12M Average Percentage)**	**TBC when Q4 16/17 data published**	**TBC when Q4 16/17 data published**
Data relates to all patients discharged from psychiatric inpatient care on CPA					
Note: The acceptable exclusions for these indicators are as follows: (i) patient dies within 7 days of discharge, (ii) where legal precedence has forced the removal of the patient from the country (iii) patients discharged to another inpatient psychiatric ward (iv) CAMHs patients are not included.					
Berkshire Healthcare trust considers that this percentage is as described for the following reasons: In line with national policy to reduce risk and social exclusion and improve care pathways we aim to ensure that all patients discharged from mental health inpatient care are followed up (either face to face or by telephone) within 7 days of discharge. This is agreed and arranged with patients before discharge and this facilitates our high compliance level					
Berkshire Healthcare trust has taken the following actions to improve this percentage, and so the quality of services: Berkshire Healthcare trust meets the minimum requirement set by NHS Improvement of 95% follow up through the implementation of its Transfer and Discharge from Mental Health and learning Disability In-patient Care Policy. In addition the data is audited as part of the independent assurance process for the Quality Account and any actions identified through this are fully implemented to ensure that we maintain our percentage of compliance.					

Source: Trust Performance Assurance Framework

Figure 33	2014/15	2015/16	2016/17	National Average 2016/17	Highest and Lowest
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	97.7%	97.6%	**99.1%** **(12M Average monthly Percentage)**	**TBC when Q4 16/17 data published**	**TBC when Q4 16/17 data published**
Berkshire Healthcare trust considers that this percentage is as described for the following reasons: Crisis resolution and home treatment (CRHT) teams were introduced in England from 2000/01 with a view to providing intensive home-based care for individuals in crisis as an alternative to hospital treatment, acting as gateke epers within the mental healthcare pathway, and allowing for a reduction in bed use and inappropriate in-patient admissions. An admission has been gate kept by the crisis resolution team if they have assessed the patient before admission and if the crisis resolution team was involved in the decision- making process					
Berkshire Healthcare trust has taken the following actions to improve this percentage, and so the quality of services, by: The Trust Admissions policy and procedures provides a clear framework to ensure that no admissions are accepted unless via the urgent care service					

Source: Trust Performance Assurance Framework

Figure 34	2014/15	2015/16	2016/17	National Average 2016/17	Highest and Lowest
The percentage of Mental Health patients aged— (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period	11.1%	7.7%	**6.2%** **(12M Average Percentage)**	**Not Available** (National Indicator last updated 2013)	**Not Available** (National Indicator last updated 2013)
Berkshire Healthcare trust considers that this percentage is as described for the following reasons: The Trust focusses on managing patients at home wherever possible and has fewer mental health beds for the population than in most areas. Sometimes the judgement to send a patient home may be made prematurely or there may be deterioration in the patient's presentation at home due to unexpected events					
Berkshire Healthcare trust has taken the following actions to improve this percentage, and so the quality of services, by: Further work will be done by the relevant trust groups to work on the readmissions, to identify actions to reduce it.					

Source: Trust Performance Assurance Framework

Figure 35	2014/15	2015/16	2016/17	National Average 2016/17	Highest and Lowest
				For combined MH/LD and community trusts	
The indicator score of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends	3.77	3.84	**3.89** KF1. Staff recommendation of the organisation as a place to work or receive treatment- Score out of 5	**3.71**	**3.47-3.93**
	71%	74%	**75%** Q21d."If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	**69%**	**55%-75%**
Berkshire Healthcare trust considers that this percentage is as described for the following reasons: The Trust's score is better than average and improving year on year. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. Advocacy of recommendation along with staff involvement, and staff motivation are strong indicators of the level of staff engagement with in the trust.					
Berkshire Healthcare trust has taken the following actions to improve this percentage, and so the quality of services, by: Implementing a five year Organisational Development strategy which has at its heart the achievement of high levels of staff engagement and through that high quality care and service delivery. The specific objectives of the strategy, to be implemented in stages over five years are: To enable every member of staff to see how their job counts, to listen and involve staff in decisions that impact their areas of work, to provide support for their development, and to develop our clinical and managerial leaders. In this, Berkshire Healthcare Trust has signed up to the national Pioneer initiative – Listening into Action – aimed at engaging and empowering staff in achieving better outcomes for patient safety and care.					

Source- National Staff Survey

Figure 36	2014/15	2015/16	2016/17	How Trust compares nationally	Highest and Lowest
Patient experience of community mental health services indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period	6.9	6.8	**7.2** (Score out of 10)	**About the same as similar trusts**	**6.1-7.5**
Berkshire Healthcare trust considers that this percentage is as described for the following reasons: The Trusts score is in line with other similar Trusts					
Berkshire Healthcare trust has taken the following actions to improve this percentage, and so the quality of services, by: Being committed to improving the experience of all users of their services. Data is collected from a number of sources to show how our users feel about the service they have received. Actions are put in place through a number of initiatives to improve both an individual's experience and if required to change the service provision.					

Source: National Community Mental Health Survey

Figure 37	2014/15	2015/16	2016/17	National Figures	Highest and Lowest
The number of patient safety incidents reported *	**3642** *	**3513** *	**3195** *	**162,954** **	**N/A**
Rate of patient safety incidents reported within the trust during the reporting period per 1000 bed days	**31.4** *	**31.3** *	**29.1** *	**42.45** ** **(Median)**	**10.28-88.97** **
The number and percentage of such patient safety incidents that resulted in severe harm or death	**49 (1.3%)** *	**56 (1.6%)** *	**35 (1.1%)** *	**1802 (1.1%)** **	**0.3-6.0** **
Berkshire Healthcare trust considers that this percentage is as described for the following reasons: The above data shows the reported incidents per 1,000 bed days based on trust data. In the NRLS most recent organisational report published in March 2017, the median reporting rate for the trust is given as 48.24 incidents per 1000 bed days (but please note this covers the 6-month period 1st April 2016- 30th September 2016). High levels of incident reporting are encouraged as learning from low level incidents is thought to reduce the likelihood of more serious incidents.					
Berkshire Healthcare trust has taken the following actions to improve this percentage, and so the quality of services, by: Bolstering the internal governance and scrutiny of serious incident reports, their recommendations and action plans. Implementation of strategies to address common findings in serious incident reports, including clinical record keeping and triangulation of patient risk information.					

Sources: * *Trust Figures covering 1 year between 1st April 2016- 31st March 2017.*
** *NRLS Organisation Patient Safety Incident Report covering 6 months between1st April 2016- 30th October 2016 relating to 55 Mental Health Organisations Only*

A really excellent facility - my Mother-in-law was in Jubilee Ward last month for rehabilitation following a total hip replacement. The nursing staff, physiotherapists and Occupational Therapists were all kind, attentive and professional in aiding her recovery. The food was of such good quality that she was reluctant to leave! Thanks to all involved.

From a relative of a patient- Jubilee Ward, Upton Hospital, Slough.

Figure 38 Annual Comparators	Target	2014/15	2015/16	2016/17	Commentary
Patient Safety					
CPA review within 12 months	95%	96.0%	96.1%	**95.3%**	For patients discharged on CPA in year last 12 months. Fig shown is 12 month avg %
Never Events	0	0	0	**0**	Full year no. of never events. *Source Trust Patient Safety Report*
Infection Control- MRSA bacteraemia	0	0	0	**0**	Full year number MRSA
Infection Control- C. difficile due to lapses in care	<6 p/a	0	1	**2 (0.018 per 1000 occupied bed days)**	Full Year number & rate per 1000 occupied bed days of C. Diff due to lapses in care by trust *Source- Trust Infection Control Reports*
Medication errors	Increased Report.	576	623	**715**	Cumulative rolling year no. of medication errors reported *Source- Trust Datix incident management system*
Clinical Effectiveness					
Mental Health minimising delayed transfers of care (Relates to Mental Health delays only-Health & Social Care).	<7.5%	1.5%	1.7%	**11.8%**	Calculation = number of days delayed in month divided by OBDs (Inc. HL) in month. Fig. shown is 12 month avg %. The localities have plans in place to address this. The Trust is running a bed optimisation programme which has looked at the procedures around admissions particularly in relation to the purpose of admission, with reviews taking place each day of admissions to Prospect Park from each locality. This has included gatekeeping prior to admission, using alternatives to admission such as Yew Tree Lodge and the involvement of localities in discharge planning.
Meeting commitment to serve new psychosis cases by early intervention teams- New Early Intervention cases.	99	124	131	**142**	Cumulative total number in year
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50%	N/A	N/A	**85.8%**	Added from Q4 2015/16 Figure shown is average monthly %

Figure 38 Annual Comparators	Target	2014/15	2015/16	2016/17	Commentary
Clinical Effectiveness					
Improving access to psychological therapies (IAPT): People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	N/A	N/A	**98.4%**	Added from Q4 2015/16 Figure shown is average monthly %
Improving access to psychological therapies (IAPT): People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	N/A	N/A	**99.9%**	Added from Q4 2015/16 Figure shown is average monthly %
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ disch.	95%	99.5%	99.4%	**99.5%**	Figure shown is 12 month average %
Completeness of Mental Health Minimum Data Set	99.6% 50%	99.6% 99.2%	99.8% 99.2%	**99.9%** **98.7%**	Figure shown is 12 month average %
Completeness of Community service data 1) Referral to treatment info. 2) Referral info. 3) Treatment activity info.	 50% 50% 50%	 72.3% 62.4% 98.0%	 72.1% 61.8% 96.9%	 **71.3%** **62.5%** **97.2%**	Figure shown is 12 month average %
Patient Experience					
Referral to treatment (RTT) waiting times – non admitted – community.	95% <18 weeks	99.8%	99.5%	**99.3%**	Waits are for consultant led services in East CHS, Diabetes, and Paediatric services from referral to treatment (stop clock). Notification received from NHS England to exclude sexual health services. Figure shown is 12 month average %
RTT waiting times Community: Incomplete pathways	92% <18 weeks	100%	99.7%	**99.9%**	Figure shown is 12 month average %
Access to healthcare for people with a learning disability		Green 21	Green 20	**Green** **20**	Score out of 24
Complaints received		244	218	**209**	Total number in year
1. Complaint acknowledged within 3 working days 2. Complaint resolved within timescale of complainant	100% 90%	100% 92%	96.3% 91.4%	**100%** **100%**	Full year %

Source: Trust Performance Assurance Framework, except where indicated in commentary

3.3 Statement of directors' responsibilities in respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.
NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.
In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2016 to May 2017
  - papers relating to quality reported to the board over the period April 2016 to May 2017
  - feedback from commissioners dated April 2017
  - feedback from governors dated April 2017
  - feedback from local Healthwatch organisations dated April 2017
  - feedback from Overview and Scrutiny Committee dated May 2017
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2017
  - the latest national patient survey November 2017
  - the latest national staff survey February 2017
  - the Head of Internal Audit's annual opinion of the trust's control environment dated May 2017
  - CQC inspection report dated March 2017
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

9th May 2017	**Martin Earwicker**	**Chairman**
9th May 2017	**Julian Emms**	**Chief Executive**

Appendix A: Quality Strategy

Appendix B- National Clinical Audits- Actions to Improve Quality

National Clinical Audits Reported in 2016/17 and results received that were applicable to Berkshire Healthcare NHS Foundation Trust

	National Audits Reported in 2016/17	Recommendation (taken from national report)	Actions to be Taken
	NCAPOP Audits		
1	National Diabetes Audit SWIC (2819)	The National Diabetes Audit is a major national clinical audit, which measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales. The NDA collects and analyses data for use by a range of stakeholders to drive changes and improvements in the quality of services and health outcomes for people with diabetes. The review recommended that the GP service should review local and national findings for any possible learning or improvements and identify any local issues and develop an action plan for improvement.	The following actions have been identified and are being implemented, including additional nurse training, locum medical support dedicated to diabetes screening and treatment, and amendments to the screening tools currently in place. Local audit is also taking place.
2	NCEPOD Sepsis Study (2042)	The national sepsis report was published in November 2015 (received May 2016), with data collection taking place in August 2014 The report produced a number of recommendations; hospitals should have a formal protocol in place for the early identification and immediate management of patients with sepsis. NEWS should be used in both primary and secondary care for patients where sepsis is suspected. On arrival in the emergency department, a full set of vital signs, as stated in the Royal College of Emergency Medicine standards for sepsis and septic shock should be undertaken. In addition, hospitals should ensure that their staffing and resources are effective in recognising and caring for the acutely deteriorating patients. All patients diagnosed with sepsis should benefit from management on a care bundle as part of their care pathway. The report recommended that this bundle should be audited and reported on regularly.	The Trust has a Lead clinician for sepsis and the Head of Infection Prevention and Control is coordinating the sepsis work stream in order to ensure compliance with national guidance and patient safety initiatives.
3	National Diabetes Audit – Secondary Care 2014/15 (2833)	The National Diabetes Audit (NDA) continues to provide a comprehensive view of Diabetes Care in England and Wales and measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards in England and Wales. Nationally a number of recommendations were made for people with diabetes, care providers, on care processes and structured education and achieving treatment targets.	The results from the audit provide a picture of the overall care against NICE best practice for diabetic patients registered with Berkshire Healthcare Diabetic Centre. Overall, the service achieved a higher score than expected. Areas that require improvement are related to the recording foot care and smoking information. Actions relating to this audit will be in liaison with local secondary care colleagues.
4	National Diabetes Audit - Secondary Care 2013/14 (2777)		

	National Audits Reported in 2016/17	Recommendation (taken from national report)	Actions to be Taken
5	National Diabetes Audit 2013-2014 (Commissioning West) (2039)	The National Diabetes Audit is a major national clinical audit, which measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales. Data was collected and submitted to national audit (on behalf of CCG).	Action: No action is required for BHFT.
6	National Diabetes Audit 2013-2014 (Commissioning East) (2603)		
7	National Diabetes Audit 2014-2015 (Commissioning East) (2821)		
8	National Diabetes Audit 2014-2015 (Commissioning West) (2852)		
9	National audit of Early Intervention in Psychosis (EIP) (2880)	The two main recommendations that resulted from the audit are as follows: (i) the Trust must ensure that treatment from these services should be accessed as soon as possible to reduce the duration of untreated psychosis and (ii) the results of the audit has showed that BHFT should ensure that by comprehensively assessing physical health will enable health and social care practitioners to offer relevant physical health interventions if necessary. Since the time of the audit, BHFT has developed a single EiP service across the Trust. The service has team members based within each locality as well people centrally based working either centrally (i.e. in CPE) or across localities (i.e. STR workers). The EiP service has a full multi-disciplinary team with dedicated psychological therapies. The team is currently working with people who are experiencing First onset Psychosis, those with suspected psychosis and at risk mental states. The current caseload is 220 people with the expectation that this will increased to around 300 in line with suspected prevalence rates.	The EIP service has significantly changed its structure since 2014 to provide EIP from a central team and improved both access and physical health care for patients. The Cardio metabolic CQUIN (Standard 6) for EIP in 2015/16 required the Trust to provide training to staff to ensure patients with Early onset Psychosis are having regular physical health assessment to reduce the health inequality and increase life expectancy. The service achieved 100% of its CQUIN in 2015/16 and has now added a Cardio Metabolic form on RIO which will allow the requirements of the 2016/17 CQUIN and National audits to be accessed and monitored easily. A digital dashboard has been created which links into the trust's electronic health record system showing daily updates of progress against the new access and waiting time standard for Early Interventional in Psychosis (EIP) which is helping improve outcomes in Berkshire. Work is in place to incorporate a new electronic template based on the Lester tool for physical health checks.

	National Audits Reported in 2016/17	Recommendation (taken from national report)	Actions to be Taken
10	Chronic Obstructive Pulmonary Disease (COPD) (Rehab) (2835)	The National Clinical Audit Programme (NCA) sets out an ambitious programme of work that aims to drive improvements in the quality of care and services provided for COPD patients in England and Wales. The national data confirm that patients who complete PR are likely to derive clinically important improvements in exercise performance and health status. Not all patients respond to treatment, and inevitably there is variation between programmes on the magnitude and consistency of these benefits.	A national focus for quality improvement is also needed, which will be offered by the newly established BTS Pulmonary Rehabilitation Quality Improvement Advisory Group (PRQIAG). This group will also be able to facilitate the dissemination of examples of good practice and encourage learning from programmes where outcomes are particularly good.
11	Chronic Obstructive Pulmonary Disease (COPD) (National - Primary Care) (2836)	The National Clinical Audit Programme (NCA) sets out an ambitious programme of work that aims to drive improvements in the quality of care and services provided for COPD patients in England and Wales. The purpose of this report was to support Primary Care in England via the recommendations listed. The above QOF questions have been placed against relevant national report recommendations, plus a response from Slough Walk-In Centre (SWIC) (as our GP surgery) in terms of their current practice and areas where improvements are planned.	The results highlighted areas where quality improvement is needed, namely the need for more consistency in the coding of how a COPD diagnosis is made between GP practices. Where spirometry has been performed, the coding needs to be consistent with evidence of a diagnosis of COPD.
	Non-NCAPOP audits		
12	POMH - Topic 15a - Prescribing valproate for bipolar disorder (September 2015) (2644)	The aim of the audit was to help mental health services improve prescribing practice. Valproate has some efficacy in the treatment of acute episodes of mania and is one of the treatment strategies recommend by NICE for the prevention of relapse in people with bipolar disorder. Like all medicines, valproate is associated with side effects and it is important that adequate attention is paid to reviewing both the benefits and harms associated with this treatment. BHFT provided data from 7 participating teams and 146 patient records were submitted (91% of which were from CMHT's). In comparing BHFT and national results, compliance varied. In some instances BHFT had better compliance than the national average with the exception of physical health checks. Whilst BHFT showed areas of good practice, there were many areas requiring improvement.	Physical health checks in inpatient mental health is an established CQUIN in the Trust and much work continues to be done to improve compliance. A similar CQUIN has begun for 2016/17 for CMHT's, so work will commence as to how to bring about improvements A diagnosis of bipolar disorder is a major driver for undertaking the NICE recommended physical health checks. The Trust will ensure that those patients prescribed valproate for more than 1 year have a clearly documented review of their treatment.
13	POMH - Topic 14b Prescribing for substance misuse; alcohol detoxification (January 2016) (2645)	This re-audit presents data on prescribing practice for alcohol detoxification conducted in acute psychiatric inpatient settings. BHFT was one of 43 Trusts who submitted data on any patients who underwent alcohol detoxification whilst an inpatient in the 12 months prior to January 2016. The report shows that BHFT performance varies through the audit criteria and compares only sometimes favourably against the national average.	Work is occurring, and being linked to a CQUIN. By linking, it is hoped that improvements will be streamlined. A tool to support assessment of the signs and symptoms of Wernicke's encephalopathy has been developed for use within the Trust.

	National Audits Reported in 2016/17	Recommendation (taken from national report)	Actions to be Taken
14	POMH11c - Prescribing antipsychotic medication for people with dementia (2646)	Although the core feature of dementia is cognitive decline, behavioural and psychological difficulties are common. It is estimated that up to a quarter of people with a diagnosis of dementia are prescribed an antipsychotic at any one time (Banerjee 2009). The standards are derived from the NICE-SCIE Guideline on supporting people with dementia and their carers in health and social care – CG042 (2006). BHFT submitted data for 310 patients who had a diagnosis of dementia across 7 teams. Overall, risk is low as the prescribing of antipsychotics is low. However, whilst some areas of practice are very good, the audit highlighted areas requiring improvement.	Low rates of prescribing and administration of antipsychotics mean that relatively small numbers of patients will be affected by non-compliance and therefore the level of risk is low. However, if compliance for some standards does not improve, patients are going to continue to receive substandard care, especially with regard to risk and benefits of medication. The downward trend would imply that in BHFT, we are at higher risk of starting patients on anti-psychotic for managing BPSD now compared to before.
15	POMH7e - Monitoring of patients prescribed lithium (2647)	Lithium is licensed for the treatment of bipolar affective disorder and depression and its use in these conditions is supported by NICE guidelines. In 2016, BHFT submitted data for 68 patients across four teams. Whilst BHFT has improved compliance against NICE guidance for initiation of patients onto lithium, ongoing monitoring needs to improve in order to maintain the physical health of these patients	The initial improvements seen in practice coincided with the introduction of the POMH-UK/NPSA patient lithium pack. It is therefore possible that use of this pack prompted some changes in practice but there was a ceiling effect, and that further interventions are needed if practice is to move closer to the standards.

Appendix C- Local Clinical Audits- Actions to Improve Quality

	Audit Title	Conclusion/Actions
1	Bed side blood transfusion practice (3081)	The audit was undertaken to comply with (BHFT's) blood transfusion policy requirement to undertake an annual audit of transfusion practice. The aim of the audit was to ensure that BHFT's blood transfusion practice is in line with the required National Standards. Action: A number of agreed actions have been implemented included recording the correct care pathway clinic documentation being updated, ensuring NEWS score is recorded at the beginning of the transfusion, and improving compliance to the NICE NG24 standard. There will also be an audit of transfusion practice on community hospital ward.
2	Personal Clinical Practice Audit Using NICE CG128 (2055)	Assessment and thereafter management of children for an autism spectrum disorder constitutes at least 50% of any clinical practice/caseload. NICE CG128 clearly defines criteria for the diagnosis, after diagnosis, medical investigations in children with autism. All patients on who received a confirmed diagnosis of Autism/ ASD between January and December 2014 were included in the audit. The audit findings were presented to community paediatricians at clinical governance meeting which confirmed that the Trust's clinical practice in concordance with the NICE guidelines. Action: No further actions required.
3	An audit of flumzenil use within the Berkshire Community Dental Service (2186)	Flumzenil is a drug used for reversing the actions of benzodiazepines. In the dental context, it may be used after outpatient intravenous sedation, to reverse the effects of midazolam. This may be to facilitate a safer return home where recovery is prolonged, or the patient has additional or special. Data collection was retrospective, covering a 29-month time period from 1st May 2013 to 30th September 2015. The audit found that the standard for the use of flumazenil within Berkshire CDS was met. Action: No further actions required.
4	Re-audit of the quality of the GP Referrals to the Slough Memory Clinic 2015 (2867)	The purpose of the re-audit was to re-assess the quality of the GP referrals sent to the memory services specifically the Slough memory clinic following the recommendations made in the initial audit (June 2014). The aim of the re-audit was to establish whether current referrals were in line with local guidelines and if any improvements were made following last year's recommendations. Overall compliance could be improved if GPs ensure that complete and good quality referrals (as per the requirements of the standards set) are sent to the Slough memory clinic. Action: The re-audit identified the need to educate GPs with regards to the importance of the referral standards and to emphasise the standards to ensure good quality referrals are sent.
5	Mental Health CQUIN 2015/16 (Q1, Q3, Q4) (indicator 4a) (2782)	The Five Year Forward View (FYFV) has set out the vision for promoting well-being and preventing ill health. A key element of the Trust's work going forward will be to align incentives with the reform of payment approaches and contracts. The Trust will work with partners and the system to ensure that future incentive schemes are designed to help drive the changes required. The 2015/16 scheme is structured so that the national goals reward transformation across care pathways that cut across different providers. Mental Health: Improving Physical Healthcare for Patients with Severe Mental Illness (SMI) (Part 4) has a two part indicator: 4a: Cardio Metabolic Assessment and treatment for Patients with psychoses. 4b: Communication with General Practitioners. For indicator 4a, data on a total of 100 inpatients who fitted the eligibility criteria for this CQUIN was submitted. The Trust achieved 86% overall.

	Audit Title	Conclusion/Actions
6	Audit of Child Protection Case Conference Reports & Documentation Following Case Conference (3296)	The aim of this audit was to establish if the actions relating to the previous audit in September 2010 were being adhered to in BHFT (School Nurses and Health Visitors) for children with a child protection plan. The audit assessed if all the required information was clearly documented in the records of a child with a child protection plan by Health Visitors and School Nurses, in the six localities. From the findings it can be concluded that of the 15 criteria included in the audit, none met the 100% compliance, 5% met compliance in 2010. 0% achieved compliance at 90% in 2015 compared to 40% in 2010. Although BHFT have failed to achieve compliance for any of the 15 criteria, West Berkshire achieved compliance in 10/15 criteria (67%). Action: Actions included introduction of safeguarding specific elements within RiO, and a programme of education to staff. All actions are complete and measures have been put in place to both improve record keeping and reduce risk.
7	Audit of NEWS Scores on Rowan and Orchid wards (3191)	The National Early Warning Score (NEWS) should be used for initial assessment of acute illness and for continuous monitoring of a patient's well-being throughout their stay in hospital. This re-audit aimed to establish areas of strength and weakness with a view to developing an action plan to fully embed NEWS in the clinical monitoring of unwell patients. It aimed to assess the compliance with BHFT NEWS policy (CCR116), the completeness and accuracy of the recording and appropriate action taken in response to the scores. Standards 6, 7 and 8 in terms of the timings of the next set of NEWS observations, contacting medical staff if score over 3 and documenting it, fall well below the compliance standards as well as from the results of the previous audit. Action: Rowan Ward to have supervised recording and outcome of NEWS of 3 and above. The Nurse in charge of the shift will supervise recording and outcome of NEWS of 3 and above.
8	JD/QIP - Falls risk assessment in new admissions of older adults (3107)	This audit aimed to review the patient population admitted to Orchid and Rowan wards with particular focus on their admission and ward clerking and whether a comprehensive falls assessment had been made. NICE Guideline CG161 which outlines examples of multifactorial assessment was referred to. The results of the audit identified areas for improvement in assessing falls risk Since the audit was undertaken, BHFT has begun work to ensure compliance with national guidelines. Action: Actions are to be integrated as part of the falls reduction work occurring in the Trust.
9	Re-Audit of Health Visitors Risk Assessments at New Birth Contact (2665)	This audit had been undertaken as part of BHFT's - Health Visiting Sub Group work plan. The audit was performed to give quality assurance following the introduction of a revised electronic Word version of the Health Visitor New Birth assessment tool as recommended from the previous year's audit. The previous audit highlighted the need to improve completion of all sections of the assessment tool, to increase legibility and increase the uploading of all assessment documents into the client RiO record. The re-audit showed an improvement in compliance in recording information. However, a few recommendations were made relating to uploading documents, requirement to record the 'father's name, recording of action plans and to ensure training is provided for all staff on analysis of assessment information. Action: A number of agreed actions have been put into place, linked to supervision and peer review of assessments.
10	Is the local HIV service meeting national guidelines for care of older patients living with HIV (3085)	HIV patients are living longer and are at risk of developing co-morbidities at a younger age than the non-HIV population. There are preventable diseases of particular concern: cardio-vascular disease, osteoporosis and neurocognitive decline which can be assessed and detected early, if not prevented. National and European guidelines advise how clinicians should be performing risk assessments and how often these should be undertaken. Action: Agreed actions have been put into place to address; improve documentation in the pro-forma, have links to geriatricians with special interest and pathway referral to neurocognitive testing unit.

	Audit Title	Conclusion/Actions
11	Re-audit of management of patients with genital Herpes infection (2765)	The initial audit done in 2011 looked at management of patients with first episode of genital herpes. The re-audit focused on BASHH's 2014 UK national guideline for the management of anogenital herpes to look if current practice fits best medical practice and if it has improved since the initial audit. The retrospective re-audit study predominantly showed an improvement in practise compared to the initial audit in 2011. Action: An action plan is in development.
12	JD/QIP – Audit looking at content of outpatient letters sent to GPs by Bracknell CMHT (3179)	The aim of the audit was to review the content and quality of outpatient letters for Bracknell CMHT. Using literature research and local guidance a list of standards were produced. A number of recommendations were made from recording the CPA status, recording the ICD10 codes to documenting the justification for medication changes. Action: A new template was trialled.
13	JD/QIP - Driving advice given to adults with first presentation of psychosis on discharge from in-patient units (3024)	The audit aimed to review whether on discharge staff were documenting for Cluster 10 patients if any driving advice was given to patients i.e. whether they could drive, should not drive for 3 months after discharge or should inform the DVLA of their diagnosis. The results showed poor compliance for documenting driving discussions and advice in preliminary discharge summary and notes. The audit recommended amending the discharge summary so staff could document these discussions. Action: An action plan is in development.
14	JD/QIP - Prolactin screening and monitoring on MH wards (3083)	This re-audit aimed to assess if there was an improvement since the original audit in 2014 for prolactin screening and monitoring. NICE guidelines state that symptoms of hyperprolactinemia should be monitored and an initial prolactin blood test should be taken prior to starting anti psychotics. The audit found a marked decline in compliance across all standards in comparison to the previous audit. One of the issues relating to this is that there is no clear guidance on monitoring and managing high levels of prolactin and no local and national agreed guidelines. Action: An action, for publication of revised Trust prolactin guidelines is in place.
15	JD/QIP - Crisis team gate keeping service evaluation 2016 (3227)	This topic was chosen due to increasing admission rate in Prospect Park Hospital wards (PPH). This is the first audit in PPH which is based on key policies and standards. The audit was used to assess whether the crises team were meeting benchmarks as stated in the guidelines. This project aimed to review admissions during one month to evaluate the Crisis Team action as part of its role as gate keeper. This included monitoring of the activities of the crisis team, review of the management and support of acute patients in the community without hospital admittance, review of the maximum number of days in care or liaison with CRHTT, assessment of the effectiveness of the current system and ways to improve it, evaluation of communication between CRHTT and feedback to other relevant parties. The audit found that gatekeeping was not effective for acute cases where a high risk to self or others was identified and admission was imminent. Action: An action plan is in development.
16	Audit on the management of Molluscum Contaigiosum in the sexual Health service (2938)	This audit was initiated as a result of a patient complaint regarding skin complication (scarring) following treatment for molluscum with cryotherapy. Action: Action has been agreed to improve documentation in the notes and to produce an information leaflet for patients.
17	Re-Audit - People whose Behaviour Challenges -Care Pathway, BHFT Learning Disability Services, April 2016 (3194)	The re-audit measured against Good Practice Standards, set following the re-audit in 2015. The aim was to demonstrate that good practice recommendations were used with people whose behaviour challenges. The re-audit demonstrated positive findings, with many areas gaining 100%, however, monitoring and review results were slightly lower in comparison to the previous audit. Action: An action plan is being implemented and the process will be repeated in April 2017 in order to monitor progress and maintain good practice standards.

	Audit Title	Conclusion/Actions
18	JD/QIP - Re-audit of quality and timeliness of full discharge summaries for patients discharged from adult wards (2952)	The aim of this re-audit was to evaluate the quality of discharge summaries, according to a set of criterion informed by published audits on similar topics, comparing against the initial audit, as well as research into GP preferences concerning discharge summary information content. The audit found that out of the total 55 patients, 20 patients did not have a full discharge summary on RiO relating to the admission, even after two weeks. Action: Recommendations including support templates and tools have been trialled.
19	Diagnostic formulation (3275)	This audit aimed to establish the quality of documentation and record keeping for diagnostic formulation by completing random spot checks of case notes. The audit aimed to establish documentation and record keeping for diagnostic formulation by completing spot checks of case notes. The purpose was to promote best practice in diagnostic formulation and for it to become a useful tool for all clinicians dealing with complex psychopathology. The audit showed that patient notes regarding diagnostic formulation are being kept in reasonably good order, with staff having a good understanding of its importance in determining the right course of patient care. Action: An action plan is in development.
20	JD/QIP - Improving vital signs monitoring in an acute adult inpatient ward (3129)	The audit aimed to implement changes in the way that doctors requested the vital signs from the nursing staff on Rose Ward, with a plan to improve the compliance. The audit found that vital signs monitoring does need improvement on the ward. However, the use of NEWS charts has a good impact in monitoring vital signs and is used as part of the management of patient care. Effective use of NEWS on wards is frequently audited throughout the Trust. Action: Action plan to be incorporated as part of deteriorating patient work stream.
21	Audit of anti-infective prescribing on BHFT inpatient wards (Antibiotics) (2016) (3078)	This audit was a re-audit and part of the Quality Schedule for 2015/16 The last Trust wide antimicrobial audit was performed across all inpatient settings in February 2015 as part of the annual audit programme. The results demonstrated significant improvements in 3 of out of the 8 quality standards. These improvements were possible because of the opportunities that the successful bid made to the Patient Safety Federation enabled. The re-audit looked at whether relevant cultures were being taken, if drug charts recorded drug allergies, the route of administration, the dose and frequency of the drug, the stated course length and the indication and if treatment prescribed was in line with Trust guidelines. The re-audit confirmed that some improvements had been made since the previous audit. However, some improvements are still required. Action: An action plan specific to this audit is in development, but will be part of the overall Trust strategy in this area.
22	Infection Control - Sharps Management (2998)	The purpose of the audit was to identify whether sharps are handled safely to prevent the risk of needle stick injury; to assess practice and the correct use and management of sharps equipment; to assess staff knowledge relating to the management of an inoculation injury; to ascertain the current level of compliance with Health and Safety Legislation across the Trust. Overall compliance with safe handling and disposal of sharps showed improvements in compliance following the 2014-15 audit. Action: The audit report has been disseminated to all department and ward managers in accordance with the BHFT IPCT annual audit programme. The actions identified from the audit are to be addressed to resolve areas of non-compliance and that the service shows it is working towards completing the relevant requirements.

	Audit Title	Conclusion/Actions
23	School Nursing RK Assessment Audit (3284)	Good record keeping is an integral part of clinical practice and is essential to the provision of safe and effective care. This audit has been undertaken as part of BHFT School Nursing Sub Group following the implementation of new assessment templates across all six localities. The re-audit was undertaken following the recommendation that the assessment form has been modified to ensure all data is captured. Overall the re-audit showed a high standard of record keeping for school nursing assessments, and showed a vast improvement in weak areas identified from the previous audit. The audit recommended that staff seek to improve the structure and flow of the assessments, to enable effective and timely completion; the building of the assessments into RiO is undertaken and training is provided on analysis of assessment information. Action: An agreed action plan has been put into place, incorporating feedback on structure of assessments, and use of RiO.
24	Consent to ECT Re-audit (3151)	The aim of the audit was to ensure that BHFT ECT Department complied with national guidelines for compliance to consent for ECT and to ensure all patients' had a robust capacity assessment with relevant documentation prior to ECT to ensure the consent was valid. The achievement of 100% in all but one of the entire audit criteria indicate that all staff involved in ECT are familiar with the consent to ECT procedure and complying with the policy. Action: No further action is required.
25	Infection Control: Enteral Feeding Community Patients (3276)	The aim of the audit was to assess the enteral feeding practices, of enterally fed adult patients, where this aspect of care was undertaken by either the patient or a carer, against pre-agreed standards. The audit was undertaken for patients who reside either in their own home or in a long term care facility. The total compliance for individual patient varied from 67% to 100%. Full compliance was achieved for 4 out of the total 16 standards that were measured. Other standards that did not fully achieve 100% compliance related to hand washing, maintenance of syringes, non-touch technique, training and provision of written information on care of the feed. Action: A number of agreed actions have been proposed for discussion within the Nutrition and Dietetics team. These include policy updates, training, and checklists for patients and carers.
26	Preceptorship - good to outstanding (3321)	The Trust is fully committed to ensuring that every newly registered nurse, social worker or allied health professional commencing employment within the organisation has access to the comprehensive preceptorship programme. The aim of the audit was to formalise the existing preceptorship programme and to ensure the Trusts commitment to newly registered professionals is valued by achieving 100% take up across all disciplines. The key points recommended were to increase the number of preceptees following clinical practice educator involvement; develop a plan to improve capture of data for audit purposes and to ensure that the Trust preceptorship policy is being adhered to. Action: Changes have been implemented as part of the project to formalise the preceptorship programme.
27	Bed side blood transfusion practice (3356)	This re audit was undertaken during July 2016 as part of the 2016 bed side audit action plan in the infusion clinics which are held in Newbury, Wokingham and Maidenhead. The Trust achieved 100% compliance for the criterion of recording Temp/RR/P/BP pre transfusion, within 15 minutes and at the end of transfusion and 95% for recording NEWS score. Action: No further action required.
28	ECT clinical Global impression scale survey (3152)	The aim of the audit was to evaluate the ECT treatment using CGI (Clinical Global Impression), as the outcome measure in order to gather evidence to support continued use of the ECT service. This was the fifth year that the survey was repeated. The survey found that using the CGI-Efficacy Index as the post ECT CGI showed 96% of patients showed clinical improvement. Action: No further action is required as part of this evaluation.

	Audit Title	Conclusion/Actions
29	Audit of Safeguarding response to alleged sexual assault/inappropriate behaviour on Mental Health Inpatient Wards (2957)	The purpose of the audit is to ascertain if appropriate risk triangulation between Care Plans/Risk Management Plans, Progress Notes and Risk Assessments in accordance with the Trusts' safeguarding policy has been made following increase of incidents of 'sexual behaviour.' The audit has enhanced the awareness by clinical and non-clinical staff of safeguarding incidents and associated risks and enabled actions to be implemented to ensure improvements. The audit has resulted in a standard operating procedure for staff being developed. Named professional working more closely with Prospect Park Hospital, spending a minimum of one day per week on site, assisting with Safeguarding and ensuring appropriate actions are being taken to safeguarding patients.
30	The quality of referrals to WAM memory clinic (3173)	The purpose of the audit was to assess the quality of the GP referrals sent to the memory services specifically the WAM memory clinic against the standards set by NICE guidelines. The aim of the audit was also to help to understand whether the current referrals are in line with the local guidelines. The audit included all GP referrals to the WAM memory clinic from October to December 2015. This clinical audit served to demonstrate that there are weaknesses in the quality of the GP referral letters sent to the WAM memory clinic. By improving the quality of the GP referrals, it will help the memory clinic to prioritize the patients and ultimately provide them with a good management plan in adequate time.
31	Young people's transitions to adult services (BHFT CQUIN, 2016); re-audit of patient experiences. (3177)	This project was undertaken as part of the 2015/16 CQUIN Programme. The aim of the BHFT's CQUIN 2015/16 was to improve young people's transitions in care from BHFT-wide children's services (mental and physical health) to secondary care adult services. Services covered by the CQUIN include CAMHS Pathways and Specialist Community Teams, including the Berkshire Adolescent Service, in addition to Specialist Children's Services (SCS), which includes CYPIT, Specialist School's Nurses, Community Nurses and Community Paediatrics. The results exceed the 10% increase requirement set for overall satisfaction. There is a plan to communicate the outcome of the CQUIN across all BHFT children's services and encourage them to explore in-service initiatives to better the experiences of their service users during transition.
32	Audit of the usefulness and quality of brain scan reports in the Wokingham Memory Clinic (3175)	The aim of the audit was to measure the percentage of people with suspected dementia who have access to a scan and what type they receive, and to consider the added value that scans offer to diagnostic accuracy. The information from the audit will be used to inform a pilot with the AHSN to introduce a Neuroreader to enhance the accuracy and detail of scan reports.
33	Clinical Audit of the NICE and Triage Guidelines for the Eating Disorders Service at the Berkshire Adolescent Unit (2988)	The purpose of the audit was to evaluate the Berkshire Adolescent Unit's Eating Disorders' service adherence to NICE clinical guidelines for the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders. The information gained from the audit will be used to guide the development of a new eating disorder pathway within BHFT.
34	A study to evaluate the effectiveness and use of the Solihull Approach by Health Visiting teams (3082)	This audit was a University student project. The aim of this study was to investigate the impact for practice for Health Visiting staff using the 'Solihull Approach.' This was introduced as mandatory training for all Health visiting teams within BHFT. The project aimed to evaluate the perceived benefits and if there were any challenges of using this method. Additionally, the study aimed to find out what were the reasons if practice had not changed and how could the 'Solihull Approach' be better embedded into practice. Overall, staff found that using the 'Solihull Approach' positive as a new skill in helping to facilitate therapeutic relationships with patients.
35	National BHIVA audit 2015: Routine monitoring of adults with HIV infection (2886)	This audit is part of the British HIV Association (BHIVA) National audit programme. Although it is a national audit, it is not on an NCAPOP audit, nor is it on the national quality accounts list. The aim of the audit was to measure adherence to BHIVA guidelines for routine investigation and monitoring of adult HIV-1-infected individuals 2011 and where relevant, immunisation guidelines. The audit achieved good participation and highlighted good practice in some areas. It was noted some findings may reflect issues of recording and reporting especially in relation to care provided outside the HIV specialist service itself.

	Audit Title	Conclusion/Actions
36	BASHH National Clinical Audit 2016: Sexual health screening and risk assessment (3280)	This audit was part of the British Association for Sexual Health & HIV (BASHH) National audit programme. Although it is a national audit, it is not on an NCAPOP audit, nor is it on the national quality accounts list. The aims of this audit were to enable quality improvement in relation to: Preventing late HIV diagnosis and achieving the STI Management Standards (STIMS) target of 97% offer and 80% uptake for HIV testing in GUM. Improving risk assessment and management, including alcohol/drug use. Clinical services are recommended to review and develop systems to prompt both performance and recording of recommended interventions. Thus the national findings will be incorporated into a local review of the clinical services.
37	Diabetes Audit (Slough Walk-in Centre) 2016 (3389)	This is a local Slough Walk-in-Centre audit of adult patients with diabetes (type 1 and type 2). The audit aimed to measure the quality of care, using standards of best practice as set out in NICE guidance and NICE quality standards. Data was collected on one given day in October 2016. Many actions have been implemented since the national audit and others are still being put in place. Most improvement seems to have occurred with type 2 patients and most decline with type 1 patients. Work continues to implement actions following the previous national audit.
38	Audit of the quality of child protection conference reports (3301)	This audit is being undertaken to assess the effectiveness of the template in enabling staff to consistently produce good quality reports which enable professionals to recognise any risks to the child which need to be addressed as part of the Child Protection plan. A number of different elements of this pathway were included in this audit. A new case conference report template on BHFT RIO electronic record system will be helpful and save time in particular with uploading the document to the child/ren's RIO health record.
39	Re audit on the management of under 18 year olds in the integrated sexual health service. (3178)	Sexual Health services are seeing more and more young people attend clinic for sexual health needs .This age group is vulnerable and has complex needs. There is a high incidence of grooming and CSE in Berkshire. Young people need to be able to access sexual health services in order to prevent diagnose and treat sexually transmitted infections and gain advice to protect against unintended pregnancy.
40	Capacity and consent of individuals with suspected memory impairment in Newbury Memory Clinic (3134)	This audit and re-audit was undertaken to improve the process of measuring capacity and gaining consent from patients prior to their dementia assessment due to staff anxieties about pre-assessment counselling. Undertaking these audits has brought to the attention of memory clinic staff the importance of good engagement with patients and their carer/family and whilst much improvement can still be made, some increase in compliance to standards has already been achieved. Clinicians aim to continue meeting regularly to share learning and find ways to increase engagement.
41	Intravascular access/therapy audit (3099)	This audit is part of IPCT's annual audit programme. The risk of CR-BSI is greatly reduced by complying with all parts of the process for safe catheter insertion, maintenance and removal as soon as it is no longer needed. NICE quality standard 61 (2014) consists of a prioritised set of specific, concise and measurable statements drawn from the guidance. The audit of the vascular access devices demonstrated excellent results achieving 100% compliance with all criteria of safe insertion, maintenance and removal of devices as per the BHFT policy and NICE guidance.
42	NICE Quality Standard Service Improvement Audit (3406)	This project details the findings on review of one of these Quality standards- QS63- Delirium. This particular Quality Standard was chosen by the CEG for assessment as it was considered a high priority to the trust due to all of the Quality Statements being relevant to all inpatient wards (physical health, mental health and learning disabilities). Overall, the group saw this as a useful example of how a Quality Standard could be measured, but agreed that this particular case could not be used for full assurance due to the small sample size compared with the size of the potential population.

	Audit Title	Conclusion/Actions
43	Metabolic monitoring in psychoses (2751)	This project was undertaken to increase documentation and monitoring of key cardio metabolic parameters for patients with severe and enduring mental illness. This is important in helping ensure the long term wellbeing of patients' physical health and is also the topic of a national CQUIN. Metabolic monitoring is currently the focus of a MH CQUIN, and much work has been done to implement an electronic form to help increase compliance. It's encouraging that Orchid Ward trialled a form to increase compliance. However, this will now be superseded by a Trust wide e-form.
44	Re-audit of Clinical Practice Standards: Formulation, HoNOS-LD and RiO Progress Notes for the LD Psychology Service (3233)	This is a re-audit of ID 2060, reviewing clinical practice standards identified within the Psychology Service related to the routine practice of communicating formulations, using the HoNOs-LD as an outcome measure and recording consent and risk within RiO progress notes. These standards have been identified as good practice as well as safety for the client. A procedure to improve compliance with using the HoNOS-LD routinely for all cases involving an intervention is being discussed.
45	Annual Service Report and Evaluation for the Psychology Service for People with Learning Disabilities (3234)	This annual service evaluation is useful to gauge the number of referrals to the service, how they're spread across Berkshire, whether referral priority rating operates as expected. It also measures waiting times, and outcome measures. This data provides a useful comparison between each year. This evaluation has enabled a review of the service and identified ways in which staff can increase quality of practice, including increased use of HONOS-LD as an outcome measure, amending the list of referral reasons to ensure it is accurate.
46	Audit the quality of GP referrals using 'Adult Mental Health Services Referral Form'. (3300)	The Common Point of Entry was first established in 2011 to provide an assessment and triage service for Adult Mental Health services in Berkshire. A gradual increase in referrals has meant an increased demand on treatment resources and services. Therefore the purpose of this audit was to establish how our principal referring group formulate referrals to the service. With the aim to improve the quality of referrals received into secondary care to improve patient care. Effectively managing the number of referrals received into CPE, ensures that clients are assessed and assigned to the most appropriate care pathway in a timely fashion.
47	Accident & Emergency Referral Response Time (3391)	Recent Royal College of Psychiatry (CR183 and the Strategic Clinical Network for Mental Health Guidelines for Liaison Psychiatry Services in acute hospital suggest that medically fit patients with psychiatric complaints should be assessed within 1 hour. The local authority has set a target of 90% of referrals being seen within 1 hour during service hours. Similarly for children and adolescents the response time has been set at < 4 hours owing to the requirement for specialty review. We aim to audit the local practice of our team. Our key recommendations pertain to capturing more and better quality data in order to enhance our understanding of the reasons of not seeing patients within the recommended targets. The better quality data will help us ultimately apply for more funding to restructure the service if resources are the main reason behind not meeting the targets.
48	Developed Pressure Ulcers Evaluation 2016 (3451)	The purpose of this retrospective audit is to explore the incidence of reported developed pressure ulcers and compare with the previous year's data. This will demonstrate areas that have demonstrated improvement and any gaps to be addressed ensuring a focus for improvement. Generally the reduction in numbers of pressure ulcers has been very positive across all localities although in different aspects, either reduction in proportion of 3s and 4s or overall. With the numbers reducing to a more manageable figure, it is recommended that each avoidable developed category 3 or 4 pressure ulcer incident is reviewed through a learning summit with the ward/community team to identify root cause learning, themes and identify improvement for changes in practice.

	Audit Title	Conclusion/Actions
49	Evaluation of screening questionnaires used by CAMHS ASD Diagnostic Team (2015) (2679)	This project was undertaken due to accurate screening procedures being imperative to ensure that valid information is available to clinicians making diagnoses, and to prevent needless waiting for children for whom an ASD assessment is unnecessary. The findings support research advocating the use of the SCQ as the best clinical screening tool, but challenge previous findings that report a male-bias in ASD diagnostic tools. Screening measures remain an inadequately studied aspect of the diagnostic process, warranting future research.
50	JD/QIP - Audit of Physical Health Monitoring amongst Patients taking Antipsychotics in South Reading CMHT (3172)	The aim of this audit was to determine the level of compliance with the NICE guidelines (CG178) and Lester UK adaptation of the positive cardio-metabolic health resource guidance on the monitoring of physical health parameters for patients on anti-psychotic medication in the Reading South CMHT. The risk parameters used in this audit were those identified by the positive cardio-metabolic health resource (2014), which are smoking status, lifestyle, BMI, blood pressure, Glucose regulation and blood lipids. Undertaking this audit will have brought this subject to the attention of clinicians in Reading CMHT which may help reminder staff of the need for monitoring. This topic is now the focus of a MH CQUIN, and much work is being done, including an e-form to increase documentation.
51	Talking Health and CARRS Team Audit on Improving Psychological Care for depression in patients with COPD (3340)	The aim of this audit was to improve the quality of psychological care for depression in patients with COPD. This was a retrospective audit of all patients, 13 in total, diagnosed with COPD living in the Reading area assessed by CARRS in July 2016. It is clear that a joint working model increases chances in identifying depression in patients with COPD sooner. However it is also evident that the model needs to be adjusted to improve processes for patients who are identified as possibly experiencing depression. The CARRS and TH Teams will aim to investigate ways to further improve the current model and re-audit to assess the impact the changes make.
52	Use and quality of the mental capacity act on adult physical and mental health inpatient units (3480)	This audit was completed for the purposes of the quality schedule. An audit was undertaken at the end of Q3 to assess where services are at in regards to undertaking mental capacity assessments. Significant work has been undertaken over the past 6 months to develop the mental capacity assessment form, implement a champion system on the community wards as well as a revamp of the training. It is apparent that further work is required to embed this practice.
53	Hand Hygiene Facilities Audit (Podiatry departments) (3273)	The key aims of this audit are to establish if hand washing facilities within eleven Podiatry area comply with national standards. In total 24 hand wash basins were audited for compliance which was measured against the audit tool. Of the 11 areas audited all had a dedicated hand wash basin were it was required. All departments achieved 100% for displaying promotional hand hygiene posters and providing alcohol hand rub dispensers at the point of care.
54	JD/QIP - Advice given on driving for patients with Dementia (3361)	This audit was completed by a junior doctor as part of their training programme. Data was collected retrospectively from a period of February 2016 to July 2016. The previously implemented requirement to complete specialist assessment form (SAP) which incorporates the question about driving status and discussion about its implications, is an excellent reminder for the clinicians for inquiring about the driving status.
55	Policy Audit of PGD use by Peer Vaccinators for the 2016 staff influenza vaccination campaign (3477)	The purpose of this audit is to examine the use of the influenza vaccination PGD used by peer vaccinators to administer the vaccine to Berkshire Healthcare staff as part of the annual flu vaccination campaign. Data was collected between October and December 2016 across multiple sites by multiple vaccinators from consent forms. The overall outcome of this audit was very positive in terms of enabling an increase in the number of staff being vaccinated.

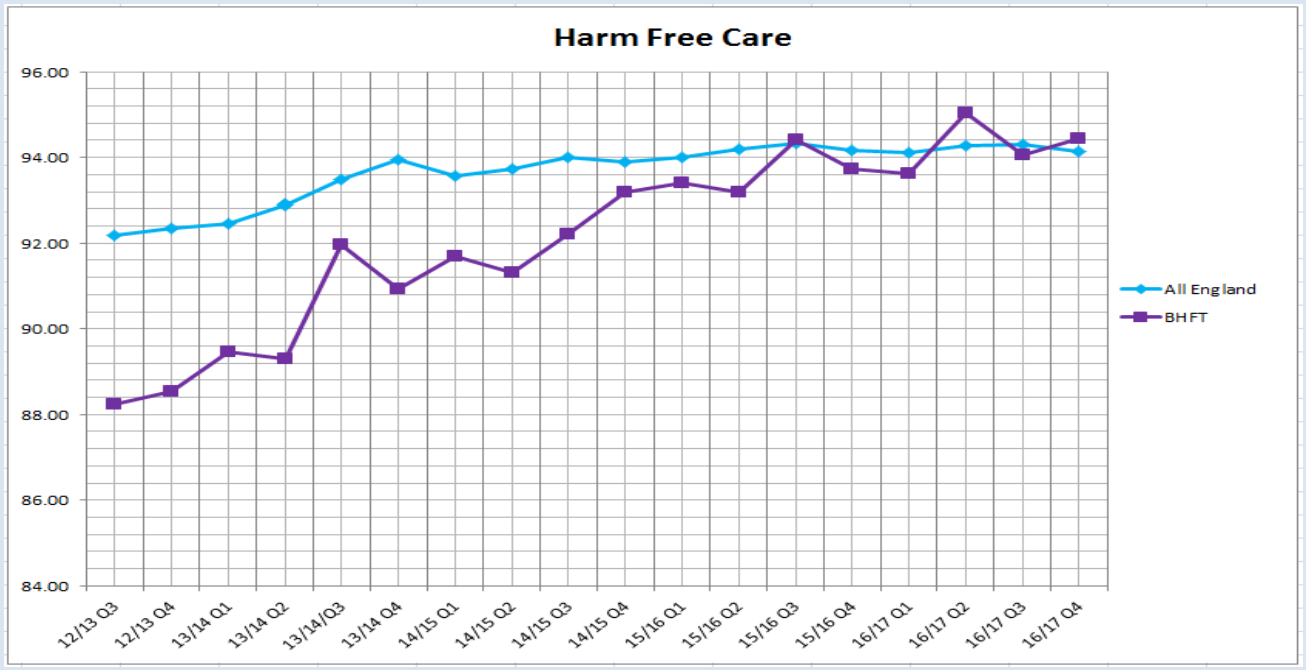
	Audit Title	Conclusion/Actions
56	JD/QIP - MDT documentation in Prospect Park Hospital acute ward (3290)	This audit was completed by a junior doctor as part of their training programme. MDT documentation forms an integral part of patient care and management and it's therefore vital that it's accurate and complete. However, it varies across wards, with different templates used, the documentation may be incomplete and not validated. The objective of this audit is to assess the current practice of MDT documentation in order to analyse what improvements can be made. Patients selected were those who were admitted between 10th and 20th of June 2016, looking back at their most recent MDT meeting. This audit has been useful in highlighting practice regarding use of MDT templates. Whilst a form is now available on RiO, staff will still need to be made aware of the importance of completing MDT forms with as many disciplines as possible attending and contributing to make the MDT meeting meaningful. A potential risk exists of poor patient management or significant events if the MDT meetings are not utilised effectively or documented accurately. Ward managers or consultants in charge need to take a lead in implementing a standardised MDT template as well as ensuring complete documentation.
57	What are the common themes being expressed in relation to the use of antidepressants and lithium in pregnancy? (3131)	This project was completed as an Mpharm final year student project. Aim: The aim of the study is to investigate how the dilemmas presented by women taking antidepressants or lithium for mental health conditions during the perinatal period are expressed, in an effort to correct mistaken beliefs in due course. This project was valuable in highlighting the dilemmas faced by pregnant women in making medication choices. It may now be useful to examine the responses provided by BHFT MI to enquiries, and the sources used in order to further improve quality of service.

Appendix D Safety Thermometer Charts

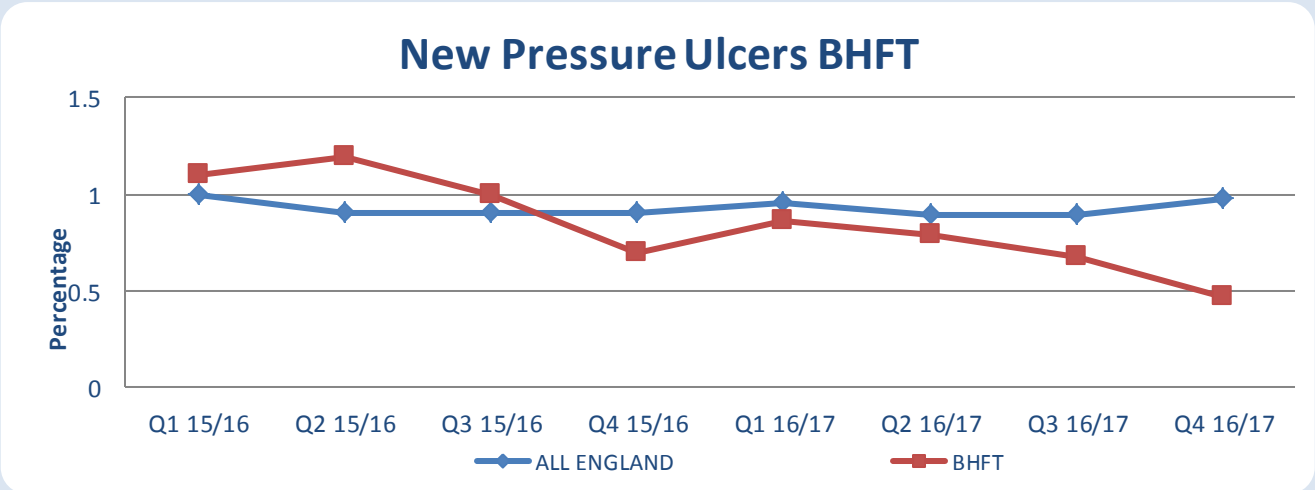
ⓘ Developed for the NHS by the NHS as a point of care survey instrument, the NHS Safety Thermometer provides a 'temperature check' on harm, that can be used alongside other measures of harm to measure local and system progress in providing a care environment free of harm for our patients. It allows teams to measure harm and the proportion of patients that are 'harm free'

When interpreting the charts below, it should be noted that this Safety Thermometer data does not show the total number of each type of harm for the Trust, but only those that are recorded at a specific point in time each month.

The figure below shows the percentage of harm-free care reported on the patient safety thermometer. Berkshire Healthcare NHS Foundation Trust has increased harm free care in Q4 of 2016/17 to 94.45 from 94.07% in Q3. This shows us above the all England Q4 percentage of 94.13; these harms include those inherited to the Trust which are largely beyond our influence.



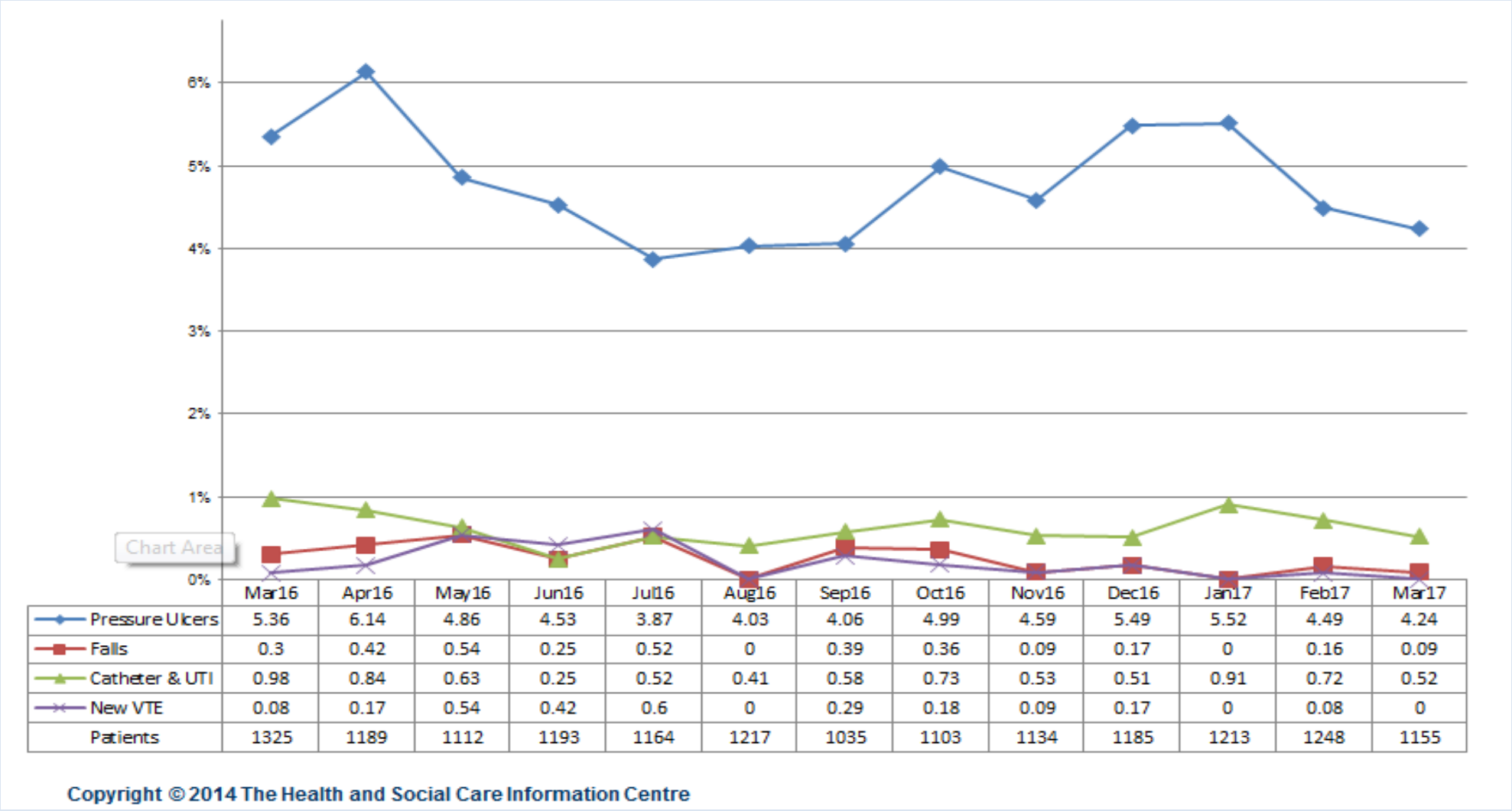
Source: Trust Safety Thermometer Reports



Source: Trust Figure- Safety thermometer, All England Figure- HSCIC Pressure Ulcer Reports

Types of harm

The chart below splits the types of harms across the whole organisation. Pressure ulcers remain the highest harm based on safety thermometer data.



	Mar16	Apr16	May16	Jun16	Jul16	Aug16	Sep16	Oct16	Nov16	Dec16	Jan17	Feb17	Mar17
Pressure Ulcers	5.36	6.14	4.86	4.53	3.87	4.03	4.06	4.99	4.59	5.49	5.52	4.49	4.24
Falls	0.3	0.42	0.54	0.25	0.52	0	0.39	0.36	0.09	0.17	0	0.16	0.09
Catheter & UTI	0.98	0.84	0.63	0.25	0.52	0.41	0.58	0.73	0.53	0.51	0.91	0.72	0.52
New VTE	0.08	0.17	0.54	0.42	0.6	0	0.29	0.18	0.09	0.17	0	0.08	0
Patients	1325	1189	1112	1193	1164	1217	1035	1103	1134	1185	1213	1248	1155

Source- Safety Thermometer

Appendix E CQUIN Achievement 2016/17 (anticipated)

East Berkshire

Indicator Number	Indicator Name	Description of indicator	East Total Value (£)
National 1a	Introduction of Health and Wellbeing Initiatives	Introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues. Providers should develop a plan and ensure the implementation against this plan. This plan will be subject to peer review. This should cover the following three areas; a) Introducing a range of physical activity schemes for staff. Providers would be expected to offer physical activity schemes with an emphasis on promoting active travel, building physical activity into working hours and reducing sedentary behaviour. They could also introduce physical activity sessions for staff which could include a range of physical activities such as; team sports, fitness classes, running clubs and team challenges. b) Improving access to physiotherapy services for staff. A fast track physiotherapy service for staff suffering from musculoskeletal (MSK) issues to ensure staff who are referred via GPs or Occupational Health can access it in a timely manner without delay; and c) Introducing a range of mental health initiatives for staff. Providers would be expected to offer support to staff such as, but not restricted to; stress management courses, line management training, mindfulness courses, counselling services including sleep counselling and mental health first aid training.	161,584
National 1b	Healthy Food for NHS Staff, Visitors and Patients	Part a Providers will be expected achieve a step-change in the health of the food offered on their premises in 2016/17, including: a. The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS)1. The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets; b. The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS); c. The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and d. Ensuring that healthy options are available at any point including for those staff working night shifts. Applies to BHFT sites where the Trust influence procurement – on other sites we will demonstrate engagement CQUIN funds will be paid on delivering the four outcomes above. In many cases providers will be able to achieve these objectives by renegotiating or adjusting existing contracts. Part b Providers will also be expected to submit national data collection returns by July based on existing contracts with food and drink suppliers. This will cover any contracts covering restaurants, cafés, shops, food trolleys and vending machines or any other outlet that serves food and drink. The data collected will include the following; the name of the franchise holder, food supplier, type of outlet, start and end dates of existing contracts, remaining length of time on existing contract, value of contract and any other relevant contract clauses. It should also include any available data on sales volumes of sugar sweetened beverages (SSBs)	161,584

Indicator Number	Indicator Name	Description of indicator	East Total Value (£)
National 1c	Improving the uptake of flu vaccinations for clinical staff	Achieving an uptake of flu vaccinations by frontline clinical staff of 65%	161,584
National 3a	Cardio Metabolic	To demonstrate Cardio metabolic Assessment and Treatment for Patients with Psychoses in the following areas: a) Inpatient Wards b) Early Intervention Psychosis Services c) Community Mental Health Services (Patients on CPA)	129,267
National 3b	Communication with GP (CPA)	90% of patients to have either an updated CPA i.e. a care programme approach care plan or a comprehensive discharge summary shared with the GP. A local audit of communications should be completed.	32,317
Local	End of Life	Identifying patients in the last year of life is clinically complex. It is recognised that approximately 1% of a GP practice lists are likely to be in the last year of life (ONS 2012). Recognising these patients supports advance care planning and meeting patients' wishes. Patients who are in their last year of life and on the GP End of Life Register can struggle to know what the appropriate service is when they enter a crisis. BHFT services (District Nurses, Specialist Nurses, Community Matrons, & Inpatients) are often in a position to raise with GPs the possibility that the patients on their caseloads may be entering the last year of life to support GP Practices maintaining an up to date End of Life register. When patients have been identified as potentially in the last year of life following a conversation between the GP and the patient and with the patients consent these patients will be flagged as EOL within BHFT RIO system, additionally in Berkshire West patients will be referred to the Palliative Care Hub (final name to be agreed.) These identified patients will be encouraged to contact the BHFT Health hub as a first point of contact 24 /7. The health Hub will undertake initial triage, identify the key issues and either liaise with the appropriate BHFT service or signpost to the most appropriate partner organisations.	415,486
Local	Dual Diagnosis	BHFT is seeing an increase in numbers and complexity of patients where substance and alcohol misuse is a significant part of the presentation. Substance misuse amongst individuals with mental illness has been associated with significantly poorer outcomes including: • Worsening mental health • Increased incidents of suicide • Increased rates of violence and homicide • Increased use of in-patient services • Poor medication adherence • Homelessness • Increased risk of HIV, Hepatitis infection • Poor social outcomes including impact on carers and family • Contact with the criminal justice system. In recent years, various agencies and interested parties have sought to improve treatment provision for this population at a local and National level and new guidance from NICE is expected in May 2016. CMHTs have made considerable efforts to improve partnership working with DAAT commissioned providers in localities, and continue to work on initiatives to promote joint working. CMHTs have taken steps to improve expertise and have developed the role of link workers and champions from within existing resources. Engagement in assessment and interventions has been identified as a significant barrier to achieve positive outcomes with these patients. Feedback from CMHT clinicians has indicated the limitations of existing assessments and profiling tools to support engagement and outcomes for this client group, and teams welcome the introduction of a tool to support practice, and training to enhance skills. It is	324,491

		proposed that systematic use of an evidence based tool will improve the proactive clinical management of CPA patients with dual diagnosis (cluster 16) under the care of CMHT, with the aim of enhancing assessment and care plan review, ensuring needs and risks are identified, and improving outcomes. Training for staff to improve dual diagnosis practice, and to provide skills in use of a profiling tool with this client group improve engagement and provide focus to the assessment and intervention. The CQUIN includes identification of an appropriate profile tool, development and delivery of training, application of the selected tool to identified patient cohort to improve engagement, monitoring of progress and outcomes. In order to enhance interface working with DAAT services, the completed tool will be shared wherever applicable with the local provider service, to further enhance joint working, improve engagement with provider services and improve outcomes. Training module will be worked up as part of the CQuIN and will cover relevant areas to equip staff with the skills, attitudes, and tools to manage and coordinate the care for this group of patients, as well as equipping them in use of outcome measure (e.g. Maudsley Addiction Profile / TOPS or other evidence based tool – this is to be confirmed as part of the CQUIN) Preparatory work in 15-16: Calculate baseline (numerator and denominator) (expected to be approx. 100 cluster 16 based on Q4 snapshot)	
Local	Failure to Return from Agreed Leave	At any time within the Inpatient Service, patients will leave the ward with permission for various activities to be undertaken off site. This may be escorted if clinical need dictates but more often unescorted following agreement by the MDT that a patient may utilise unescorted leave. Since the smoking ban came into force on 1st October 2015 the amount of unescorted leave being granted to patients will have increased as a large proportion of inpatients will be smokers. The Failure to Return from Agreed Leave indicator (FTR) is designed to improve patient safety by ensuring staff are aware of patients' movements and more importantly when they fail to return from an agreed leave period. For the purpose of the FTR indicator any inpatient, detained or informal, who fails to return later than 10 minutes over the leave period that was agreed and documented by ward staff, and who has not made contact with the ward to agree a later return time, will have a DATIX (incident) form raised to capture the breach. Weekly internally audit will analyse and process data of improvement and be reported on a quarterly basis. NOTE: By formulising the requirement for reporting all FTR on DATIX there is a risk that the number of incidents reported from Q2 will increase. However, this should still be seen as an indicator of improving patient safety secondary to the data collection and remedial clinical action that would be required thereafter.	229,526

West Berkshire

Indicator Number	Indicator Name	Description of indicator	West Total Value (£)
National 1a	Introduction of Health and Wellbeing Initiatives	Introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues. Providers should develop a plan and ensure the implementation against this plan. This plan will be subject to peer review (further guidance will be issue on the peer review aspect in the next 4-6 weeks). This should cover the following three areas; a) Introducing a range of physical activity schemes for staff. Providers would be expected to offer physical activity schemes with an emphasis on promoting active travel, building physical activity into working hours and reducing sedentary behaviour. They could also introduce physical activity sessions for staff which could include a range of physical activities such as; team sports, fitness classes, running clubs and team challenges. b) Improving access to physiotherapy services for staff. A fast track physiotherapy service for staff suffering from musculoskeletal (MSK) issues to ensure staff who are referred via GPs or Occupational Health can access it in a timely manner without delay; and c) Introducing a range of mental health initiatives for staff. Providers would be expected to offer support to staff such as, but not restricted to; stress management courses, line management training, mindfulness courses, counselling services including sleep counselling and mental health first aid training.	233,235
National 1b	Healthy Food for NHS Staff, Visitors and Patients	Part a Providers will be expected achieve a step-change in the health of the food offered on their premises in 2016/17, including: a. The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS)1. The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets; b. The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS); c. The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and d. Ensuring that healthy options are available at any point including for those staff working night shifts. Applies to BHFT sites where the Trust influence procurement – on other sites we will demonstrate engagement CQUIN funds will be paid on delivering the four outcomes above. In many cases providers will be able to achieve these objectives by renegotiating or adjusting existing contracts. Part b Providers will also be expected to submit national data collection returns by July based on existing contracts with food and drink suppliers. This will cover any contracts covering restaurants, cafés, shops, food trolleys and vending machines or any other outlet that serves food and drink. The data collected will include the following; the name of the franchise holder, food supplier, type of outlet, start and end dates of existing contracts, remaining length of time on existing contract, value of contract and any other relevant contract clauses. It should also include any available data on sales volumes of sugar sweetened beverages (SSBs)	233,235

Indicator Number	Indicator Name	Description of indicator	West Total Value (£)
National 1c	Improving the uptake of flu vaccinations for clinical staff	Achieving an uptake of flu vaccinations by frontline clinical staff of 65%	233,235
National 3a	Cardio Metabolic	To demonstrate Cardio metabolic Assessment and Treatment for Patients with Psychoses in the following areas: a) Inpatient Wards b) Early Intervention Psychosis Services c) Community Mental Health Services (Patients on CPA)	186,588
National 3b	Communication with GP (CPA)	90% of patients to have either an updated CPA i.e. a care programme approach care plan or a comprehensive discharge summary shared with the GP. A local audit of communications should be completed.	46,647
Local	End of Life	Identifying patients in the last year of life is clinically complex. It is recognised that approximately 1% of a GP practice lists are likely to be in the last year of life (ONS 2012). Recognising these patients supports advance care planning and meeting patients' wishes. Patients who are in their last year of life and on the GP End of Life Register can struggle to know what the appropriate service is when they enter a crisis. BHFT services (District Nurses, Specialist Nurses, Community Matrons, & Inpatients) are often in a position to raise with GPs the possibility that the patients on their caseloads may be entering the last year of life to support GP Practices maintaining an up to date End of Life register. When patients have been identified as potentially in the last year of life following a conversation between the GP and the patient and with the patients consent these patients will be flagged as EOL within BHFT RIO system, additionally in Berkshire West patients will be referred to the Palliative Care Hub (final name to be agreed.) These identified patients will be encouraged to contact the BHFT Health hub as a first point of contact 24 /7. The health Hub will undertake initial triage, identify the key issues and either liaise with the appropriate BHFT service or signpost to the most appropriate partner organisations.	279,882
Local	Dual Diagnosis	BHFT is seeing an increase in numbers and complexity of patients where substance and alcohol misuse is a significant part of the presentation. Substance misuse amongst individuals with mental illness has been associated with significantly poorer outcomes including: • Worsening mental health • Increased incidents of suicide • Increased rates of violence and homicide • Increased use of in-patient services • Poor medication adherence • Homelessness • Increased risk of HIV, Hepatitis infection • Poor social outcomes including impact on carers and family • Contact with the criminal justice system. In recent years, various agencies and interested parties have sought to improve treatment provision for this population at a local and National level and new guidance from NICE is expected in May 2016. CMHTs have made considerable efforts to improve partnership working with DAAT commissioned providers in localities, and continues to work on initiatives to promote joint working. CMHTs have taken steps to improve expertise and have developed the role of link workers and champions from within existing resources. Engagement in assessment and interventions has been identified as a significant barrier to achieve positive outcomes with these patients. Feedback from CMHT clinicians has indicated the limitations of existing	559,764

		assessments and profiling tools to support engagement and outcomes for this client group, and teams welcome the introduction of a tool to support practice, and training to enhance skills. It is proposed that systematic use of an evidence based tool will improve the proactive clinical management of CPA patients with dual diagnosis (cluster 16) under the care of CMHT, with the aim of enhancing assessment and care plan review, ensuring needs and risks are identified, and improving outcomes. Training for staff to improve dual diagnosis practice, and to provide skills in use of a profiling tool with this client group improve engagement and provide focus to the assessment and intervention. The CQUIN includes identification of an appropriate profile tool, development and delivery of training, application of the selected tool to identified patient cohort to improve engagement, monitoring of progress and outcomes. In order to enhance interface working with DAAT services, the completed tool will be shared wherever applicable with the local provider service, to further enhance joint working, improve engagement with provider services and improve outcomes. Training module will be worked up as part of the CQuIN and will cover relevant areas to equip staff with the skills, attitudes, and tools to manage and coordinate the care for this group of patients, as well as equipping them in use of outcome measure (e.g. Maudsley Addiction Profile / TOPS or other evidence based tool – this is to be confirmed as part of the CQUIN) Preparatory work in 15-16: Calculate baseline (numerator and denominator) (expected to be approx. 100 cluster 16 based on Q4 snapshot)	
Local	Failure to Return from Agreed Leave	At any time within the Inpatient Service, patients will leave the ward with permission for various activities to be undertaken off site. This may be escorted if clinical need dictates but more often unescorted following agreement by the MDT that a patient may utilise unescorted leave. Since the smoking ban came into force on 1st October 2015 the amount of unescorted leave being granted to patients will have increased as a large proportion of inpatients will be smokers. The Failure to Return from Agreed Leave indicator (FTR) is designed to improve patient safety by ensuring staff are aware of patients' movements and more importantly when they fail to return from an agreed leave period. For the purpose of the FTR indicator any inpatient, detained or informal, who fails to return later than 10 minutes over the leave period that was agreed and documented by ward staff, and who has not made contact with the ward to agree a later return time, will have a DATIX (incident) form raised to capture the breach. Weekly internally audit will analyse and process data of improvement and be reported on a quarterly basis. NOTE: By formulising the requirement for reporting all FTR on DATIX there is a risk that the number of incidents reported from Q2 will increase. However, this should still be seen as an indicator of improving patient safety secondary to the data collection and remedial clinical action that would be required thereafter.	559,764

Appendix F- CQUIN 2017-2019

CQUIN Number	CQUIN Indicator Name	Value
CQUIN 1a	Improvement of health and wellbeing of NHS staff	£427,006.40
CQUIN 1b	Healthy food for NHS staff, visitors and patients	
CQUIN 1c	Improving the uptake of flu vaccinations for front line staff within Providers	
CQUIN 3a	Improving physical healthcare to reduce premature mortality in people with SMI: Cardio metabolic assessment and treatment for patients with psychoses	£427,006.40
CQUIN 3b	Improving physical healthcare to reduce premature mortality in people with SMI: Collaborating with primary care clinicians	
CQUIN 4	Improving services for people with mental health needs who present to A&E.	£170, 802.56
CQUIN 5	Transitions out of Children and Young People's Mental Health Services (CYPMHS)	£170,802.56
CQUIN 8b	Supporting Proactive and Safe Discharge – Community Providers	£341,605.12
CQUIN 9a	Tobacco screening	£427,006.40
CQUIN 9b	Tobacco brief advice	
CQUIN 9c	Tobacco referral and medication offer	
CQUIN 9d	Alcohol screening	
CQUIN 9e	Alcohol brief advice or referral	
CQUIN 10	Improving the assessment of wounds	£256, 203.84
CQUIN 11	Personalised Care and Support Planning	£341,605.12

Appendix G- Trust Participation in Royal College of Psychiatrists Quality Improvement Programmes and Accreditation Schemes

Berkshire Healthcare NHS Foundation Trust			
Programmes	**Participating services in the Trust**	**Accreditation Status**	**Number of Services Participating Nationally**
MSNAP: Memory Services National Accreditation Project	Bracknell Memory Clinic	Accredited	107
	OPMH Service Team (Beech Croft Newbury)	Accredited	
	Slough Memory Clinic	Accredited	
	Windsor, Ascot & Maidenhead OPMH Memory Clinic	Accredited	
	Wokingham Memory Clinic	Accredited	
	Reading Memory Clinic	Accredited as excellent	
PLAN: Psychiatric Liaison Accreditation Network	Psychological Medicine Service (Royal Berkshire Hospital)	Accredited	74
QNCC ED: Quality Network for Community CAMHS (Child and Adolescent Community Mental Health Services) Eating Disorders	None	N/A	18
QNLD: Quality Network for Learning Disability Wards	Campion Unit	Not yet assessed	40
QNOAMHS: Quality Network Older Adults Mental Health Services	Orchid Ward	Not accredited	67
	Rowan Ward	Not accredited	

Berkshire Healthcare NHS Foundation Trust			
Programmes	**Participating services in the Trust**	**Accreditation Status**	**Number of Services Participating Nationally**
AIMS-WA: Working Age Adult Wards	Bluebell Ward, Prospect Park Hospital	Accreditation deferred	136
	Snowdrop Ward, Prospect Park Hospital	Accreditation deferred	
	Rose Ward, Prospect Park Hospital	Accredited	
	Daisy Ward, Prospect Park Hospital	Accredited as excellent	
ECTAS: Electro Convulsive Therapy Accreditation Service	Prospect Park (Reading)	Accredited	101
EIP Self-Assessment (English Teams only): EIP Self-Assessment (English Teams only)	Berkshire Early Intervention in Psychosis Service	N/A	153
Perinatal: Perintal In-Patient & Community settings	None	N/A	43
QNCC: Quality Network for Community CAMHS (Child and Adolescent Community Mental Health Services)	None	N/A	32

Berkshire Healthcare NHS Foundation Trust			
Programmes	**Participating services in the Trust**	**Accreditation Status**	**Number of Services Participating Nationally**
QNFMHS: Quality Network for Forensic Mental Health Services	None	N/A	125
QNIC: Quality Network for Inpatient CAMHS (Child and Adolescent Community Mental Health Services)	Berkshire	Participating but not yet undergoing accreditation	127
QNPMHS (Prison): Quality Network for Prison Mental Health Services	None	N/A	40
AIMS PICU: Psychiatric Intensive Care Units	Sorrel Ward	Accreditation deferred	38
AIMS Rehab: Rehabilitation Wards	None	N/A	65
HTAS: Home Treatment Accreditation Service	Berkshire East Crisis Resolution Home Treatment Team	Accredited	49
QED: Quality Network for Eating Disorder Services	None	N/A	32
APPTS: Accreditation Project for Psychological Therapy Services	IAPT - Talking Therapies, Berkshire	Not yet assessed	22
CofC: Community of Communities	Slough Embrace	Participating but not yet undergoing accreditation	8

Berkshire Healthcare NHS Foundation Trust			
Programmes	**Participating services in the Trust**	**Accreditation Status**	**Number of Services Participating Nationally**
AIMS-AT: Assessment Triage	None	N/A	5
EIPN: Early Intervention in Psychosis Network	Berkshire Early Intervention in Psychosis Service	Accreditation not offered by this network	5
QNLD : Quality Network for Learning Disability Wards	None	N/A	1
ACOMHS: Accreditation for Community Mental Health Services	None	N/A	12
Prescribing Observatory for Mental Health (POMH)	**The Trust is Participating in the following Quality Improvement Programmes (QIP)**		
POMH	QIP 16a: Rapid tranquilisation		
POMH	QIP 7e: Monitoring of patients prescribed lithium		
POMH	QIP11c: Prescribing antipsychotics in people with dementia		

Appendix H- Statements from Stakeholders

Berkshire Healthcare NHS Foundation Trust – Quality Account 2017
Response from the Council of Governors of the Trust

These comments are based on the Quality Account for the third quarter presented at meeting of the Council of Governors for the Trust on the 22nd March 2017. This summary is prepared by the Lead Governor, Paul Myerscough.

It was noted that the report presented in the meeting was very much better that prior versions. The structure and readability has been improved dramatically by working in consultation with governors, and although the measures reported are the same the new format provides greater transparency for the audience. This was reflected by a reduced number of questions of clarification by governors during the presentation.

The governors feel that, as far as they can tell, the results shown in the report reflect the actual performance of the Trust.

The governors were pleased to understand the Trust has set targets to improve the response rate for feedback on services. Although the response rate for Friends and Family test is comparable to other NHS Trusts, the levels at 5% for Community Health & 9% for Mental Health services is far too low to be of value in service improvement exercises.

Following a request for further comments several governors have responded:

1. Presentation. Some of the sections in the report have many subsidiary paragraphs. More consideration could be given to the sequence of this text which could reflect location, or team, etc.

2. Staff matters. Several governors felt that the Staff Survey figures highlighted areas for attention and concern, in particular the number of staff unwell through work related stress.

3. Breakdown of figures. Different governors have different interests. Those focussing on children and young people would like feedback on this grouping – in terms of satisfaction, or outcomes. Figure 38 could provide a framework for this. Some feel the distinction between mental health and community health warrants the separation of these services.

4. Complaints. The number of formal complaints is low, which means that as a quality measure we should focus more on informal complaints or comments. This would provide better information for organisational learning and service improvement.

5. Other points. A complete list of points raised by governors and sent to the Lead Governor has been forwarded to the team preparing the report for their consideration.

Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes the feedback from Berkshire Healthcare NHS Foundation Council of Governors. Members of the Council have contributed their views throughout the development of the account which we have listened to and are pleased that this is reflected in the positive comments regarding readability and transparency.

The results of the staff survey are an indicator of quality, positive staff experience plays an important part not only in staff welfare, but also in helping to maintain and improve on patient safety and experience. The percentage of staff feeling unwell due to work related stress has improved since the last survey and we will continue to work to improve and maintain this.

Commissioners Response – BHFT QUALITY ACCOUNT 2016/17

Prepared on behalf of Bracknell and Ascot CCG; Newbury & District CCG; North and West Reading CCG; Slough CCG; South Reading CCG; Windsor, Ascot and Maidenhead CCG and Wokingham CCG.

Statement

The Clinical Commissioning Groups (CCGs) are providing a response to the Quality Account for Quarter 3 2016/17 submitted by Berkshire Healthcare Foundation Trust (BHFT.)

The Quality Account provides information and a review of the performance of the Trust against quality improvement priorities set for the year 2016/17 and gives an overview of the quality of care provided by the Trust during this period. The priorities for 2017/18 are also detailed in the report and these are;

- quality improvement
- patient experience
- patient safety
- clinical effectiveness
- health promotion.

The CCGs were very pleased to receive the news that the Trust achieved Good overall as a result of the CQC inspection in December 2015 with the report being published in April 2016. It was positive to see that the community-based mental health services for older people received an outstanding rating, and that End of Life care received an outstanding rating for Caring. A number of services that achieved 'requires improvement' were inspected by the CQC in December 2016 with the reports published in March 2017 these were focused inspections. The Commissioners were pleased that all the services have now received a 'good' rating.

The CCGs support the Trust's openness and transparency. They are committed to working with the Trust to achieve further improvements and successes in the areas identified within the Quality Account. This will be carried out through a number of both proactive and reactive mechanisms and collaborative and integral working.

The Trust's Quality Priorities highlighted in the 2016/17 Quality Account were Patient Safety; Clinical Effectiveness; Patient Experience and Health Promotion.

The Trust should be commended on the work already undertaken to reduce the number of developed pressure ulcers on the inpatient wards and in the community. The CCGs commend the inpatient wards for the first 3 quarters for having zero category 2,3 or 4 pressure ulcers which occurred following a lapse of care. There also appears to be a reduction in the number of community pressures ulcers as well.

The Trust has also aimed to reduce the number of falls experienced by patients as while in hospital. There had been good progress during the year with the Trust achieving its set targets in Quarter 3.

The Trust continues to encourage patient and carer feedback either through the Friends and Family Test, the Trust patient satisfaction survey and the National NHS Community Mental Health Survey. Though the results of all these mechanisms show good patient satisfaction there are still areas for improvement for mental health services. Following the National survey the CCGs were reassured that the Trust was to carry out a deep dive of the crisis resolution/home treatment team. The CCGs undertook an assurance visit to the complaints team in April 2017 and a number of areas of good practice were identified. The Commissioners were assured that the complaints process was robust in the Trust.

The CCGs are very supportive of the Trusts project on zero suicides, which focuses on challenging attitudes and behaviours and a new risk assessment. Other areas of focus for mental health have been on the Safewards project on the wards and improving failure to return from agreed leave.

CAMHS waiting times had been a concern for the CCGs but through investment enabling recruitment to the service the waiting times for first triage have improved. The Quality Account highlights further areas of improvement in the service for example the pilot project on a rapid response to young people experiencing a mental health crisis.

The quality account highlights a number of service improvements which show the continuing strive for improvement within the Trust. One particular project which resulted from learning from a serious incident is the Westcall Out of hours GP service sepsis project. This has enabled patients who have a potential diagnosis of sepsis to be treated earlier with Intravenous antibiotics resulting in early treatment of a life threatening condition.

The Trust has also worked closely with the CCGs on reviewing the deaths of people with learning disabilities.

Priorities for 2017/18

The Commissioners would like an understanding of how the Trust decided upon their quality priorities for 2017/18 as they appear to cover the same areas as the 2016/17 ones with no indication for further improvement; however the Commissioners would support the embedding of the priorities. The zero suicide is a quality improvement priority that will take a number of years to have an impact in the Trust as it is concerned with changing attitudes and behaviours.

The Commissioners would like to continue to be informed of any new quality concerns being identified during 2017/18 for the opportunity to support the Trust with these. The Commissioners would like to continue to work with the Trust on service redesign to improve patient outcomes for example the community nursing service in east Berkshire.

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes this response to its 2016/17 Quality Account, prepared on behalf of Bracknell and Ascot CCG; Newbury & District CCG; North and West Reading CCG; Slough CCG; South Reading CCG; Windsor, Ascot and Maidenhead CCG and Wokingham CCG.

The Quality account is a reflection of some of the key areas of quality improvement, and we are grateful for the positive and supportive feedback you have provided.

The Trust priorities are developed in line with our Annual Plan for 2017/18 which we invited views from our stakeholders. For each area we have identified further improvements we need to achieve as well as maintaining current standards.
These include:

- The Quality Improvement Programme a substantial new piece of work which forms part of our commitment towards achieving an 'outstanding' rating by the CQC over the next 12-18 months .Which will impact on all three domains of Quality; Safety, Effectiveness and Experience.
- Zero suicide will continue to be embedded and metrics reviewed and published
- A new indicator to review and report on mortality in line with new national guidance.
- Improvements in our uptake of the friends and family survey as well as improvements in the outcomes.

We look forward to continuing to work with you to achieve further improvements and successes in the areas identified within the Quality Account.

Healthwatch Slough response to Berkshire Healthcare NHS Foundation Trust Quality Account 2016/17

Healthwatch was created to gather and represent the views of the public. The aim of Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

Healthwatch Slough welcomes the opportunity to comment on this Annual Quality Account (as seen in draft). We recognise that Quality Account reports are a useful tool in ensuring that NHS healthcare providers are accountable to patients and the public for the quality of services they provide. We fully support these reports as a means for providers to review their services in an open and honest manner, acknowledging where services are working well and where there is room for improvement.

We share the aspiration of making the NHS more patient-focused and placing the patient's experience at the heart of health and social care. An essential part of this is making sure the collective voice of the people of Slough is heard and given due regard, particularly when decisions are being made about quality of care and changes to service delivery and provision.

Our wish is therefore that Healthwatch Slough works with its partners in the health and social care sector to engage patients and service users effectively and to ensure that their views are listened to and acted upon. We look forward to continuing to work alongside the Trust to ensure that the voice and experience of patients and the public is heard throughout the provision of services. Healthwatch Slough commends the Trust on the many areas where, through hard work and dedication quality improvements have been demonstrated.

We are pleased to see a section on learning from complaints and feedback. However we would have like to have seen less numbers and more about the impact and learning the Trust had taken from complaints received. The Trust's involvement and contribution to our project on how orgnisations in Slough learn from complaints and feedback was invaluable. It really highlighted the existing barriers to organisations creating a truly seamless patient response due to restrictions around information governance and data protection.

In 2.1.6 we feel that the Hope College is an innovative response to supporting those in the community with mental health conditions. Other localities are looking to commission similar recovery colleges. We would encourage the Trust to seek innovative patient centered responses to needs, such as the development of a crisis cafe

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes the feedback from Healthwatch Slough in particular the areas commended and recognition of our staffs hard work and dedication to improve the quality of care we provide.

We welcome areas for improvement, the impact and learning we have identified from complaints received is important and within the quality account there are a number of examples included within the service improvement section which were as a direct consequence of a complaint, we have now made this clearer wi thin the account based on your feedback.

Together we speak louder

healthwatch Wokingham Borough

Healthwatch Wokingham Borough response to Berkshire Healthcare Foundation Trust Quality Account 2017

As the independent voice for patients, Healthwatch Wokingham Borough is committed to ensuring local people are involved in the improvement and development of health and social care services.

Local Healthwatch across the country are asked to read, digest and comment on the Quality Accounts, which are produced by every NHS Provider (excluding primary care and Continuing Healthcare providers). The Quality Account is a lengthy and detailed document containing lots of data, Healthwatch welcomes the fact that there is a summary of this lengthy 70 page document for the general public to access and appreciates the opportunity to provide comment.

The Quality Account was discussed at Wokingham Borough's Health & Wellbeing Board and this includes comments made in this forum.

With regards to community mental health, Healthwatch and local Community Interest Company Browns held a forum of women that had recently experienced a mental health crisis. All participants felt they were treated poorly during their contact with the crisis team. Many felt that they were treated without genuine care, compassion or urgency. Discussion revealed that this perception was caused by mutual unfamiliarity with the crisis team member taking the call, the perceived attitude of this crisis team member and the inflexibility of the service.

Most participants felt that the attitude of the crisis team member taking the call was very poor; attitudes were described as '*hostile*', '*resentful*' and at times '*intimidating*'. Lack of compassion and empathy was frequently noted. Participants felt that the crisis team member's attitude was hugely important as this is the first contact they have with the crisis service and it is at a time when they are feeling most vulnerable; *'at a time of vulnerability and distress, the one thing that you need is compassion*'

Participants also felt that the service was inflexible and unable to offer help immediately. Healthwatch has spoken to BHFT about alternative, innovative ways to support people such as crisis cafes and the development of a Recovery College locally.

Councillor Bray questioned whether the patient experience priority to continue to prioritise and report on patient satisfaction and make improvements would also include mental health patients.

Section 2.7, Care Quality Commission inspection rating – it would be useful to know what the previous inspection rating was to compare improvement across the domains. The Trust has been rated 'Requires Improvement' for being safe, it would be helpful for the report to contain more information as to why this was.

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:
The Trust welcomes the feedback from Healthwatch Wokingham.

Patient experience is a critical factor in improving quality, and the forum you held and subsequent results have allowed us to make improvements to the service. We are pleased that the service manager for the crisis team was able to meet with you to discuss the results in detail.

There are a high number of calls received in the crisis hub and taking these calls can be very stressful for the member of staff taking the call. Having said this, the attitude of the member of staff taking the call should always be positive and never hostile, resentful or intimidating. All calls are recorded if there are concerns or issues these can be played back and they to support the investigation of complaints or serious incidents. We hope that by working together we can continue to support patients and their expectations at a difficult time, and ensure that any specific complaints are investigated and if required improvements are made.

In response to Councillor Bray's question our patient experience metrics include patients who are under the care of our mental health teams and will continue to do so.

With regards to the Trust CQC rating we are very pleased to announce that following an appeal the CQC have rated the Trust as 'Good' for being safe.

Healthwatch Bracknell Forest response to Berkshire Healthcare Foundation Trust Quality Account 2017

Thank you for the opportunity to review your Quality Account for 2016/17.

There are many examples throughout the Quality Account of the good work of Berkshire Healthcare.

We would like to take this opportunity to highlight some of the positive activities;

- Healthwatch Bracknell Forest as the independent consumer campion for health and social care values patient opinion and experience of health and social care services above all else, therefore it is great to see patient experience continues to be a primary focus in the quality priorities for 2017/18 and the quality strategy for 2016-2020
- Collecting feedback from carers and that this feedback is generally demonstrating that they will likely or be extremely likely to recommend services
- Reduction in Serious Incidents
- Responding and handling of complaints has achieved 100%
- Improvements in services for people with Learning Disabilities. It was a pleasure to be involved in the co-design group and felt like real coproduction with people who use the services and the staff who work for the services
- Improvement across community hospitals and community physical health

Community Mental Health, Inpatient and Child and Adolescent Mental Health Services

We are aware that these services are in a process of redesign with many changes being implemented with the intention to improve the services and there are a number of sections in the quality account that highlighted continual focus and the improvements being or going to be made for patients of these services. These are the services we hear most about from patients and their carer's.

Highlights from the quality account;

- People felt that they had not seen mental health services often enough for their needs
- Patient experience results decreasing for community mental health and inpatients
- Indicate a negative theme regardless of source relating to mental health patients feedback

Child and Adolescent Mental Health Services; the initial assessments and pathways into the service seem to have improved. Our intelligence at this stage is suggesting that there is an assessment taking place but then a void of, "then what?" with long waits for follow up and/or treatment. We would like to work with the Trust to establish the frequency and affect this could be having on patients.

During the year the community mental health support provided by Rethink ceased. The feedback we received about this and the changes made to their contract have been negative and patients feel like this creates a void in service for them. We acknowledge this was a service outside of Berkshire Healthcare and suspect this will be having a negative effect on the Community Mental Health Team and trust that provisions are being put in place to provide continual support for those that need it.

Premises

Throughout the year we have visited a number of buildings either owned or managed by Berkshire Healthcare which are used by Bracknell Forest residents. Patient Led Assessments of the Care Environment carried out where there are inpatient beds have generally been very good and the Trust should be commended on the presentation and regular maintenance carried out at these facilities. When we visited two buildings owned by NHS Properties but managed by Berkshire Healthcare these were old and in need of repair and not to the same standard. We would like to see NHS Properties investing more in the upkeep and maintenance of its buildings, and recommend the Trust take the PLACE model informally to all of the locations it operates from.

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes the feedback from Healthwatch Bracknell Forest, and is grateful for the positive activities highlighted.

Patient experience is fundamental to the definition of quality, and we will continue to ensure that we both measure this, understand why patients feel that way and act on it where it highlights areas requiring improvement. We welcome your continued support and intelligence to make improvements in this area.

With regards to our premises and your feedback on PLACE this has been passed to our Estates and Facilities team, we are extremely pleased that the patient led assessments you conducted on our inpatient units was positive.

Quality Accounts 2016-17: Comments by Bracknell Forest Council's Health Overview & Scrutiny Panel

Berkshire Healthcare NHS Foundation Trust

General comments

1. We welcome the opportunity to comment on the Trust's Quality Accounts (QA) for 2016-17. We also welcome the increased attention being given by the Government and NHS England to mental health issues.

2. The Health Overview & Scrutiny Panel appreciates the continuing good dialogue with the Trust. This included a meeting with the Trust's Chief Executive at our meeting in April 2017, when we reviewed the Trust's performance and plans.

3. With the national focus on the adequacy of resourcing of the NHS, it would be helpful if the QA gave some indication of whether the Trust is adequately resourced going forward, and if not, what measures are to be taken.

4. The QA should mention the Sustainability and Transformation Plans affecting Berkshire, and the changes these will bring to the delivery of the Trust's services.

5. Perhaps the QA could include a comment by the Trust on any implications from NHS England allowing NICE to speed up or delay the approval of new drugs?

Specific comments

6. We repeat our concern on last year's QA, about compliance with NICE guidelines (page 4). Specifically, it would be helpful if the QA could spell out the impact of 20% of NICE guidelines not being complied with, and the circumstances in which the Trust considers that non-compliance is the correct thing to do (Page 18).

7. We are pleased to see the improvement in Friends and Family (FFT) responses from mental health inpatients, but we are concerned about the marked decline in FFT response rates (page 7).

8. It is encouraging to see the sustained rise in the number of compliments received (page 11).

9. We are concerned at the continuing below-average response to the survey question on crisis care. We look forward to hearing the outcome of the 'deep dive' review of that service (page 11).

10. The performance against the patient safety priorities (pressure ulcers and falls prevention) is to be applauded. Both these are important aspects of patient care (pages 13-15).

11. We suggest that more information is given on the reasons for delayed discharges and the actions being taken/to be taken on it (page 17).

12. The use of agency staff is a widespread concern across the NHS. We suggest that the QA should include information on what the Trust sees as an acceptable level of agency staff usage, and the measures being taken to ensure that there is not excessive reliance on agency staff (page 17). Looking further ahead, it would be interesting to know whether the Trust has formulated any plans to address the possible impact of BREXIT.

13. It would be useful to include some description of the outcome of the whistle blowing concerns (page 17).

14. The Panel agrees with the focus on suicide prevention and we suggest that this section of the QA should include data on the number of suicides (by cross referencing to Figure 25 on page 41) and successful prevention cases (page 19).

15. We welcome the initiative to provide a psychological service for people who frequently attend hospital emergency departments. We consider there is a strong case to extend this service to people who frequently contact the ambulance service (page 27).

16. We strongly support the progress being made to improve Child and Adolescent Mental Health Services

(CAMHS). This has been a constant concern of ours for many years, and the improvements being made to waiting times and other aspects are very welcome (pages 30-31).

17. We would welcome details of progress on medicines optimisation (page 31) following our comments last year on the QA.

18. We commend the proactive measures taken by the Trust on pharmacy safety improvements (page 31).

19. We are supportive of the Trust's priorities for improvement in 2017/18, and note that we responded separately earlier in 2017 to the Trust's on-line survey about its future priorities (page 32).

20. On last year's QA, following our comments, the medication errors section was expanded to show the ratio of harm to non-harm errors. We suggest this useful information should also be included in this year's QA (page 43).

21. Given that the number of patient to patient physical assaults is worse than the target level, it would be helpful if the QA could summarise what training and other action is being taken to bring down the number of assaults (page 44)

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes the feedback from Bracknell Forest Council Health Overview and Scrutiny Panel and for the suggestions to help improve the final report.

The balancing of the quality account is always a challenge to meet both our mandated requirements and to make the document meaningful without exceeding its current length. In relation to specific points made, the Trust responds as follows:

3. With regards to adequacy of resourcing, and where this impacts on the delivery of quality it is discussed within the quality concerns section of the quality account.
4. The Sustainability and Transformation Plans affecting Berkshire are not included currently, we will ensure that the impact of these plans will be considered in the development of future priorities and any impact they have on our current priorities will be included in future reports.
5. Any significant impact on our patients with regards to NICE approval of medicines would be included if it posed a significant risk to our patients.
6. We have listened to your comments and reviewed the section of the Quality Account on NICE, to explain the risk assessment process we conduct if we are not fully compliant on a piece of guidance, we are working to ensure that all non-compliant guidance has an action plan in place to enable compliance.
7. Response rates on the friends and family survey will be a specific area of focus this year with an aim to achieve a minimum of 15% response rate (in line with the national expectation)
11. Delayed discharges and the impact to provide beds for patients when required is a current focus and the chief operating officer is leading a piece of work specifically looking at this to improve.
12. The Trust has led a significant programme of work over the last year specifically on reducing the use of agency staff, to increase the use of bank staff where we have vacancies and to try and use the same bank staff for continuity of care.
13. Of the three whistle blowing cases reported two are currently still open and therefore it would not be appropriate to report outcomes, we will look to summarise any learning identified in future quality accounts.
14. We have added in some cross references to make this section clearer.
17. Following your comments last year we included a section on improvements in pharmacy and medicines optimisation this can be found in section 1.1.12
20. Thank you for your comments this has now been included within the quality account
21. Thank you for your comments this has now been included within the quality account

Response from West Berkshire Council.

P17: Following a review by Sir Robert Francis, a national 'Freedom to Speak up' policy was developed that contributes to the need to develop a more open and supportive culture that encourages staff to raise any issues of patient care quality or safety. It is expected that all NHS organisations in England adopt this policy as a minimum standard to help to normalise the raising of concerns

I'm not sure that the policy "contributes to the need" to develop a more open and supportive culture; doesn't it (start to) respond to the need, by putting in place the necessary policy requirements?

P19: I'd like to express strong support for the Zero Suicide priority.

P24 Health Visiting West Berkshire are offering antenatal groups to universal women who are pregnant in their third trimester. The groups are offered across different venues and at different times during the week. Information is shared in the antenatal group on the Solihull approach, breast feeding, immunisations, the healthy child programme and how to access the local health visiting teams.

I don't think "universal women" sounds right. May be "universal antenatal groups to all women" would make more sense? And it might be helpful to expand a little bit as to what is meant by "the Solihull approach".

Like Bracknell Forest and Slough, there is HV capacity provided in the West Berkshire MASH.

P30: I'm disappointed that at the bullet "reduce the number of referrals to CPE that should be managed through Tier 2/early intervention services" no reference is made to the success of the Emotional Health Academy in achieving exactly that.

P38: I wonder if there is more that can be said about implementing the duty of candour? E.g. how many meetings with families have taken place and what the feedback has been about their experience of involvement in investigation, etc?

P42: The rolling pictures of ascensions and AWOL suggest that the "normal variation" often takes the trust above target, and there is no consistent improving trend. It might be helpful to point to mitigation efforts here.

P44: It's a similar picture for assault, so again, pointing to mitigation efforts might be worthwhile here.

P61: The summary of the audit of the Solihull approach includes subjective feedback about usefulness, but no objective information about the impact on outcomes. Is there any?

On a general point there's a further proof-read required. E.g. p60 : The purpose of the audit is to ascertain if appropriate risk triangulation between Care Plans/Risk Management Plans, Progress Notes and Risk Assessments in accordance with the Trust's' safeguarding policy has been made following increase of incidents of 'sexual behaviour.' The audit has enhanced the awareness by clinical and non-clinical staff of safeguarding incidents and associated risks and enabled actions to be implemented to ensure improvements. The audit has resulted in a standard operating procedure for staff being developed. Undertaking this audit has enhanced the awareness by clinical and non-clinical staff of safeguarding incidents and associated risks and enabled actions to be implemented to ensure improvements. (repeat of sentence in paragraph above) Named professionals are working more closely with Prospect Park Hospital, spending a minimum of one day per week on site, assisting with Safeguarding and ensuring appropriate actions are being taken to safeguarding patients.

And finally, in relation to the recent letting of the 0-19 contract there was an issue identified with BHFT safeguarding procedures which needed to be corrected before the contract could be let, and which is still subject to review. The references to safeguarding (which is a vital element of quality) are relatively few in this document and I wonder whether any further reflection there is needed.

Berkshire Healthcare NHS Foundation Trust Response:
The Trust welcomes the feedback from West Berkshire Council, and for the suggestions to help improve the final report. The Trust will review all of the points raised and where possible provide additional clarification within the final report and consider the points in the publication of the 2017/18 report.

Appendix I

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST ON THE QUALITY REPORT

To be included when published.

Glossary of acronyms used in this report

Acronym	Full Name
ADHD	Attention Deficit/ Hyperactivity Disorder
ACG	Appropriate Care Given
ARC	Assessment and Rehabilitation Centre
ASD	Autistic Spectrum Disorder
AWOL	Absent Without Leave
BAU	Berkshire Adolescent Unit
BHFT	Berkshire Healthcare NHS Foundation Trust
BME	Black and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CDiff	Clostridium Difficile
CHS	Community Health Service
CMHP	College of Mental Health Pharmacy
CMHT	Community Mental Health Team
CMHTOA	Community Mental Health Team for Older Adults
CNS	Clinical Nurse Specialist
CPA	Care Programme Approach
CPE	Common Point of Entry
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRHTT	Crisis Resolution and Home Treatment Team
CTO	Community Treatment Order
CYP	Children, Young People and Families
CYPIT	Children and Young People's Integrated Therapy Service
CDS	Commissioning Data Set
DN	District Nursing
DQIP	Data Quality Improvement Plans
EIP	Early Intervention in Psychosis
EPMA	Electronic Prescribing and Medicines Administration
FFT	Friends and Family Test
FSiPP	Family Support in Psychosis Project
HOLT	Health Outreach Liaison Team
HTT	Home Treatment Teams
IAF	Information Assurance Framework
IAPT	Improving Access to Psychological Therapies
IG	Information Governance
IMPACTT	Intensive Management of Personality Disorders and Clinical Therapies Team
IPS	Individual Placement and support (Employment Service)
IQIPS	Improving Quality in Psychological Services

Acronym	Full Name
KF	Key Finding
LD	Learning Disability
LIC	Lapse In Care
LSVT	Lee Silverman Voice Treatment
MDT	Multi-Disciplinary Group
MH	Mental Health
MHA	Mental Health Act
MIU	Minor Injuries Unit
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSK	Musculoskeletal
MSNAP	Memory Services National Accreditation Programme
MUST	Malnutrition Universal Screening Tool
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCISH	National Confidential Inquiry into Suicide and Homicide for people with Mental Illness
NICE	The National Institute of Health and Care Excellence
NIHR	National Institute of Health Research
OAHSN	Oxford Academic Health Science Network
OT	Occupational Therapy
PAF	Performance Assurance Framework
POMH	Prescribing Observatory for Mental Health
PPH	Prospect Park Hospital
PROMs	Patient Reported Outcome Measures
PU	Pressure Ulcer
QOF	Quality and Outcomes Framework
RT	Raid Tranquilisation
RTT	Referral to Treatment Time
RQ	Rolling Quarters
SALT	Speech and Language Therapy
SI	Serious Incident
SSNAP	Sentinel Stroke National Audit Programme
SUS	Secondary Users Service
UKAS	United Kingdom Accreditation Scheme
WIC	Walk-In Centre

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	09 May 2017
Title	**Executive Report**
Purpose	This Executive Report updates the Board of Directors on significant events since it last met.
Business Area	Corporate
Author	Chief Executive
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
SUMMARY	This Executive Report updates the Board of Directors on significant events since it last met.
ACTION REQUIRED	To note the report and seek any clarification.

Trust Board Meeting 09 May 2017

EXECUTIVE REPORT

1. Never Events

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

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

2. Care Quality Commission

Following the recent Care Quality Commission focused inspection, where all inspected services, excluding Mental Health Inpatients were rated "good" for the safety, the Trust's overall rating for safety has now been changed from "requires improvement" to "good". The ratings are noted below:

- Safety – good
- Effectiveness – good
- Caring – good
- Responsiveness – good
- Well led – good
- Overall – good

The website and service information have been updated to reflect this new rating.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

3. Quality Improvement Programme

KPMG supported by Thedacare and Western Sussex Hospitals NHS Foundation Trust have been appointed to provide our Quality Improvement Programme over the next 18 months. The KPMG team started on site at the beginning of April 2017 with the focus in the first few months being:

- Working with the Executive team and Trust Chair to develop a culture of continuous improvement through a series of workshops
- Appointing the Quality Improvement Team
- Identifying the four departments that will be in the first wave of the continuous improvement management system.

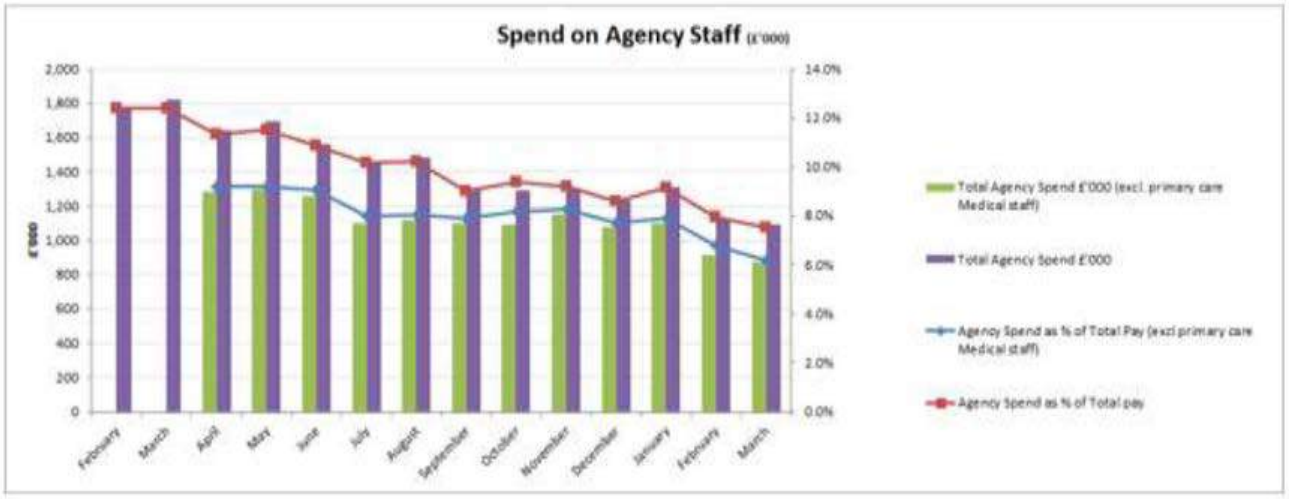
Our experience to date has been very positive.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

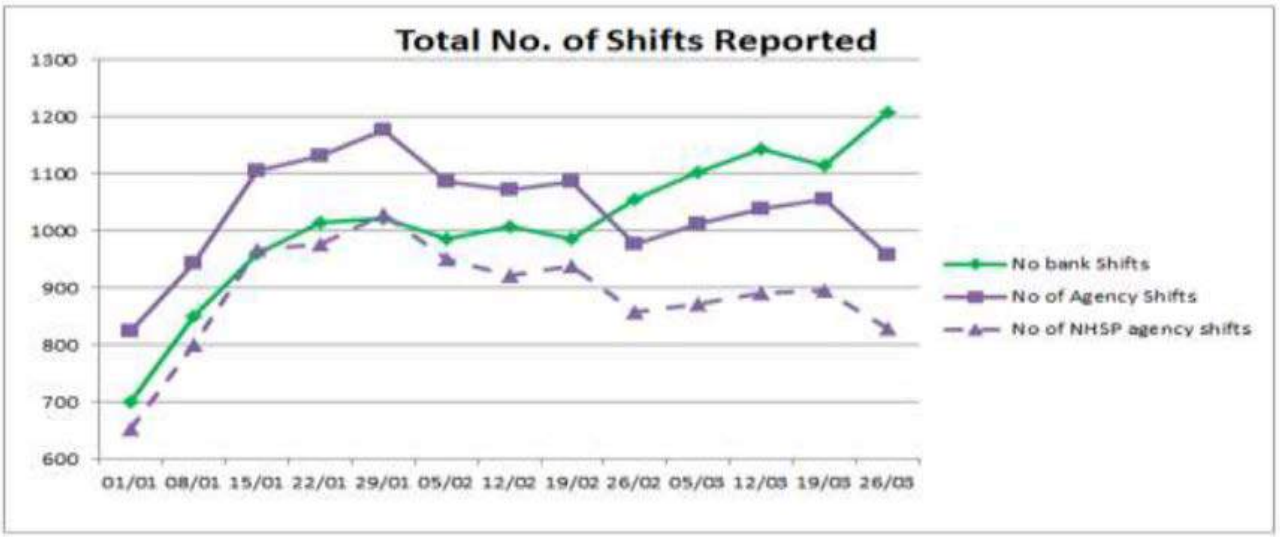
4. Temporary Staffing Programme

Use of Agency v NHSP Bank Staffing and Associated Issues

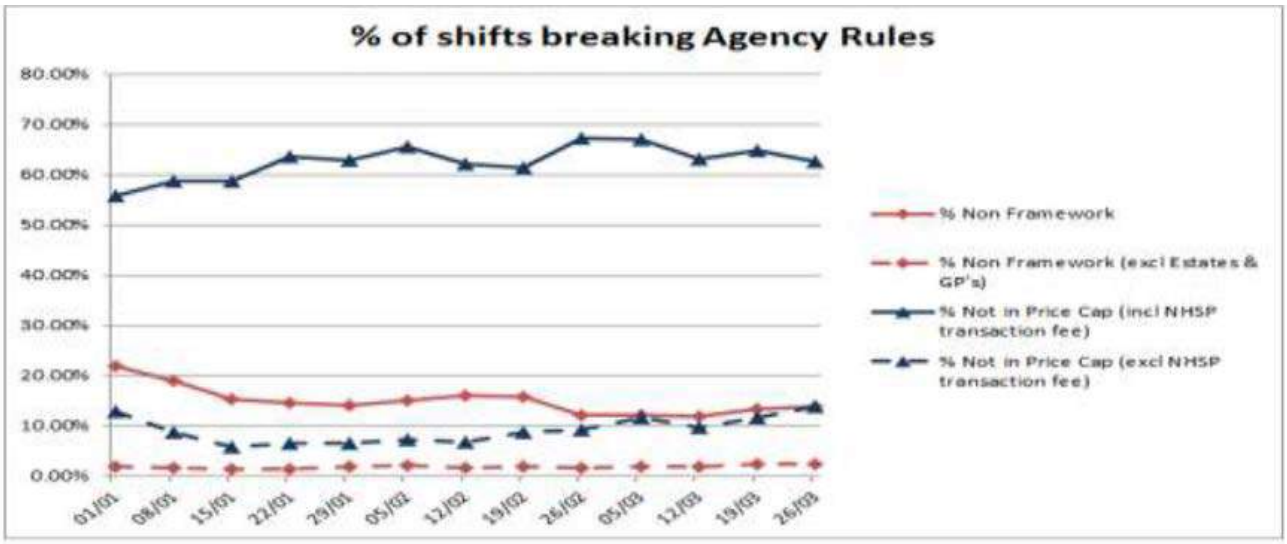
- In month 12 (March) 2016-17 the total percentage of the monthly pay bill spent on agency staff was 7.7%, down from 7.9% in Month 11 (February). The percentage drops to 6.3% if WestCall Doctors and a number of other medical staff are excluded from this.



- Spend on agency has now reduced from £1.763 million a month in February 2016 to £1.009 million in March 2017. It is expected to reduce again in April 2017 following the ban on the use of agency Health Care Assistants.
- Year to date agency was £0.5 million above target.
- The Trust's NHS Improvement ceiling for the monthly pay bill spent on agency is 8%. During 2017-18, an internal target of 5% has been set for localities/corporate services in order to contribute towards unfunded Cost Improvement Plans. This will be challenging to achieve.
- The number of agency and bank shifts during the first quarter of 2017 is shown in the table below:



- In the run up to ban on agency Health Care Assistant staff from the 1 April 2017, it can be seen that there was a further reduction in the number of agency shifts being worked with a corresponding increase in the number of bank (NHSP) shifts being worked.
- As noted previously, the NHSP transaction charge levied per hour (40p an hour for NHSP workers and 70p per hour for an approved agency worker) to the shifts booked through them leads to a significant proportion of shifts breaching the price cap. The latest table covering March 2017 is shown below.
- It can be seen that in the table below that there was a slight increase in the number of shifts falling into the "not in price cap excluding the NHSP transaction fee". This is attributed to the shifts being filled with an agreement for an individual being supplied through an agency at higher than the price cap hourly rates, and which may not have been booked through NHSP. This is currently being looked into.



- The first meeting with leads from the Royal Berkshire Hospital NHS Foundation Trust has taken place regarding the joint tendering of a replacement temporary staffing bank. There will be several further meetings held in order to finalise a service specification which will cover both Trusts, before the formal tendering process begins.
- Vacancy/Temporary staffing usage review panels continued to be held across the seven service localities and corporate services. The key outcomes of note from recent meetings include:

    - Most localities had one or more services with hard to recruit to posts.
    - There were service skill mix reviews starting or underway in a number of areas.
    - Recruitment was on-going in all areas; vacancies were now being filled so reducing agency requirements, as well as recruitment to new roles (following skill mix reviews) which were bringing in new staff.
    - Pushback about why some agency staff were being used at a Band 7 grade instead of a Band 6 is leading to Locality Directors reviewing this with their service managers.

- In some areas recruitment is now being successful following recurrent funding agreements being reached or service redesign models being ratified (CAMHs for example).
- However in some areas outcomes of tendering process are awaited (Health Visiting for example), leading to agency staffing remains in place.

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

- The ban on the use of Health Care Assistants was successfully implemented on Saturday 1 April 2017.
- Preparation for this decision showed a high degree of support and understanding from all levels of management across services in order to make this work in the weeks preceding the start date.
- At the time of drafting this update, there had been a small number of breaches in staffing levels reported by Datix. These were on several wards at Prospect Park Hospital, however an early review of these indicated minimal actual impact on patient safety.
- There have been a number of days at Prospect Park Hospital where the Locality Director and the Senior Management Team have needed to implement the local Business Continuity Plan, which has led to staff being redeployed across the hospital, and the local Senior Management Team being involved directly in patient care.
- Other services where there were concerns about the impact of the ban have not reported issues. Partly as they have been proactive in booking bank staff/their own staff for shifts in advance (Ryeish/Manor Green), and/or through successful recruitment of Health Care Assistants who have been starting employment during April (West Berkshire/Wokingham Hospital wards).
- There have been two uses of the “Platinum Key” process (where a Locality Director seeks approval from an Executive Director to release an unfilled Health Care Assistant shift to the agencies to fill, only after an escalation process has been followed).
- The first occasion released 6 shifts to be filled across a number of wards at Prospect Park Hospital on a Sunday. This is currently being reviewed by the In-patient Locality Director to provide assurances that all local Business Continuity Plan actions had been followed first.
- On the second occasion, three shifts from Orchid ward were released to be filled by agency Health Care Assistants. An early review of this appears to indicate that the retiring Ward Manager instructed the Ward Clerk to ring the call centre and to use a senior member of staff’s name as the authoriser to unlock the shifts. A plan is being put into place to prevent this happening again and the introduction of a password to the process, which the Locality Director will need to use when ringing the call centre.
- Daily unfilled Health Care Assistant shift reports are being circulated each day to a number of senior managers, to ensure oversight of their services position, as well as ensuring monitoring of unfilled shift being sent the NHSP to fill, 4-6 weeks in advance.

- In early May 2017, there will be a review of the first month of the ban, which will include reviewing Datix reports, safe staffing data, feedback from key service managers and use of the platinum key.

IR35 and Personal Service Contracts (PSC)

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

- Since the last update, a simple process has been put into place which requires framework agencies to advise the Trust of their payment mechanism to the workers that they have supplied, and have been advised that if they are paying a worker through a Personal Services Company (PSC), that we would not want that worker supplied (unless they are paid as PAYE or an umbrella company). The exception to this is where there is a local short term agreement with the service manager, who is expected to have a plan in place to stop using that worker.
- A number of staff previously identified as being paid by the Trust through a PSC have now left the Trust, whist several others are now engaged through a zero hours or fixed term Trust contract following local negotiations.
- A number of GPs used in WestCall remain engaged through a PSC. As reported last time there is on-going work with the GPs and Locality and Finance Managers about this as well as developing the introduction of Advanced Nurse Practitioner roles to the service.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

5. Trust Board Leadership on Equality and Inclusion

Ensuring that our staff have a good experience of working for our organisation is a really important priority for us. Although we have achieved very good results in terms of staff engagement and motivation at work - we know that we need to improve in a number of areas highlighted by the Workplace Race Equality Scheme, and these are included in our Equality and Inclusion Strategy.

We are also working to improve our ranking in the Stonewall Workplace Equality Index, and improve the experience of our staff that have a disability.

We have recognised that we need to make a clear, strong and sustained commitment to equality and inclusion as members of the Trust Board, and have been undertaking some targeted development work to build our understanding of the issues and our response to them:

- We held a Trust Board workshop, attended by the Chair and Chief Executive, as well as all Executive and Non-Executive Directors and the Company Secretary in March 2017, and will be following this up with individual work and confirmation of further specific actions in the summer.
- A number of members of the Executive Team have undertaken “reverse mentoring” with members of our equality networks. This has provided an invaluable opportunity to enhance our awareness and understanding of the

experience of our staff – and challenge ourselves about our own thinking and behaviours.

- We have identified Executive Director leads to support action relating to the following groups:

    - Black, Asian and Minority Ethnic staff: David Townsend, Chief Operating Officer
    - Lesbian, Gay, Bisexual and transgender staff: Bev Searle, Director of Corporate Affairs
    - Staff who have a disability: Alex Gild, Chief Financial Officer.

We will communicate the results of the work that we will undertake as a Trust Board later this year to our staff equality networks and the wider organisation, and will continue to challenge ourselves to achieve progress as individual leaders and as a group. We know that the most effective teams are those which include members with diverse experience, backgrounds and perspectives, and that achieving our vision depends on our commitment to inclusion and equality.

Executive Leads: David Townsend, Chief Operating Officer/Bev Searle, Director of Corporate Affairs

Presented by: Julian Emms
Chief Executive
May 2017

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	09 May 2017
Title	Financial Summary Report – Month 12 2016/17
Purpose	To provide the Month 12 2016/17 financial position to the Trust Board
Business Area	Finance
Author	Chief Financial Officer
Relevant Strategic Objectives	3. - Strategic Goal: To deliver services that are efficient and financially sustainable
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 12 2016/17 (March 2017) financial position.
ACTION REQUIRED	The Board is invited to note the following summary of financial performance and results for Month 12 2016/17 (March 2017): 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. **YTD (Use of Resource) metric:** • Rating 2 (plan 2) o Capital Service Cover 2.19 (rating 2) o Liquidity metric 5.20 (rating 1) o I&E Margin 0.61% (rating 2) o I&E Variance 0.38% (rating 1) o Agency 17.45% (rating 2)

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

- Plan: £514k net surplus
- Actual: £1,608k net surplus
- Variance: £1,094k favourable

Month 12: -£105k deficit (including S&T funding), +£74k variance from plan:

Key variances:

- CQUIN provision increase: -£525k net increase of re-provisioning for 2016/17
- CIPs: -£188k pay savings lower in M12 by c.£125k
- Short-term overspill: -£158k principally due to 19 acute/PICU placements required due to bed pressures.
- Independent Hospital Placements: -£30k due to observations in budgeted placements and new additional placements.
- Westcall:-£77k due to continued high spend on locums
- MH Inpatients -£95k: net pay spend in month largely due to vacancy cover and observations.

To assure yearend position and STF funding £577k was released in month.

The trust achieved £776k S&T "bonus" funding and £136k S&T "match" funding.

The in-month underlying position, excluding S&T funding, is -£1,170k deficit.

Supplementary Summary Table FY16/17 Year End	**£**
Underlying Deficit (excluding donation & impairment)	-1,265
Base STF	1,840
Underlying Surplus with Base STF	**575**
Match funding STF (see below calculation)	136
Final Control Total Surplus	**711**
Bonus STF	776
Final Surplus before technical items	**1,487**
Donated Asset	196
Donated Asset Depreciation	-19
Impairment	-54
Statutory Accounts Surplus	**1,608**

Match funding Calculation:	**£**

Underlying Surplus with Base STF	575
Control Total with Base STF	509
Exceeded control total	**66**
Additionally, discount rate provision increase is matched	70
Total STF matching	**136**

Cash: Month 12: £20.7m (plan £17.8m)

The variance to plan is primarily due receipt of:

- Capital plan underspend / re-profiling to 17/18 £2.7m
- Receipt of £0.5m from Royal Berkshire
- Health Education England receipt of £0.4m

Capital expenditure: Month 12: £3.1m (plan £5.8m)

The variance to plan is primarily due to:

- IT Rolling Replacement -£717k due to a pause in the programme timing
- Sorrell Ward -£297k
- Electronic Patient Record System -£251k
- Automated Clinical Correspondence -£225k
- Other smaller items.

The variance is due to timing of spend rather than a reduction in requirement.

Berkshire Healthcare NHS
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2016 / 17

Month 12 (March 2017)

Purpose

This document provides the Board and Executive with information giving the financial performance as at 31st March 2017 (Month 12).

Document Control

Version	Date	Author	Comments
1.0	19.04.2017	Donna O'Leary	Draft
2.0	19.04.2017	Tom Stacey	Review & 2nd Draft
3.0	19.04.2017	Anne-Marie Vine-Lott	Review and 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

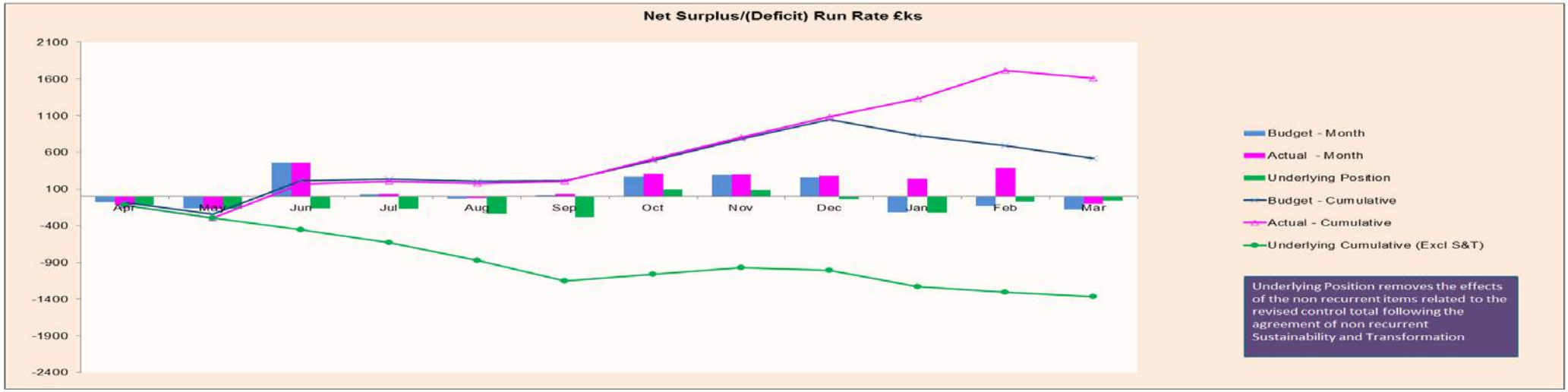
Document References

Document Title	Date	Published By

CONTENTS

1.0 Income & Expenditure Summary – Month 12

Description	Current Month Budget (£'000)	Current Month Actual (£'000)	Current Month Variance (£'000)	Year to Date Budget (£'000)	Year to Date Actual (£'000)	Year to Date Variance (£'000)
Operating Income	**20,149**	**21,361**	**1,212**	**240,548**	**244,592**	**4,044**
Operating Expenditure						
Pay	(14,772)	(14,527)	244	(171,308)	(171,708)	(399)
Non Pay	(4,766)	(5,869)	(1,103)	(57,688)	(59,894)	(2,205)
Total Operating Expenditure	**(19,538)**	**(20,396)**	**(858)**	**(228,997)**	**(231,602)**	**(2,605)**
EBITDA	**611**	**964**	**353**	**11,551**	**12,990**	**1,439**
Non Operating Income/Expenditure						
Interest Receivable	3	2	(1)	40	81	41
Interest Payable	(295)	(295)	(0)	(3,541)	(3,541)	(0)
Other Finance Costs	0	0	0	0	0	0
Impairment	0	0	0	0	(28)	(28)
Restructuring	0	0	0	0	0	0
Profit / (Loss) on Asset Disposal	0	0	0	0	0	0
Depreciation & Amortisation	(397)	(484)	(87)	(6,321)	(6,488)	(168)
PDC Dividend	(101)	(292)	(191)	(1,216)	(1,407)	(191)
Total non operating income/expenditure	**(790)**	**(1,069)**	**(279)**	**(11,037)**	**(11,383)**	**(345)**
Net Surplus/(Deficit)	**(179)**	**(105)**	**74**	**514**	**1,608**	**1,094**
Net Surplus/(Deficit) excluding S&T Funding	**(333)**	**(1,170)**	**(837)**	**(1,326)**	**(1,144)**	**183**
CIPs Achievement	**439**	**251**	**(188)**	**5,274**	**4,849**	**(425)**



Use of Resource Metric	YTD Plan		YTD Actual	
Metric	**Metrics**	**Rating**	**Metrics**	**Rating**
Capital Service Cover	2.05	2	2.19	2
Liquidity	(1.41)	2	5.20	1
I&E Margin	0.22%	2	0.61%	2
I&E Variance From Plan			0.38%	1
Agency	15.35%	2	17.45%	2
Use Of Resources Rating		2		2

Income & Expenditure Commentary – Month 12

The Trust reports a month 12 deficit of -£105k against a budgeted deficit of -£179k and a YTD surplus of £1,608k against a budgeted surplus of £514k.

The YTD position includes £1,840k S&T "base" funding having achieved control total, £136k S&T "match" funding for the amount the trust exceeded the control total and a final £776k of S&T "bonus" funding, upon NHSi's final review of provider sector performance.

The Trust moved away from receiving a higher match funding value (in previous forecast £750k was to be achieved through S&T match funding) due to concerns of reducing provisions too aggressively going into the new financial year.

The underlying position in month, excluding non-recurrent S&T funding, is a deficit of -£1,170k against a budgeted deficit of -£333k bringing the YTD underlying deficit before S&T funding to -£1,144k.

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M12 Key Variances to operational budget:

• Short-term overspill (-£158k): principally due to 19 acute/PICU placements resulting from bed pressures and including 3 placements not suitable for PPH.
• Independent Hospital Placements (-£30k): The number of placements exceeds budget and some placements have increased observation costs.
• Children's Services (£358k): Additional income in CAMHS recognised for work completed YTD as well as continuation of high vacancy levels.
• MH Inpatients (-£95k): net pay spend across wards due to vacancy cover, escort duties and high level of observations -£72k.
• Westcall (-£77k) continual high spend on locum cover to assure service continuity.
• CQUIN provision increase (-£525k): the net increase from the release of the FY15/16 CQUIN provision and re-provision for FY16/17 CQUIN.
• CIPs (-£188k): Pay savings are lower in month 12 by -£125k, the main driver of lower CIP achievement.
• Reserves Release £577k. YTD release totals £2,364k.

The various S&T funding components have been explained above.

YTD Key Variances to operational budgets:

• Short-term OAPs overspill (-£1,535k): trend shows increased spend in recent months due to inpatient bed pressures.
• Independent Hospital Placements (-£652k): largely due to the additional observation costs in placements and a small number of additional placements in year.
• MH Inpatients (-£466k): YTD overspend continues to increase due to continued high observations and agency premium.
• CRHTT (-£430k): including over establishment and cost to cover sickness, suspension and vacancies. March was in line with the overspend in February.
• SWIC (-£156k): contract negotiations were resolved in month 12, agency premium persists to cover vacancies.
• Westcall (-£340k): driven by sessional costs exceeding the funded hourly rate.
• Unplanned release of reserves (£2,364k): including £200k to offset primary care overspends, £316k full release of NI rebate in advance of plan profile, £206k Redundancy, £1,297k operational pressures offset (Oct - March) and £345k other non-recurrent items.
• Favourable variances which meet and exceed the pay CIP and partly offset the unfavourable variance above include Children's Services (£1,628k), District Nursing (£1,257k), Intermediate care (£732k), CMHT/OPMH (£818k).

Agency Spend
March reports an agency spend of £1.09m, a decrease from previous comparable months (£1.31m Jan). This is adverse to the agency plan of £1m in month. YTD agency spend of £16.3m just exceeds YTD agency plan of £16m.

The Use of Resource Metric is a "2".

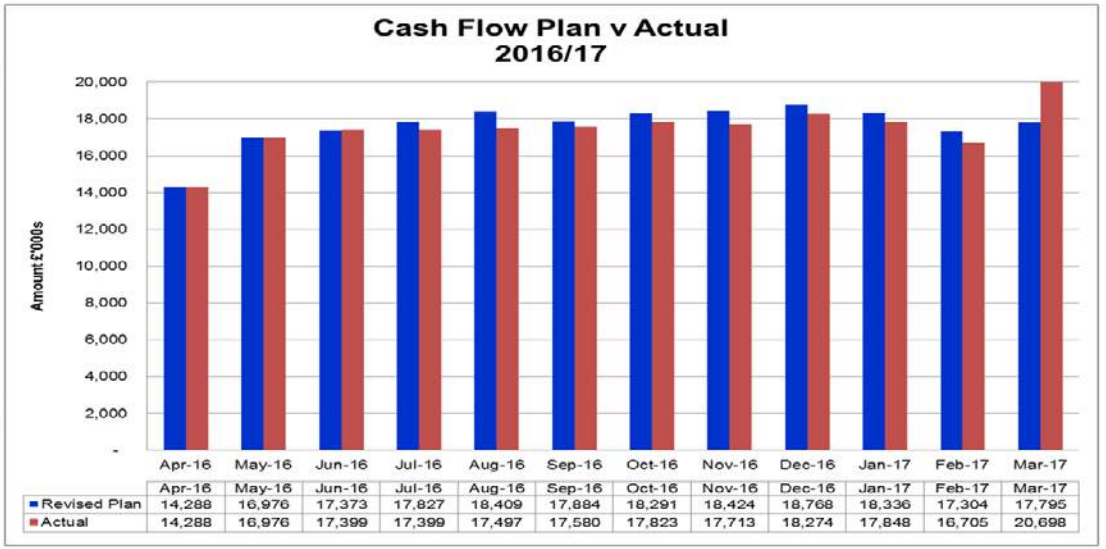
The main risks identified going into 17/18 continue to be:

- MH Beds -Acute overspill / PICU, Independent Hospitals.
- MH Inpatients
- CRHTT
- Westcall
- CIP identification and delivery

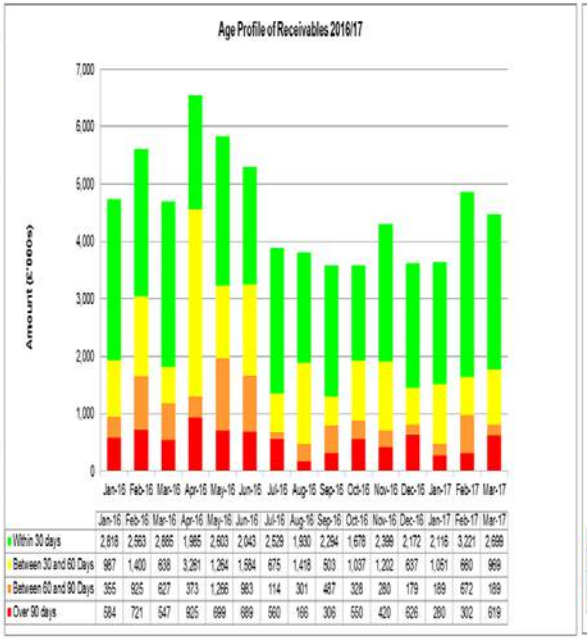
Balance Sheet Summary – Month 12

STATEMENT OF FINANCIAL POSITION	31st March 2017 (Plan) £'000's	31st March 2017 (Actual at Date) £000s	31st March 2016 (Final last year) £000s
Non Current Assets (Intangible, Property, Plant and equipment)	90,252	88,482	90,746
Inventory	104	113	91
Current receivables (Trade and Other Debtors)	12,180	9,682	10,151
Cash	17,795	20,698	16,653
Current Payables (Trade and Other Creditors)	(27,315)	(24,239)	(24,742)
Other Liabilities (Deferred Income)	(2,332)	(1,597)	(1,842)
Provisions (Current & Non Current)	(1,612)	(2,091)	(1,612)
PFI Finance Lease Creditor (Current & Non Current)	(31,704)	(31,703)	(32,592)
Total Net Asset / (Liabilities)	**57,368**	**59,345**	**56,852**
Financed By:			
Public Dividend capital	14,210	14,210	14,210
Revaluation Reserve	30,294	31,243	30,294
Income & Expenditure Reserve	12,864	13,892	12,349
Financed by Reserves	**57,368**	**59,345**	**56,852**

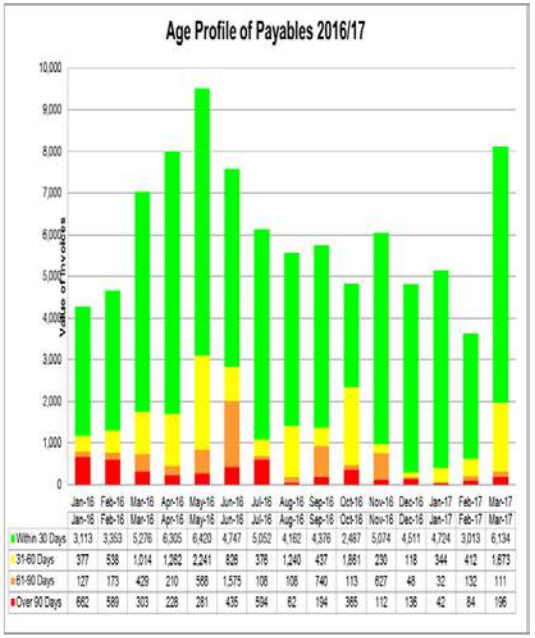
CAPITAL EXPENDITURE	Current Month Budget (£'000)	Current Month Actual (£'000)	Current Month Var. (£'000)	Year to Date Budget (£'000)	Year to Date Actual (£'000)	Year to Date Var. (£'000)	Forecast Outurn Budget (£'000)	Forecast Outurn Actual (£'000)	Forecast Outurn Var. (£'000)
Capital Maintenance & Replacement Expenditure									
- Trust Owned Properties	121	55	66	209	148	61	209	148	61
- Leased Non Commercial (NHSPS)	76	87	(11)	235	204	31	235	204	31
- Leased Commercial	0	48	(48)	162	237	(75)	162	237	(75)
- Statutory Compliance	223	104	118	271	165	105	271	165	106
- Locality Consolidations	325	21	304	412	67	345	412	67	345
- CAHMS T4	0	0	0	42	42	(0)	42	42	0
- PFI	421	17	404	474	60	414	474	60	414
Subtotal	**1,166**	**331**	**835**	**1,805**	**922**	**882**	**1,805**	**922**	**883**
Development Expenditure									
- IM&T Strategy	2,391	545	1,846	3,968	1,931	2,037	3,968	1,931	2,037
- Locality Schemes	0	14	(14)	53	281	(228)	53	281	(228)
Subtotal	**2,391**	**559**	**1,832**	**4,021**	**2,212**	**1,809**	**4,021**	**2,212**	**1,809**
Total	**3,557**	**890**	**2,667**	**5,826**	**3,135**	**2,691**	**5,826**	**3,135**	**2,691**



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Revised Plan	14,288	16,976	17,373	17,827	18,409	17,884	18,291	18,424	18,768	18,336	17,304	17,795
Actual	14,288	16,976	17,399	17,399	17,497	17,580	17,823	17,713	18,274	17,848	16,705	20,698



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Within 30 days	2,818	2,553	2,665	1,985	2,603	2,043	2,528	1,930	2,284	1,678	2,399	2,172	2,116	3,221	2,666
Between 30 and 60 Days	987	1,400	638	3,261	1,264	1,584	675	1,418	503	1,037	1,202	837	1,051	660	969
Between 60 and 90 Days	355	925	627	373	1,266	963	114	301	467	328	280	179	169	672	169
Over 90 days	584	721	547	925	669	669	560	166	306	550	420	626	280	302	619



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Within 30 Days	3,113	3,353	5,276	6,305	6,420	4,747	5,052	4,162	4,376	2,487	5,074	4,511	4,724	3,013	6,134
31-60 Days	377	538	1,014	1,262	2,241	928	378	1,240	437	1,661	230	118	344	412	1,673
61-90 Days	127	173	429	210	566	1,575	108	108	740	113	627	48	32	132	111
Over 90 Days	662	589	303	228	281	435	594	62	194	366	112	136	42	84	196

Balance Sheet Commentary – Month 12

Cash Position

The closing cash balance for March 2017 was £20.7m against a revised plan of £17.8m resulting in a favourable variance of £2.9m (February -£0.7m). During month 12 the Trust received over £0.5m from the Royal Berkshire, which significantly reduced their overall debt. Trust also received £0.4m from Health Education England.

The cash position includes YTD receipt of S&T funds equating to £1,350k.

Trade Receivables

The overall debtors balance has decreased by £0.5m in March to the value of £2.7m, mainly due to decrease in Royal Berkshire debts by £0.5m. Debts over 90 days increased by £0.3m to £0.6, which makes up 23% of the overall debts. These mainly relate to WAM CCG £154k, Slough CCG £138K, Bracknell & Ascot CCG £120k.

Trade Payables

Trade Payables increased by £4.4m to £8.1m for month 12, mainly due to increase in current creditors of which the main ones relate to NHS Professionals £1.4m, Newbury & Thatcham Unitary charge for March £0.4m, Unit 4 Agresso hosting service for 17/18 £160k. Creditors 31-60 days old increased by £1.2m to £1.6m or 21% of total creditors. Over 90 day aged creditors increased by £0.1m to £0.2m.

Capital Programme

In the month of Mar-17, the total monthly capital spend was under budget by £2,667K and YTD £2,691k under budget.

The main underspends YTD are:-

* £717K Continue rolling replacement of infrastructure, desktop & mobile IT kit,

* £251K Rio,

* £206k in Finance System Replacement,

* £225k Automated Clinical Correspondence,

* £297k Sorrel Ward,

* £127k UoR HQ Relocation Children’s Services,

* £108k Reconfig of Southcote & Tilehurst Clinic, £74k Courtyards Outstanding Works, £50k UoR CMHT, £50k UoR OPMHT, £50k CRHTT Reconfiguration.

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	9 May 2017
Title	**Summary Board Performance Report M12 2016/17**
Purpose	To provide the Board with a performance summary dashboard, including narrative and KPI exception highlights.
Business Area	Trust-wide Performance
Author	Chief Financial Officer
Relevant Strategic Objectives	2 - To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care and consistently meet or exceed the standards of CQC and other stakeholders.
CQC Registration/Patient Care Impacts	All relevant essential standards of care
Resource Impacts	None
Legal Implications	None
Summary	The enclosed summary performance report provides information against the Trust's performance dashboard for March 2017. **Month 12** **2016/17 <u>EXCEPTIONS</u>:** **The following Trust Performance Scorecard Summary indicator groupings are Red rated:** The "red" indicator grouping has been rated on an override basis, related to 1 specific indicator; • Service Efficiency and Effectiveness - RED **The following Trust Performance Scorecard**

	Summary indicator groupings are Amber rated: • People • Contractual Performance Further detail on the AMBER dashboard ratings is narrated within the section commentaries of the summary performance report. **The following individual performance indicators are highlighted by exception as RED with their link to the Trust Performance Dashboard Summary identified in brackets:** • **US-2b** - LD : Patient to Patient Assaults **(User Safety)** • **US-5** - Self-Harm incidents **(User Safety)** • **US-5a -** Self-harm incidents LD: Number **(User Safety)** • **US-20** - Mental Health: Seclusion: Number **(User Safety)** • **PM-01 -** Staff Turnover **(People)** • **PM-02** – Gross Vacancies (% WTE) **(People)** • **PM-03 –** Sickness **(People)** • **SE-02 -** SE-02 CHS Inpatient: Acute Average LoS **(Service Efficiency & Effectiveness)** • **SE-03 -** Mental Health: Acute Average LoS (bed days) **(Service Efficiency & Effectiveness)** • **SE-03a** - Mental Health: Acute Average LOS Snapshot **(Service Efficiency & Effectiveness)** • **SE-06A -** Mental Health: Acute Occupancy rate (EX HL) **(Service Efficiency & Effectiveness)** • **SE-06B -** Mental Health: Acute Occupancy rate by Locality (EX HL) **(Service Efficiency & Effectiveness)** • **SE-08 -** Health Visiting: New Birth Visits Within 14 days **(Service Efficiency & Effectiveness)** • **SE-09 -** MH: Crisis Plans for Clients on CPA **(Service Efficiency & Effectiveness)** • **SE-10 -** Mental Health Clustering within target **(Service Efficiency & Effectiveness)** Further RED KPI performance detail and trend analysis is provided in the summary performance report.
ACTION REQUIRED	The Board is asked to note the above.

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Board Summary Performance Report

M12: 2016/17 March 2017

Performance Scorecard Summary: Month 12: 2016/17

Healthcare from the heart of your community

Berkshire Healthcare NHS Foundation Trust

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 prinicples based approach

There are indicators within the detailed performance indicator report where the over ride rule applies.
This is driven by severe sanction or breach usually linked to regulatory compliance requirements within the Trust.
Year 2016 - 2017; M11 February 2017

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

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

Subjective

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

Exception report

Summary of Red Exceptions M12: 2016/17			
Indicator	**Indicator No**	**Comments**	**Section**
LD : Patient to Patient Assaults	US 02b	Increased from 20 to 21 in the month	User Safety
Self-Harm incidents	US 05	Increased from 100 to 125 in the month	User Safety
LD : Self Harm incidents	US 05a	Decreased from 20 to 19 in the month	User Safety
Seclusion	US 20	Decreased from 26 to 25 in the month	User Safety
Staff Turnover	PM 01	Decreased from 18% to 17.3% in the month	People Management
Gross Vacancies	PM 02	Decreased from 11.7% to 11.2% in the month	People Management
Sickness	PM 03	Decreased from 3.82% to 3.64% in the month	People Management
CHS Inpatient Average Length of Stay	SE 02	Decreased from 30 to 29 days	Service Efficiency
MH Acute Length of Stay	SE 03	Decreased from 35 to 50 days	Service Efficiency
MH Average Length of Stay Snapshot	SE 03a	Increased from 56 to 57 days	Service Efficiency
MH Acute Occupancy Rate by Locality and Ward	SE 06 a & b	Increased from 94% to 95%	Service Efficiency
New Birth Visits	SE 08	Increased from 82% to 89%	Service Efficiency
MH Crisis Plans for Clients on CPA	SE 09	Increased from 77% to 88%	Service Efficiency
Clustering	SE 10	Increased from 87% to 88%	Service Efficiency

User Safety Commentary

There was 1 serious incident; a suspected suicide of an IAPT client (Wokingham).

There were 23 apparent suicides in the year 2016/17. The "Zero Suicide" programme is the agreed plan to improve care for our patients with mental health illness.

The number of assaults on staff decreased to 48 in the rolling quarter to March 2017 and is now rated green for performance against a local target. In the rolling quarter, 16 incidents were reported on Sorrell Ward (increased from 15 last month), 3 incidents on Bluebell Ward (7 last month), 4 incidents were reported on Rose Ward (same as last month), 3 on Daisy Ward (same as last month), 5 on Snowdrop Ward (reduced from 9) and 5 on Rowan Ward (increased from 3). 5 incidents were reported at the Berkshire Adolescent Unit (same as last month). 30 clients committed assaults against mental health inpatient staff in the rolling quarter to March 2017, including two patients who have committed 4 assaults each and another two who have committed 3 each. All incidents in March 2017 were rated as low or minor risk. This shows an increasing trend.

For Learning Disabilities there was an increase in the number of assaults on staff from 44 in the rolling quarter to February 2017 to 57 in the rolling quarter to March 2017. All incidents in March 2017 were rated as low or minor risk. 7 patients have carried out assaults on staff in the rolling quarter, including one patient who has carried out 18 assaults and another who has carried out 12 assaults. This shows an increasing trend.

Patient to Patient Assaults - In Mental Health services this has decreased to 15 in the rolling quarter to March 2017 and remains green rated against a local target. 6 incidents took place on Sorrel Ward, 3 each Rowan Ward and Rose ward, 1 on Snowdrop Ward, Orchid Ward and the Berkshire Adolescent Unit. All incidents are rated as low or minor risk. This shows a decreasing trend.

Learning Disability - Patient to Patient Assaults increased to 21 (previously 20) in the rolling quarter to March 2017. All incidents were rated as low or minor risk and the assaults were carried out by 9 clients, including one client responsible for 5 incidents. This is an increasing trend.

Slips Trips and falls – These have increased and are above target in March 2017 driven by increases on Highclere Ward (9 falls) and Rowan Ward (3 falls). One incident on Donnington Ward was rated as moderate, where a patient fractured a finger; this was investigated as a sub-serious incident and appropriate care was found to have been given and the fall was not preventable. Another moderate incident was reported by Daisy Ward by a patient who had fallen walking in the park whilst on leave from the ward and was taken to A&E and was found to have a fractured ankle. The falls risk assessments and care plans were updated following each incident.

Self-Harm - These have increased to 125 in the rolling quarter to March 2017, and moves to a red rating. In the rolling quarter, 28 incidents (increased from 23 last month) have been reported by Berkshire Adolescent Unit, with one client responsible for 14 incidents. All of the incidents reported in March 2017 at the Berkshire Adolescent Unit, were rated as low or minor risk. There were a total of 87 incidents reported in the rolling quarter to Mental Health Inpatients, an increase from 67 from the preceding month. Of these, 14 incidents were reported on Rose Ward (11 last month), 41 incidents on Bluebell Ward (decreased from 42) and 23 on Snowdrop Ward (increased from 8), 1 on Sorrel Ward (2 last month) and 1 on Daisy Ward (same as last month) and 1 in the place of safety, 1 in Mental Health Reception, 2 public place or street and 3 where the exact location has not been specified. All incidents were rated as low or minor risk. 9 incidents were reported in the localities in the

rolling quarter; 2 for Common Point of Entry, 1 each for Reading CMHT, Slough CMHT and South Central Veterans Service, 1 Court Liaison and Diversion Service and 1 West Berkshire Older Persons services and 1 where the service is not specified. This shows an increasing trend.

Learning Disability Self Harm – decreased to 19 in the rolling quarter to March 2017, there were five low risk incidents reported in March 2017, carried out by the same client. This shows an increasing trend.

AWOLS and Absconsions - This data covers only those clients detained on a mental health section and is measured against a local target. Both AWOLS (from 10 to 12) and Absconsions (from 9 to 13) increased in the rolling quarter to March 2017. In March 2017, there were 5 AWOLs reported; 3 from Bluebell Ward and 1 each from Snowdrop and Daisy Ward. All incidents were rated as low risk. In March 2017, there were 4 absconsions, 2 from Rose Ward, and 1 each from Snowdrop Ward and Bluebell Ward. All were rated as low risk. Both AWOLs and Absconsions show a decreasing trend.

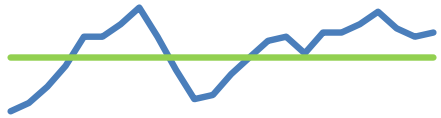
PMVA (Control and Restraint of Mental Health patients) – In March 2017 there were 28 uses on 14 clients; this includes 1 client with 4 uses. There were 8 uses on Sorrel Ward, 6 uses each on Snowdrop Ward and Rose Ward, 4 at Berkshire Adolescent Unit, 1 each on Daisy, Bluebell and New Orchid Ward. All incidents were rated as low or minor risk.

There were 6 incidents of prone restraint in March 2017; 3 incidents on Sorrel Ward and 1 each on Daisy Ward, Rose Ward and at the place of safety. All incidents were rated as low or minor risk. The Nurse Consultant at Prospect Park is undertaking a review to ascertain how assurance on restraint practices can be provided.

SCIP (Strategy for Crisis Intervention and Prevention) – There were 35 uses of SCIP (all at Campion Unit) in March 2017 on 5 Learning Disability clients, including 9 uses on one client and 6 on another. All incidents were rated as low or minor risk.

Seclusion: There were a total of 14 incidents of seclusion in March 2017 for Mental Health Inpatients for 5 clients; the longest incident was for 23 hours. In Learning Disability, there was an increase in the use of seclusion to 11 episodes for 3 clients including 8 uses on 1 client and 2 uses on another. The longest time of seclusion for a Learning Disability client was 4 hours.

User Safety Exception Report Month 12: 2016/17

KPI	Target	March	Trend	Context/Reasons	Commentary of Trend
Learning Disability Patient to Patient Assaults	<15	21		**Physical Patient to Patient Assaults were carried out by 9 patients in the rolling quarter. 1 of whom carried out 5 assaults.**	
Self-Harm incidents	<75	125		**Increase in Self-Harm driven by an increase in reported incidents on Rose Ward, Snowdrop Ward and Berkshire Adolescent Unit.**	
LD Self-Harm incidents	<10	19		**Reduced from last month. 5 Low risk incidents reported in March carried out by 1 client.**	

KPI	Target	March	Trend	Context/Reasons	Commentary of Trend
Seclusion	**<18**	**25**		**Seclusion is the confinement of a patient in a room which may be looked. This is used to contain severely disturbed patients who are likely to cause harm to others.**	**14 incidents occurred in mental health inpatients for 5 clients. There were 11 uses in Learning Disabilities services for 3 clients with 1 client responsible for 8 uses.**

Other Key Performance Highlights for this Section

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

- Learning Disabilities Physical Patient to Patient assaults increased from 20 in the rolling quarter to February 2017 to 21 in the rolling quarter to March 2017.
- Mental Health Self-Harm increased from 100 in the rolling quarter to February 2017, to 125 in the rolling quarter to March 2017.

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

- Learning Disabilities Self-Harm improved from 20 in the rolling quarter to February 2017 to 19 in the rolling quarter to March 2017.
- Mental Health Patient to Patient Assaults reduced from 29 in the rolling quarter to February 2017, to 15 in the rolling quarter to March 2017.
- Mental Health Physical Assaults on Staff have reduced from 52 in the rolling quarter February 2017, to 48 in the rolling quarter to March 2017.
- Seclusion decreased from 26 uses in February 2017 to 25 uses in March 2017, however there was increased usage in Learning disabilities services.

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 provisional Sickness data), 2 are amber (Fire and Information Governance) 2 are green including (Statutory training - Manual Handling and Health and Safety). PDP does not have a rating at present, as the annual target was achieved in June 2016.

Sickness Absence

• The Trust-wide monthly sickness rate in March has decreased further to 3.56%, slightly above the target of 3.5%. The short-term sickness rate has decreased significantly due to a reduction in absences relating to cold/cough/flu, and there is also a decrease in medium-term absences for the same reason. The improvements seen in the long-term sickness rate last month have been sustained.

• The work within the localities to address sickness hot spots is continuing with an on-going focus on the management of long term sickness cases.

• There has been an increase in the overall sickness rate attributed to musculoskeletal/back problems in March, following a significant downward trend over the previous 9 months. Further analysis is required to understand this increase and ensure that remedial actions are identified to prevent any further monthly increases. Some initial analysis has identified an increase in the medium-term sickness rate (8-27 days) attributed to musculoskeletal/back problems rate in March (to 0.29% from an average over the previous 6 months of 0.09%). The downward trend in the long-term musculoskeletal sickness rate, coupled with this increase in the medium-term rate, might indicate a reduction in the duration of episodes of musculoskeletal absence. More detailed analysis is required to determine whether this is the case.

• The long-term sickness rate due to injury/fracture has returned to average levels, following an increase over the previous 4-5 months. This increase was investigated and was the result of an unusually high number of individuals with fractures, who are now returning to work.

• Clinical services that are live with HealthRoster will no longer enter sickness data onto ESR, following the recent decision in order to avoid duplication of recording. The absence data will transfer to ESR monthly, although work is underway to determine the feasibility and cost of increasing the frequency of this transfer.

Turnover

• There has been a further reduction in the Trust-wide turnover rate, to 17.18% in March. The improvement in the turnover rate in Mental Health Inpatients has been sustained in March, although the monthly turnover figure has increased slightly (to 0.91%); in real terms this represents two leavers, one of which was non-voluntary. This provides evidence of the on-going impact of recruitment and retention initiatives introduced as part of the workforce project.

• Further initiatives linked to retention include a recruitment and retention workshop for the wards in the West localities; and the introduction of a 'wellbeing trolley' at Prospect Park which aims to identify issues and signpost individuals to sources of support. The impact of these initiatives will be reviewed and shared across localities.

• The localities are analysing the results from the annual staff survey, in conjunction with feedback obtained from the exit questionnaire, to identify any issues or trends that may impact on retention.

Recruitment

• The most significant factor impacting on the recruitment turnaround time continues to be notice periods, with an average notice period of 26 days (remaining higher than the annual average of 24 days).

• Forthcoming recruitment initiatives aimed at 'difficult to fill' posts include a specific community nursing page on the website; collaborative recruitment days for community nursing and a structured open day at Prospect Park, supplemented by local advertising to target both qualified and unqualified staff with a focus on career development pathways. The Trust is also hosting the Royal College of Nursing conference in Reading in June.

Statutory and Mandatory Training

Statutory Training – Fire Training has improved to 91% with Slough and West Berkshire above target. Weekly reports are being sent to Locality Directors and for Corporate staff reports on non-compliance have been sent to the relevant Heads of Service. The Trust has received a letter from Berkshire Fire Brigade requiring that we ensure that all staff receives fire training.

Mandatory Training - Information Governance (86%) has remained below target for compliance. For Information Governance, the reporting has changed to reflect the requirement for annual "refresher" training for all staff. Weekly reports are being sent to Locality Directors and for Corporate staff reports on non-compliance have been sent to the relevant Director/Heads of Service. Within the IG Toolkit submission we achieved 96%, as the metric was updated by HSCIC to include everyone who had completed the training between 1st April 2015 and 31st March 2017 based on our current staff list. The PAF indicator is staff who have been trained or refreshed within the last 12 months, which places us at 86%.

People Exception Report Month 12: 2016/17

KPI	Target	March	Trend	Context/Reasons	Commentary of Trend
Staff Turnover (% YTD): Percent	**<15.2%**	**17.30%**		**Increase in turnover figure from September 2016. This remains a challenging stretch target however this is the lowest figure for 6 months.**	**This includes end of fixed-term contracts, retirements as well as voluntary resignations.**
Gross vacancies (% WTE): Percent	**<10%**	**11.20%**		**This figure includes areas where there has been difficulty recruiting such as CHS inpatients and nursing, LD and MH inpatients and Crisis Services.**	**New staff structures being implemented including an increase in Band's 4 and 6 and a reduction in Band 5's.**
Sickness	**<3.5%**	**3.64%**		**The short-term sickness has reduced from 0.83% and the long-term sickness to 2.02%**	**Sickness is at its lowest level since August 2016.**

Other Key Performance Highlights for this Section

- Staff Turnover has improved from 17.89% to 17.30%.
- Gross Vacancies has improved from 11.70% to 11.20%.
- Sickness has improved from 3.68% to 3.64%.

NHS Improvement Non-Financial and Financial Commentary

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

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

- Ethnicity 90%
- Employment Status 78.03%
- Accommodation Status was 81.03%

The next submission of the Mental Health Services Data Set will be for March 2017 and takes place on 25th April 2017 with a refresh on 22nd May 2017. Localities have been asked to increase collection of settled accommodation and employment in particular.

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

Service Efficiency And Effectiveness Commentary

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

DNA rates reduced from 4.75% in February 2017 to 4.63% in March 2017 and is rated as green. All localities are below target. A recent data quality audit found that there is still a high level of error by staff when entering a DNA instead of a cancellation even when the patient has advised that they will not be attending an appointment.

In CPE, the DNA rate decreased from 14.46% in February 2017 to 9.40% (240/1128) in March 2017.

In Children and Families services the DNA rates, there were decreases in West Berkshire 7.79% (last month 9.01%), Wokingham 4.81% (last month 5.7%) but increases in all other localities; Reading 9.94% (last month 8.24%), Slough 4.74% (last month 4.51%) and Bracknell were 5.58% (last month 5.41%). CAMHS services DNA rates showed an increase to 6.97% in March 2017 (last month 8.84%).

For Mental Health, there has been some improvements with; Slough 8.26% (last month 8.48%), WAM 5.22% (last month 5.26%), Wokingham 3.48% (last month 4.81%) and West Berkshire 5.68% (last month 6.36%). There was a slight worsening in Bracknell 7.37% (last month 6.80%). 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 March 2017, 16,330 text messages were sent.

CHS Inpatient Average Length of Stay – has decreased from 30 days to 29 days which is above target, with WAM at 38 days, Wokingham at 31 days and West Berkshire at 32 days, the only areas above target. Delayed transfers have an adverse impact on length of stay. By ward 36.8% of occupied bed days were blocked in Reading, 2% in Windsor and Maidenhead, 9.6% in Wokingham, 10.6% West Berkshire, and 8.6% at Slough. A total of 52 patient discharges were delayed in March 2017 with a split in the agency responsible as follows: 25 awaiting Social Care, 14 were awaiting further NHS care and 13 were waiting joint care. The most common reason for delay was awaiting care package in own home (Of the 21; 9 were social care, 3 NHS and 9 both responsible), this was followed by 12 who were awaiting either a nursing home or a residential home (7 social care, 1, NHS and 4 joint funding).

CHS Occupancy is at 82% overall, a 2% reduction for March 2017.

Mental Health Acute Occupancy excluding home leave increased to 95% in March 2017.

The Average Length of Stay for Mental Health increased from 35 days in February 2017 to 50 days in March 2017 and the acute snapshot length of stay (increased from 56 days in February 2017 to 57 days in March 2017) and above target. 54 clients discharged in the period January to March 2017 had lengths of stay above 30 days,

including 10 above 80 days and 2 above 300 days. 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 12th April 2017 there were a total of 19 clients on acute wards (a decrease from 21 from last month regarded as delays with the majority regarded as requiring a specialist placement or accommodation), 9 of which have been confirmed as delayed discharges and a further 12 are classed as potential delays due to accommodation issues. Including the potential delays by locality, there were 5 delays each for Slough and Reading, 4 for Bracknell, 2 each for Wokingham and Newbury and 1 for WAM. Including potential delays by ward there were 7 on Daisy Ward, 5 on Snowdrop, 4 on Bluebell Ward, 3 on Rose Ward and 2 on Sorrell Ward.

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

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

At the 12th April 2017 there were a total of 15 out of area clients; 12 which required an adult acute mental health bed, 2 PICU, and 1 for Older Persons services. For the national return there were 13 OAPs in March 2017. NHS England have asked CCGs to reduce OAPS spends by Quarter 4 2016/17 with a view to elimination by 2020/21 as per the requirements of the 5 Year Forward View.

Older Adults Mental Health wards length of stay is 72 days for Rowan Ward and 98 days for Orchid Ward for clients discharged.

MH Readmission rates remained at 6% in March 2017, this the same as last month, but below target and the 2015/16 benchmarking figure of 8.8%.

Learning Disability Benchmarking reports have been received and distributed to the service for review.

Community Services benchmarking – A separate paper was produced for the March 2017 Executive Finance Risk and Performance Committee. The content of 2016/17 benchmarking was discussed at the reference group meeting on 14th March 2017.

Mental Health Benchmarking – the contents of the 2016/17 benchmarking exercise was discussed at a Benchmarking Reference Group meeting on 24thMarch 2017. There was further work to be done on the contents of the community mental health services collection.

Clustering – This increased to at 88% compliant which is below the 95% target. With the exception of IMPACT (98.4%) and, PMS (100%) Psychotherapy (100%) all services are below target with Common Point of Entry 76% (111 out of 146 clients clustered) and Eating Disorders at 63.5% (202 out of 307 clients clustered in date), Older Adult Liaison 73.3% (70 out of 83 clients clustered) and Neuropsychology has 0/14 clients clustered are 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 has increased to 91% of those clustered. A query has arisen regarding Early

Intervention in Psychosis (EIP) clients who are usually in Cluster 10 initially and will be with the team for 3 years but may change cluster which is not then part of the service specification, this has been raised with the Oxford Academic Health Science network who have confirmed that EIP cases should remain on Cluster 10.

Place Of Safety - There was an increase to 59 uses in March 2017, which the highest level since POS opened at PPH (the previous highest was 58 in August 2015). The total included 4 uses for Minors. Of the 59 uses of the place of safety, 27 were admitted following assessment including 24 under Section 2 of the Mental Health Act. 10 clients waited over 8 hours for an assessment. The reasons for the delays in assessment include Bed availability, Patient intoxication, and availability of AMHP/assessing Doctor. 13 of the 59 assessments were carried out by Berkshire Healthcare NHS Foundation Trust Section 12 Doctors, with a further 7 assessors not recorded. The most common time to be brought to the place of safety was between 9pm midnight to midnight and then 6pm to 9pm. The most common day for detention in March 2017 was Thursday's with 13 detentions followed by 11 detentions on Wednesday's.

Crisis plans – this report has been revised and shows the compliance against the new risk assessment tool introduced on 10th January 2017. Reporting has been refined to include compliance including those plans still in date. This has improved to 88%.

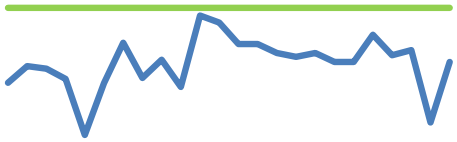
Health visiting – The Trust has increased to 89%, but is below the target of 95% again in March 2017 with all localities below target. This is above the 88.5% England average in Q2 2016/17, which is the latest data available on the National Child and Maternal Health Intelligence Network. There have been no contractual penalties imposed. In Reading and Slough, the service have high levels of vacancies and for Reading health visitors' time is needed for Safeguarding issues, this is being discussed with commissioners. 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 for the localities monitor this. The reasons for non-compliance are those babies placed in Special Care Baby Units and where families move intentionally out of our catchment area for a short period (such as to stay with families) of time or where families decline the service. Locally Reading and Slough services are being re-tendered.

System Resilience – Waiting times at Frimley North (Wexham Park) achieved 89% A&E 4 hour waits in March 2017 with an average of 337 attendances against a plan of 300 attendances. Compliance with the A&E 4 hour target had worsened in the week commencing 4th April 2017 and on Sunday 9th April 2017 the service achieved 69.5% clients seen within 4 hours. The average number of attendances at the Slough Walk in Centre was 112 per day against a plan of 80 attendances with Saturday 8th April 2017 having 136 attendances. The East Community Health wards had beds available throughout the month, however there was a gastroenteritis outbreak on Henry Tudor reported on 10th March 2017 and the ward was placed on restricted activity until 13th March 2017.

In the West – no A&E data has been published since September 2016. The system wide report shows capacity in our Rapid Response Teams across all West localities on 12th April 2017. In terms of inpatients there were 4 males and 2 female patient's waiting for beds on Oakwood Unit on 12th April 2017, with 0 beds available, but with 2 planned discharges in the following 72 hours. There were no waiting lists for any other wards in the West. There was a gastroenteritis outbreak on Windsor ward in Wokingham which began on 18th March 2017, the ward was placed on restricted activity until 30th March 2017.

Service Efficiency And Effectiveness Exception Report Month 12: 2016/17

KPI	Target	March	Trend	Context/Reasons	Commentary of Trend
CHS Inpatient Average LoS (bed days)	<28 Days	29		This is a reduction in the Community Health Length of Stay on the previous month.	Delayed transfers have an impact on length of stay, lack of care packages, and care home and nursing home availability placements causing delays in discharges.
Mental Health: Acute Average LoS: Number	<30 Days	50		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 Length of Stay Snapshot	<30 Days	57		As above. This is a reduction on the preceding month.	

KPI	Target	March	Trend	Context/Reasons	Commentary of Trend
MH Acute Occupancy rate (exc. HL - by Ward/ Locality)	**< 90%**	**95%**		**Reading and West Berkshire were above target.**	**Daily teleconference calls taking place between Inpatients and Localities.**
Health Visiting: New Birth Visits Within 14 days	**95%**	**89%**		**There are a number of vacancies within the Health Visiting services. Vacancies have not been filled until re-tendering of services has been completed in each locality. In addition Health Visitors' time in Reading has been taking up with Safeguarding Tasks.**	**The Trust is above the 88.5% England average in Q2 2016/17, which is the latest data available on the National Child and Maternal Health Intelligence Network. The target will be reviewed, given benchmarking and commissioner satisfaction regarding performance.**

KPI	Target	March	Trend	Context/Reasons	Commentary of Trend
MH Crisis Plans for Clients on CPA	95%	88%		The Community Mental Health Services have been asked to complete a new Safety plan which includes the Crisis Plan. This was launched in January 2017.	Commissioners have given the Trust until the end of Quarter 1 2017/18 to ensure that 90% target is achieved and maintained.
Clustering within target	95%	88%		There are frequent reviews required for certain clusters which mean that it is challenging to achieve the target. All Older Persons Mental Health Services were above target.	Teams with high numbers of outliers are being targeted. Clustering Lead is attending the Locality Managers Business Meeting to ensure that focus is maintained.

Other Key Performance Highlights for this Section

- CHS Length of stay decreased from 30 days in February 2017 to 29 days in March 2017.
- Mental Health Average Length of Stay increased from 35 days in February 2017 to 50 in March 2017.
- Mental Health Acute Length of Stay Snapshot increased from 56 days in February 2017 to 57 in March 2017.
- Mental Health Acute Occupancy increased from 94% to 95% in March 2017.
- Health Visiting increased from 82% to 89% in March 2017.
- MH Crisis Plans for Clients on CPA increased from 77% to 88% in March 2017.

Contractual Performance Commentary

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

Progress on Service Development improvement plans is as follows:

• For Child And Adolescent Mental Health Services this remains rated as green. East CCGs have given positive feedback on the wait time reduction for the first time. The Trust continues to be on plan for the West. The SDIP is now closed.

• For urgent response pilot recruitment is progressing with management & some clinical posts in place and running. Joint Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust operational group in place and meeting on weekly basis. Formal Links with Tier 4 providers [Local and External], Tier 3 teams and duty systems, NHS England case management system in place. Audit work completed and SDIP closed.

• For Common Point of Entry on-going discussions with Commissioners following the issuing of an Activity Query Notice by the Trust to the CCG. The first meeting took place on the 10th February 2017 with further data to be provided by the 17th February 2017. There remain challenges to the model and scale of delivery within CPE. A clinical meeting was held on the 23rd March 2017 and a letter sent to the CCGs on 31st March 2017 advising of the clinical risk if the Trust stopped referrals at source. East Berkshire CCG have agreed full year effect funding for 2017/18 and West will not fund beyond 7 months. Action plan being developed between CCG and BHFT.

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

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

CQUIN - There are gaps to close on the national CQUIN on Improving physical healthcare to reduce premature mortality in people with severe mental illness (cardio metabolic assessment and treatment for patients with psychosis).

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

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	9 May 2017
Title	Approval of the 2017/18 Strategy Implementation Plan
Purpose	This paper provides the Board with an overview of the development and content of the 2016/18 Strategy Implementation Plan
Business Area	Corporate
Author	Director of Corporate Affairs
Relevant Strategic Objectives	Supports all strategic objectives
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
SUMMARY	The attached paper provides the Trust Board with an overview of the development and content of the Strategy Implementation Plan for 2017/18. It also sets out the outcomes of initiatives in the 2016/17 plan, as a basis for the development of this year's plan. Significant progress has been made towards the achievement of our strategic aims during 2016/17. Our strategic implementation plans for 2017/18 are framed around our refreshed 4 strategic goals. They are a comprehensive and stretching set of initiatives which focus on providing services which are safe, highly regarded by people who access them, and achieve good or outstanding CQC ratings, while continuing to deliver significant improvements in our productivity, particularly in the use of digital technology. We will also be full partners in our wider health and social care systems, supporting integration, reducing duplication, and developing new ways of working together. The Strategy Implementation Plan will be used to monitor our progress to meet our strategic goals during 2017/18 through bi-monthly reports to the Business and Strategy Executive and 3 progress

	reports to the Board.
ACTION REQUIRED	The Board is asked to review and note the attached paper and Plan

APPROVAL OF STRATEGY IMPLEMENTATION PLAN 2017/18

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

Director: Bev Searle, Director of Corporate Affairs

Date: 1 May 2017

Purpose

This document has been prepared to update the Trust Board on the development of the Strategy Implementation Plan 2017/18. This plan summarises the major strategic initiatives planned for the year and beyond to deliver the Trust's refreshed Five Year Strategy.

Members of the Trust Board are asked to note the plan.

Document Control

Version	Date	Authors	Comments
1	01/05/17	Jenny Vaux	For Trust Board

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

Distribution:

All Trust Board members

Document References

Document Title	Date	Published By
Strategy Implementation Plan 2016/17	April 2016	Business Development & Strategic Planning
Final Draft Strategy Implementation Plan 2017/18	April 2017	Approved by Business & Strategic Executive

CONTENTS

INTRODUCTION

1. The Strategy Implementation Plan captures the key activities required over the financial year and beyond to ensure successful implementation of the Trust's strategy. The 2016/17 Plan was reviewed at each monthly Business and Strategy Executive meeting. Progress reports were presented to the Board in September, February and March.

2. This paper presents the Strategy Implementation Plan for review and approval by the Trust Board, highlighting those initiatives that have concluded during 2016/17 or are now 'business as usual' and therefore will not feature in the 2017/18 Strategy Implementation Plan, those initiatives that will continue from 2016/17 into 2017/18 and those initiatives that are new for 2017/18.

2016/17 PLAN

3. 2016/17 has been another challenging year in the NHS with resource constraints and the implementation of initiatives for long term sustainability set out in the Five Year Forward View. This has included a focus on establishing the structures and systems within Sustainability and Transformation Plan footprints, and looking forward, the expectation that many of these will become Accountable Care Systems/Organisations. Our strategic planning has focussed on maintaining and improving our Care Quality Commission rating of 'good', and strengthening our sustainability in line with national policy within our local health and social care systems in Berkshire East and West.

4. We have therefore continued to invest in organisational development and technology, and initiatives to improve our efficiency while continuing to enhance our service quality. Within our People Strategy, we have focussed on attracting and retaining staff in a challenging labour market; and through our refreshed Equality and Inclusion Strategy we have invested in initiatives to support equality in opportunity for our staff, particularly those from Black Asian and Minority Ethnic backgrounds, and to promote fairness in the way we support staff and deliver our services. We have continued to roll out our e-rostering programme and have been at the forefront of the implementation of Connected Care, enabling patient records to be shared safely and effectively across health and social care organisations in Berkshire.

5. We have also significantly reduced our use of agency staff, thereby increasing patient safety and experience of care while also reducing costs. Other major programmes last year included optimising our use of estates, particularly in Reading where we are bringing together dispersed services and offices into a hub on the University of Reading campus. We have continued our focus on mental health services with the adoption of our Mental Health Strategy, developing patient pathways and increasing capacity in our Child and Adolescent Mental Health services. The integration of mental and physical health services into the Children Young People and Families service has also made significant progress during 2016/17.

2017/18 PLAN DEVELOPMENT

6. Development of the 2017/18 plan began in the New Year with executive directors invited to provide comment about initiatives in the 2016/17 plan that would conclude, roll forward or where new initiatives would need to be brought into the plan. Initiatives have also been considered within the framework of the four refreshed Strategic Goals (replacing the previous five goals).

7. A draft plan was refined through meetings with responsible officers to identify gateway activities which will support the delivery of identified initiatives and workstreams. The plan was also compared with the major projects featuring in the Programme Management Office following approval of 2017/18 budgets. The draft plan was reviewed at the Business and Strategy Executive meeting in April, with the final version now presented to the Board.

8. It was agreed at the executive meeting that the Strategy Implementation Plan should in future focus on initiatives pertinent to the delivery of the Board strategy. This has led to the removal from the plan of some initiatives which are strategically important however are on annual cycles which are now well established and monitored by the executive. There are also some projects which the executive will regularly review through the monthly Projects Report at Business and Strategy Executive meetings, which are less critical for the delivery of our overall strategy and have therefore also been removed from the 2017/18 plan. These changes are shown in more detail later in this report.

9. Progress related to the delivery of the 2017/18 Strategy Implementation Plan will be reviewed bi-monthly at Business and Strategy Executive meetings, and reported to the Trust Board three times during the course of the financial year through exception reports.

2016/17 INITIATIVES NOT INCLUDED IN THE 2017/18 STRATEGY IMPLEMENTATION PLAN

10. The following initiatives/programmes in the 2016/17 plan have not been included in the 2017/18 plan (set out in the framework of our previous 5 strategic goals.)

Strategic Goal 1: To provide accessible, safe and clinically effective services that improves patient experiences and outcomes of care.

- The following initiatives have been removed from the plan as these are now well established cyclical activities:
    - *Priorities for Quality*, including Quality Account reporting and delivery, and the Quality Schedule
    - *NHS Improvement Annual/Operational Plan*
    - *Deliver of CQuINs (Commissioning for Quality and Innovation)*

- Within *CAMHs (child and adolescent mental health) Development,* the Tier 3 programme to increase capacity in our community services, and the project to establish the community eating disorder service, have moved to 'business as usual'. Phase 1 of the Tier 4 development programme, to increase capacity to 9 beds at the Berkshire Adolescent Unit and meet service compliance, has been completed

- The *Agency and Bank* programme will continue into 2017/18 however the projects to reduce the number of framework organisations we use and to establish the Berkshire Healthcare Staff Bank have been completed and will be replaced with new initiatives to reduce our use of agency and temporary staff.

Strategic Goal 2: To deliver sustainable services based on sound financial management

- The e-rostering programme within the *Efficiency through Technology* initiative has been rolled out in line with the implementation plan, and now moves to 'business as usual'.

Strategic Goal 3: Be the provider of choice for people who use and commission our services

- Within the *People Strategy* initiative, our talent management and health and wellbeing projects have also moved to 'business as usual'.

Strategic Goal 4: To establish a comprehensive range of integrated out of hospital services

- Establishing integrated health and social care hubs within the *Development of the Health Hub* initiative have moved to 'business as usual'

- The *Review of Community Nursing* is being closely monitored by the executive through the projects report, and has been removed from this plan

- Monitoring the delivery of our obligations for projects sponsored by the *Better Care Fund* programme will also be monitored through operational reporting structures.

Strategic Goal 5: To work with our partners to play our part in developing caring and compassionate communities

- The *Patient and Carer Engagement* initiative*,* encompassing Hearing the Patient Voice and the delivery of the Carers Strategy, and the *Sustainable Development* initiative are well established and have moved to 'business as usual'.

INITIATIVES THAT WILL CONTINUE FROM 2016/17 INTO 2017/18

11. The following initiatives/programmes will roll forward to 2017/18. These are shown in the framework of the refreshed strategic goals.

Strategic Goal 1: To provide safe services, good outcomes and good experience of treatment and care

- The *Quality Improvement Programme* will continue in 2017/18, with the appointment of our partner organisation. Workstreams and activities will be added in the next few weeks as these are agreed, together with their governance structures

- Some elements of the current *Optimising Estates* initiative are shown within different sections of the plan reflecting their primary drivers, for example for service or systems reasons. The projects to explore options for the future location of our Trust headquarters, the development of the University of Reading as a primary Trust site, and the Sale of Craven Road will continue in this section

- Some projects within the *Mental Health Services Development* initiative will continue into 2017/18, as we implement outcomes from our Mental Health Pathways work, improve the effectiveness of the way we manage our mental health inpatient beds, and work towards reducing the number of Berkshire residents who receive inpatient care in settings outside of the county (Out of Area Placements)

- The *Children Young People and Families (CYPF) Service Integration* programme will continue into 2017/18 until it moves to 'business as usual' during this year. This major initiative will bring together our mental health and physical health services, and use innovation and technology to provide improved patient experiences and outcomes for children, young people and their families and carers

- Within *CAMHs Development* the proposed move of the Berkshire Adolescent Unit (Tier 4 service) from Wokingham to Prospect Park Hospital will continue into 2017/18

- The *Agency and Bank Project* will also continue into 2017/18, reducing the use of non-framework agency staff, increasing the use of staff employed through our staff bank rather than agencies, and the overall reduction of the use of temporary staffing.

Strategic Goal 2: To strengthen our highly skilled and engaged workforce

- Our *Workforce Strategy* continues into 2017/18, reflecting major initiatives to improve staff recruitment and retention, and building our strategic workforce capability. Reporting through the strategy implementation plan has been simplified. The newly formed Strategic Workforce Steering Group will oversee the delivery of the majority of the strategy's workstreams

- The *Embracing Diversity* programme has been restructured to reflect our refreshed Equality and Inclusion Strategy, and our mandatory/statutory reporting requirements.

Strategic Goal 3: To deliver services which are efficient and financially sustainable

- Our *Cost Improvement Plans* (CIPs) will continue to be monitored to provide an oversight of our progress to meet our efficiency initiatives. (The Finance, Performance and Risk Executive and the Trust Business Group receive detailed reports on a monthly basis)

- The *Information Technology Roadmap* programme will continue in 2017/18, reflecting the implementation of our Information Technology Architecture Strategy including the replacement of our data network, deploying Windows 10 and using the Cloud for document storage.

Strategic Goal 4: Understanding and responding to local needs as part of an integrated system

- The *Connected Care* (Interoperability) programme will continue into 2017/18 as we work with our health system partners in both Berkshire West and Berkshire East to improve patient record information flows between organisations, and thereby enhance patient pathways, outcomes and experience

- The *Learning Disability Strategy* will continue into 2017/18 as we work with our commissioners and partners to redesign our community and inpatient services in line with national policy, including the development of a community based Intensive Intervention Service, and moving our Assessment and Treatment Unit from the current Campion Unit to Jasmine Ward at Prospect Park Hospital

- The *Health and Social Care System Initiatives* shown in the 2016/17 plan are replaced in the 2017/18 plan to reflect agreed programmes and delivery structures within the Frimley Health and Social Care Sustainability and Transformation Plan, and also the Berkshire West Accountable Care System programme, within the Berkshire Oxfordshire and Buckinghamshire STP footprint

- The project to build a new renal/cancer care unit at West Berkshire Community Hospital is included in the 2017/18 plan within a new section entitled *One Public Estate* (described in the next section)

- We will continue to develop our Health Hub in 2017/18, including working with South Central Ambulance Service to develop a Clinical Hub as part of a new 111 and Urgent Care Service, alongside our alliance partners Oxford Health NHS Foundation Trust and Buckinghamshire Health NHS Trust.

INITIATIVES NEW TO THE 2017/18 STRATEGY IMPLEMENTATION PLAN

12. The following initiatives/programmes have been introduced to the 2017/18 Strategy Implementation Plan.

Strategic Goal 1: To provide safe services, good outcomes and good experience of treatment and care

- The implementation of our Mental Health Strategy is included in our *Mental Health Service Development* initiative, including improving urgent care services and demonstrating the efficacy of the IAPT Early Implementer pilot. The plan also shows the 3 workstreams within the Prospect Park Hospital Development Programme - bed optimisation, workforce and becoming a centre of excellence. Details of these projects will be added to the plan when they have been agreed in the next few weeks

- The *Zero Suicide* initiative has been added to the plan, with an internal 'soft' launch in June leading to a formal programme launch in September

- The project to implement *Electronic Prescribing and Medicines Administration (EPMA)* is included in the plan as a major workstream using technology to improve patient care and safety, as well as efficiency

- Within *CAMHs Development*, we have included a placeholder to reflect future initiatives to deliver Five Year Forward View targets to increase access to children's and young people mental health services, through Future in Mind funding streams.

Strategic Goal 2: To strengthen our highly skilled and engaged workforce

- A new initiative *Estates Enabling Our People Programme* has been included reflecting projects identified through our Listening into Action initiative (staff identify where improvements can be made to remove blocks or make changes which will enhance patient care and experience).

Strategic Goal 3: To deliver services which are efficient and financially sustainable

- There are no new initiatives in this section for 2017/18, however more may be added when the detailed efficiency programme has been agreed.

Strategic Goal 4: Understanding and responding to local needs as part of an integrated system

- Our *Global Digital Examplar* programme is included in this section. Details of the workstreams and activities will be added when agreed in the next few weeks

- Our contribution to system programmes are included in this section including

    - *Sustainability and Transformation Plans*, with the 5 priorities set out in the Frimley Health and Social Care plans as these are implemented, and will include the major workstreams in the Buckinghamshire, Oxfordshire and Berkshire plan, and the Berkshire West Accountable Care System programme

    - A placeholder reflecting the Five Year Forward View goal of *Health and Social Care Integration* by 2020/21, which will be populated as national plans become clearer

- *One Public Estate* includes various programmes in Berkshire East and Berkshire West to ensure our estate is used effectively across our health and social care systems. These will include reviews of specific sites, and implementation of outcomes when these are agreed.

CONCLUSION

Significant progress has been made towards the achievement of Berkshire Healthcare's strategic aims during 2016/17. Our strategic implementation plans for 2017/18 demonstrate our commitment to our Vision "To be recognised as the leading community and mental health service provider by our staff, patients and partners" and our four refreshed strategic goals. They are a comprehensive and stretching set of initiatives which focus on providing services which are safe, highly regarded by people who access them, and achieve good or outstanding CQC ratings, while continuing to deliver significant improvements in our productivity, particularly in the use of digital technology. We will also be full partners in our wider health and social care systems, supporting integration, reducing duplication, and developing new ways of working together.

ACTION

Members of the Trust Board are asked to review and note the changes to the 2017/18 Strategy Implementation Plan, and the attached format for the summary exception report for progress monitoring during the year.

Berkshire Healthcare NHS
NHS Foundation Trust

2017/18 Strategy Implementation Plan Exception Report format

INITIATIVE	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Strategic Goal 1: To provide safe services, good outcomes and good experience fo treatment and care.												
QUALITY IMPROVEMENT PROGRAMME												
Details to be added by end of quarter 1.												
Comments:												
OPTIMISING ESTATES												
Options for Trust Headquarters												
Development of University of Reading as a primary Trust site												
Sale of Craven Road												
Comments:												
MENTAL HEALTH SERVICE DEVELOPMENT												
Mental Health Strategy Implementation (initiatives not covered elsewhere)												
Prospect Park Hospital Development Programme												
Out of Area Placements - non-acute												
Mental Health Pathways												
Comments :												
ZERO SUICIDE INITIATIVE												
Comments:												
ELECTRONIC PRESCRIBING AND MEDICINES ADMINISTRATION (EPMA)												
Comments:												
CHILDREN YOUNG PEOPLE AND FAMILIES (CYPF) SERVICE INTEGRATION:												
Comments:												
CAMHs DEVELOPMENT												
Future in Mind												
Tier 4 proposed move from Wokingham Hospital to Prospect Park Hospital												
Comments :												
AGENCY AND BANK PROJECT												
Comments:												
Strategic Goal 2: To strengthen our highlight skilled and engaged workforce.												
WORKFORCE STRATEGY												
Staff recruitment and retention												
Comments:												
BUILDING OUR STRATEGIC WORKFORCE CAPABILITY												
Comments:												
ESTATES ENABLING OUR PEOPLE PROGRAMME												
Comments:												
EMBRACING DIVERSITY												
Delivering our Equality and Inclusion Strategy 2016-20												
Comments:												
Strategic Goal 3: To deliver services which are efficient and financially sustainable.												
COST IMPROVEMENT PLANS												
Comments:												
INFORMATION TECHNOLOGY ROADMAP												
Information Technology Architecture Strategy												
Comments:												
Strategic Goal 4: Understanding and responding to local needs as part of an integrated system.												
GLOBAL DIGITAL EXEMPLAR												
Details to be added when implementation plans agreed with NHS England												
CONNECTED CARE (Interoperability)												
Comments:												
LEARNING DISABILITY (LD) STRATEGY												
LD Service Optimisation and Redesign												
Comments:												
SUSTAINABILITY AND TRANSFORMATION PLANS												
Frimley Health and Social Care												
Buckinghamshire, Oxfordshire and Berkshire												
Bekshire West Accountable Care System												
Comments:												
HEALTH AND SOCIAL CARE INTEGRATION (by 2020/21)												
Details to be added when known.												
ONE PUBLIC ESTATE												
Berkshire East (Frimley Health and Social Care)												
Bekrshire West (ACS Programme)												
Comments:												
DEVELOPMENT OF THE HEALTH HUB												

INITIATIVE	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS 111/Urgent Care Clinical Coordination Hub - Alliance with SCAS												
Comments:												

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	9 May 2017
Title	Mental Health Strategy Progress Update
Purpose	To provide a progress report on the implementation of the Board's strategy at the end of April 2017.
Business Area	Corporate
Author	Director of Corporate Affairs
Relevant Strategic Objectives	Supports all strategic objectives
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None

SUMMARY	The attached paper provides a report on progress against the key priorities within the strategy approved by the Trust Board in December 2016.
	The paper provides an overview of:
	• Developments in national policy/local operating context since December 2016
	  • Five Year Forward View
	  • System working
	• What we have done in terms of:
	  • Establishing governance
	  • Taking forward key initiatives and strategic intentions
	  • Progress against key targets
	  • Communication and engagement

ACTION REQUIRED	The Board is asked to note the progress made against the strategy priorities.

Berkshire Healthcare NHS
NHS Foundation Trust

Mental Health Strategy 2016 – 21

Progress Update

May 2017

Berkshire Healthcare NHS Foundation Trust

Healthcare from the heart of your community

www.berkshirehealthcare.nhs.uk

Mental Health Strategy Summary 2016 - 2021

Berkshire Healthcare NHS
NHS Foundation Trust

Effective and 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, 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 and 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 and peer support.

Berkshire Healthcare NHS
NHS Foundation Trust

Our Mental Health Strategy – progress since December 2016

The Trust Board approved our strategy in December 2016, ensuring it was aligned with our vision, values and key strategic objectives. The priority areas of focus were confirmed as:

Safer, improved services with better outcomes, supported by technology

This paper provides an overview of:

- **Developments in national policy/local operating context since December 2016**
  - **Five Year Forward View**
  - **System working**
- **What we have done in terms of:**
  - **Establishing governance**
  - **Taking forward key initiatives and strategic intentions**
  - **Progress against key targets**
  - **Communication and engagement**

Developments in national policy since December 2016

Next Steps for the Five Year Forward View (FYFV) was published on 31.03.2017. It sets out achievements since publication of the FYFV (2015) and key change areas including:

Boosting mental health services by increasing beds for children and young people to cut out of area care, more beds for new mothers and more mental health professionals in the community and hospitals to prevent crisis admissions.

The report includes a significant section on mental health, as well as references to mental health within other chapters. Berkshire West and Frimley are both referenced as likely candidates to be confirmed as potential Accountable Care Systems, and Berkshire Healthcare is identified as a mental health Global Digital Exemplar. Implications for our strategy implementation are highlighted within this update paper.

In December 2016, Clinical Commissioning Groups were invited to submit bids for national **Transformation Funding** and we worked with commissioners to bid for funds to develop mental health liaison, perinatal and CAMH services.

The opportunity to express interest in “wave 2” of new models of care for a number of specialist services has been announced, and is currently being evaluated and discussed with partners. We are already part of a “wave 1” partnership, led by Oxford Health for medium and low secure services.

Mental Health Strategy and system working

Berkshire Healthcare NHS
NHS Foundation Trust

Developments in Berkshire-wide Initiatives

Mental Health is continuing to attract a higher profile in **A&E Delivery Boards** in both halves of the county, and system conference calls are well established. However, there has been significant pressure on inpatient services, resulting in high bed occupancy and an increased number of out of area placements. Our **Early Implementer IAPT Programme** to increase access and develop services for people with long term physical health problems has established governances structures, and commissioners are well engaged. A draft **Suicide Prevention Strategy** for Berkshire has been completed, and a steering group established, which is welcome progress. This is being led by Public Health and engagement with Health and Wellbeing Boards is currently in progress. The **Connected Care** Programme has progressed well and Berkshire Healthcare staff are now accessing shared electronic records as planned. Our identification as a Global Digital Exemplar for mental health within "Next Steps for the Five Year Forward View" is a significant opportunity to implement a new model of care for mental health in line with our strategy. **Brighter Berkshire** has been established as a community/voluntary sector-led initiative to promote mental health and reduce stigma. Local MPs, Councillors. Local business and media are involved, and the intention is to develop a Community Interest Company to achieve a sustainable programme of work for the future.

Berkshire East

The Frimley Health and Care STP approach has been to embed mental health within all 7 priority initiatives to develop:

- **Support for peoples own responsibility for health and wellbeing**
- **Integrated decision making hubs**
- **A new model of General Practice at scale**
- **The support workforce across the system**
- **Social Care market analysis and management**
- **Analysis and reduction of clinical variation**
- **A Shared Care Record accessible across the system**

A mental health workshop has been held to inform this work, and to consider the requirements of the FYFV for mental health. Recommendations will be made to the System Leadership group for consideration in May, to ensure that all elements of the FYFV for Mental Health can be achieved across the whole STP area.

Berkshire West

Our mental health service staff will be part of the following clinical work streams of the **Accountable Care System**:

- **The system-wide bed review**
- **The response to high Intensity service users**
- **The analysis and approach to physical and mental health co-morbidities**

The **Berkshire West 10 Integration Programme** has recently focussed on mental health and our strategy has now been presented to the Integration Board. This is being followed by local discussions with each of the Health and Wellbeing Boards. In addition, agreement has been secured to fund our **Street Triage** Service from the Better Care Fund in 2017/18.

The plan for the **Buckinghamshire, Oxfordshire and Berkshire West STP** is currently being reviewed, and we will continue to contribute to priority initiatives as appropriate. However, the identification of Berkshire West ACS within the FYFV "Next Steps" document, will require a significant focus, for both community and mental health services.

Mental Health Strategy priorities and governance

Berkshire Healthcare NHS
NHS Foundation Trust

Key priorities
There is a good alignment between our vision, values, organisational priorities and our mental health strategy priorities:
Safer, Improved services with better outcomes, supported by technology

Our Trust Board Vision metrics include a number of measures which will enable us to understand our progress towards achieving our vision
To be recognised as the leading provider of community and mental health services by our staff, patients and stakeholders

The measures that are specifically relevant to our mental health strategy priorities include:

- Patient assaults
- Use of restraint
- Inpatient deaths
- Suicide rate for people under mental health care
- Bed occupancy

Our organisational **plan on a page** for 2017/18 includes a range of measurable targets designed to be relevant to our wide range of services. We have also included the following which are specific to our mental health services:

- Zero suicide
- Reduction in use of restraint
- Reduction in out of area placements

The following slide shows the significant initiatives within our mental health strategy, which will be enabled by technology and use of quality improvement methodology. This is followed by an outline of progress regarding each of the initiatives, a summary of our plans for technology enabled service delivery, the targets against which we will measure our progress and our approach to communication and engagement.

Governance
A **Mental Health Programme Board**, accountable to the Business and Strategy Executive has been established to oversee implementation of the Mental Health Strategy, Prospect Park Development Programme and Mental Health Pathways and Clustering. The following slide provides the high level implementation "road map" for the key initiatives included in the strategy approved by the Trust Board.
Governance arrangements for IAPT are well established, with a Steering Group reporting into Trust Business Group and 2 Steering Boards established in East and West Berkshire with commissioners well engaged as part of the Early Implementer Programme.
The **Zero Suicide** project is established, with confirmed project leadership and links to the Berkshire suicide prevention steering group.
Urgent Care arrangements are managed through our operational management structures and our membership of A&E Delivery Boards. The management of "acute overspill" out of area placements is requiring specific focus, given the quality and financial risk that this represents. In addition, work is required to address pressure within our Common Point of Entry.
Following discussions about provision of **Longer Term Care** at Trust Business Group, workshops have been held to identify options and proposals for consideration. Recommendations will be confirmed by Trust Business Group and reported to Business and Strategy Group.

Mental Health Strategy

Implementation roadmap December 2016

Berkshire Healthcare NHS
NHS Foundation Trust

	2016 - 18	2018 - 19	2019 - 21
PPH Development	Staffing, bed optimisation and centre of excellence projects established and meeting targets	Medium –term actions delivered, pathways and patient/carer engagement well established	Long term actions delivered. Strategy reviewed and future priorities confirmed
Pathways	Implementation of priority pathways – initial focus on people with personality disorder	All evidence based pathways established and tariff implications confirmed with commissioners	Outcomes reviewed and benchmarked to inform further work required
Zero suicide	Completion and implementation of strategy linked to system suicide prevention plan	Medium –term actions delivered	Long term actions delivered. Strategy reviewed and future priorities confirmed
Urgent Care	System reviewed including PMS, PoS, CRHTT and CMHT pathways	Alternatives to admission reviewed and priority actions confirmed and implemented	Long term actions delivered. Strategy reviewed and future priorities confirmed
IAPT	Early implementer programme: increasing access and delivering for priority long term conditions	Plans for future sustainability completed and agreed with commissioners	Services covering wide range of long term conditions and delivering positive outcomes
Longer term care	Priority actions for Out of Area Placement reduction confirmed and implemented	Partnership actions with UAs, Vol. sector & housing providers confirmed and implemented	Long term actions delivered. Strategy reviewed and future priorities confirmed

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

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

Progress on Key Initiatives

Berkshire Healthcare NHS
NHS Foundation Trust

Prospect Park Hospital Development

Good progress has been made with the establishment of this programme, and Staffing and Bed Optimisation projects are established and project leads appointed.

Bed Optimisation:

- A Bed Manager post has been appointed to
- Focussed work on reducing length of stay has been commenced
- A pilot of community consultants engagement in inpatient decision making is being undertaken
- Additional action has been taken to address increased requirement for out of area placements for people with acute needs which has been experienced recently (see also Urgent Care section on the next slide).

Staffing:

- All new posts within agreed skill mix are being recruited to and a reduction in vacancies identified. However, this needs to be sustained in order to verify impact.
- Actions to improve retention have been implemented and a reduction in turnover identified, which will be monitored to ensure it has been sustained.
- Work is in progress to confirm new project milestones reflecting additional actions to further reduce vacancies and turnover. This includes maximising recruitment of students, establishment of "cohort" recruitment of band 2 and 3 nursing staff and further skill mix analysis.

Centre of Excellence definition and scope is currently under development with proposals to be considered at the May meeting of the Mental Health Programme Board.

IAPT

A well-established steering group is in place, including the Talking Therapies Development Director, Project Lead, finance, contracts and Business Development leads. The group reports to Trust Business Group and provides oversight of the following initiatives:

- Early Implementer pilot
- Skype pilot
- Development of online packages in partnership with Silvercloud
- Surrey AQP
- Healthmakers

Good progress is being made, and commissioner agreement to use of national funding secured, along with their leadership/engagement in steering boards for the early implementer initiative in East and West of Berkshire.

Zero suicide

A project and clinical lead have been appointed, supported by a senior leadership group. Four key priority areas of focus have been identified as follows:

- A reduction in the rate of suicide of people under mental health care
- Increase in positive staff attitude and a proactive approach to suicide prevention
- An optimised RiO system for recording risk
- Families, carers and staff will feel supported and know where they can get support after a suicide

A detailed progress update was provided to the April Quality Executive, which will receive future progress updates.

Progress on Key Initiatives

Berkshire Healthcare NHS
NHS Foundation Trust

Pathways and Clustering

This programme was set up to optimise service delivery and to understand and improve outcomes for service users, while also positioning the Trust to meet evolving clinical delivery needs and changes to commissioning arrangements (including local contracting requirements and national Mental Health Payment Mechanisms).

Specific aims were to:

- Significantly improve the quality of clustering, data capture and reporting
- Develop evidence-based pathways specifications
- Undertake skill mix and workforce planning to service the proposed pathways specifications
- Undertake a comprehensive review and benchmarking of clusters, interventions, deployment of resources/skill mix, costs, and outcomes.
- Inform and be informed by Local and National commissioning and contracting currencies and contractual arrangements.
- Use cluster, contact, outcome and financial data to inform service reviews and pathways implementation planning
- Propose models and an implementation plan to deliver them

Good progress has been made in use of clusters and assurance of data quality, and the Trust is achieving targets (95% of clustering completed in time with 90% compliance with data quality requirements). Tableau performance reporting has improved visibility and local ownership.

A full set of pathways has been completed for all secondary care clusters and their implications in terms of workforce and costing are being assessed. National policy regarding mental health tariff has shifted in favour of population based commissioning rather than payment by results. Therefore work on implementation of cluster 8 pathway will be prioritised, along with recovery/transition including partnership working with primary care and the community and voluntary sector.

Longer term care

Proposals are currently being developed for consideration by the Mental Health Programme Board, and are focussed on the reduction of out of area placements for people with longer term needs. Work is already in progress to maximise the benefit of our contracts with local independent providers, but likely areas of focus for additional work include:

- Identification and action to address unwarranted variation in the support of people with longer term needs by CMHTs and Local Authority funded services
- Exploration of opportunities to work in partnership with commissioners (CCG and UAs) to develop local resources and joint administration of processes. Work has been recently undertaken to improve processes for people being discharged under section 117 of the mental health act in the west of the county. This will be closely monitored to ensure implementation of agreed actions.

Urgent Care

Work is currently in progress to optimise the performance of our Common Point of Entry, Crisis Response Home Treatment Services, and our Inpatient Wards. This is in response to ongoing high levels of demand and capacity challenges within other parts of the system which is resulting in:

- High referral numbers of people to CPE
- Increased length of stay at Prospect Park Hospital and increased numbers of out of area placements.

Action is being taken to address these issues, which needs to be continued into the medium/long term, and supported by commissioners and partner providers to ensure sustainable solutions.

We are working to ensure that accurate data is used to inform agreed actions. through our A&E Delivery Boards in East and West of Berkshire, including numbers of bed days lost due to delayed transfers of care.

We submitted bids for Transformation Funding development of the Mental Health Liaison Service in East and West Berkshire, which will support achievement of required targets.

Technology enabled service delivery

Berkshire Healthcare NHS
NHS Foundation Trust

The use of technology to enable the delivery of a new model of care in mental health is at the centre of our ambition as a "Global Digital Exemplar" for mental health, which was confirmed in " The Next Steps for the Five Year Forward View" published on 31.04.17.

Our **Plan on a Page for 2017** includes the objective to "develop a new intranet to support staff to make the best use of technology and identify three services to develop technology solutions that can be applied across the organisation.

We will continue to develop our use of **online programmes** as part of our **Talking Therapies** service, enabling us to achieve access targets and expand our offer across major long term physical health conditions. Our partnership with Silvercloud has enabled us to collaborate on the development of programmes for people with diabetes and Chronic Obstructive Pulmonary Disease and we are now developing the heart disease programme.

The application of our **Support Hope and Recovery Online Network** continues to grow across our services, from its inception in eating disorder services, across CAMHS, Carers and perinatal services.

Our use of **skype-enabled consultations** continues, and work is in progress to address some of the technical challenges associated with poor functionality when working with a big range of patients' own home computers. We are committed to finding a solution to enable greater video consultation, given the positive feedback received form staff and patients.

Informatics development remains an important priority – we have seen the development of "Tableau" reports to assist staff and managers in understanding data about their service – and continue to work on the development and application of this functionality. We are working to ensure a joined up use of activity, staffing and financial data relating to our mental health services to support our workforce planning capability as well as our ability to assess the our effectiveness and efficiency in terms of outcomes experienced by patients.

Our Global Digital Exemplar Key Objectives and Outcomes

Direct patient access and communications enhance choice, engaging patients in their care and joining up providers for outstanding care quality.
We will develop a health and social care economy –wide patient, family and carer portal as part of our electronic patient record (EPR) system

Digital wards & services deliver safer services, effective use of clinical resources, interoperability and a paper-free NHS.
We will make all recording real time, digital and interoperable within inpatient areas, replacing paper processes. We will digitalise visual and physical observation, prescribing and medications administration, enabling direct integration into our EPR

Digital workforce utilise new "smart" pathways, online service models, and telehealth as an integral part of clinical practice delivering consistent outcomes and improving efficiency.
Our mobile workforce will have a suite of new resources:

- **Care pathways implementation through our EPR**
- **Direct Skype clinician consultations**
- **Active alerting delivered through messaging enhancements from our EPR**
- **Community mental health staff notified via email/SMS of significant changes to patients on their caseload, 'To do' notifications, and outcome reports**

Research and Quality Improvement through application of improved data integration, and information access across health services to inform clinical outcome, interventions and service development.
We will use patient and clinician reported outcome measures and service indicators communicated in 'at a glance' dashboards, using benchmarking to support continuing improvement in patient care.
We will use our partnerships with healthcare providers, Universities and the Academic Health Science Network to collaborate in the development and use of treatments and technologies to enhance effectiveness, deliver efficiencies, and support staff development..

Measuring and communicating our progress

Our Mental Health Strategy will be implemented through the key initiatives identified in the summary on page 6, and progress will be monitored and reported through the governance arrangements described on page 5.
Each of these initiatives will incorporate our objectives summarised on page 2 for:

- **Effective and 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**

Communication and engagement

Drawing on the approach used for our Children and Young People's Programme, we will use our intranet and external website to share information about our strategy and the progress we are making with our staff and key stakeholders.

We will engage with CAMHS, Older People's Mental Health Service and Adult Service leadership groups to ensure the strategy implementation includes consideration of the needs of service users and carers of all ages.

We will continue to seek an appropriate approach to system wide strategic planning for mental health - through the Frimley Health and Care STP in the East of Berkshire, and through the emerging Strategy Steering Group and existing Integration Board in Berkshire West.

Our targets

The implementation plans for this strategy will include targets included in the Five Year Forward View for mental health summarised on the following slide (adapted from NHS England presentation). 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.

Five Year Forward View for Mental Health. **By 2020:**

70,000 more children will access evidence based mental health care interventions . Community eating disorder teams in place for children & young people

Intensive home treatment will be available in every part of England as an alternative to hospital

No acute hospital is without all age mental health liaison services with at least 50% meeting the "core 24" standard

At least 30,000 more women each year can access evidence-based specialist perinatal mental health care

10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 20 17

Increased access to evidence-based psychological therapies will reach 25% of need, helping 600,000 more people

The number of people with SMI who can access evidence-based Individual Placement Support will have doubled

280,000 people with SMI will have access to evidence based physical health checks and interventions

60% of people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks

Inappropriate out of area placements will have been eliminated for adult acute mental health care

New models of care for tertiary MH will deliver care closer to home, reduced inpatient spend and increased community provision

There will be the right number of CAMHS inpatient beds in the right place, reducing the number of inappropriate out of area placements

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	09 May 2017
Title	Draft Annual Report 2016/17 - approval
Purpose	This paper provides the Trust Board with the Draft Annual Report 2016/17 for approval
Business Area	Corporate
Author	Chief Executive Officer/Company Secretary
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	N/A
Legal Implications	Maintaining compliance with terms of authorisation and meeting regulatory requirements
SUMMARY	Attached is a draft of the Trust's Annual Report 2016/17 for comment and approval. The financial figures contained within the draft Annual Report are subject to verification by the Auditors and details of the Annual Accounts will be included/appended following the Audit Committee meeting on 24 May 2017. Board members will note that a small number of items of information are awaited/require clarification and these will be added as soon as they become available. It is not expected that this will materially affect the content of the report. If any changes of significance arise then these will be discussed with and approval sought from the Trust Chair and Chief Executive and notified to other Trust Board members as appropriate. The report will also be further reviewed for consistency, typographical/grammatical accuracy and style.

ACTION REQUIRED	The Board is invited to: 1. Consider and offer any comments on the draft Annual Report 2016/17; 2. Approve the draft for submission subject to any final necessary additions and amendments and to delegate authority to the Chair and Chief Executive to give Board approval to the final document in light of the timetable for submission to NHS Improvement.

ANNUAL REPORT
AND ACCOUNTS

2016/17

Berkshire Healthcare NHS Foundation Trust
Annual Report and Accounts 2016/17

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006

Berkshire Healthcare NHS
NHS Foundation Trust

Annual Report & Accounts 2016/17

CHAIR AND CHIEF EXECUTIVE'S REPORT

Welcome to the Berkshire Healthcare NHS Foundation Trust's Annual Report for 2016-17. These are challenging times for the health service. Money has never been tighter and staff at all levels are under huge pressure. Social Care, which provides vital support to many of our patients is under even greater strain.

We are attempting to deal with the challenge, not by sitting it out, but by embracing major change. Sustainability and Transformation Partnerships (STPs) are taking shape across England. As they evolve and mature, STPs are expected to develop into Accountable Care Systems (ACS). ACS bring together a wide range of health and social care services around the population they serve in order to provide greater integrated care.

The NHS Delivery Plan published in March 2017 identified nine areas of England to pioneer these systems. We sit in two of these areas (Frimley STP and Berkshire West ACS) and we are determined to ensure that these partnerships demonstrably improve patient care and staff experience, rather than becoming a bureaucratic distraction. As the service developments in this report demonstrate, we are well placed to make a major contribution to this partnership work, as we are already providing a range of integrated services with other organisations across all our locality areas.

The NHS delivery plan also revealed the seven mental health providers confirmed as Global Digital Exemplars, which includes Berkshire Healthcare. Subject to Treasury approval, the seven trusts will each receive £5m in central funding. We will be expected to lead the way in using digital technology, informatics and data to improve patient care, and to work with other organisations to implement these innovations across the NHS. This is a very exciting time for us and is a fantastic opportunity to build on the great work we have already done in improving our digital offer over the last few years.

During the course of the year, we have continued to focus on our staff engagement activities and this was demonstrated in a very positive annual staff survey. As the United Kingdom is preparing to depart from the European Union, we will continue to make clear how much we value the contribution of all our Berkshire Healthcare colleagues, regardless of where they were born. We will also maintain our focus on improving the working experience of our Black, Asian and Minority Ethnic staff, where satisfaction and engagement levels are less encouraging.

Our positive reputation with our Regulators has been maintained. Twelve months after the Care Quality Commission (CQC) rated us good, the CQC returned in December 2016 to inspect those areas that had performed less well the previous year. We are delighted to note that all four of the services concerned had improved and had addressed all the outstanding issues the CQC had identified. With regard to finance and governance, NHS Improvement (NHSI) has assessed us to be amongst the best performing Trusts in the country.

We are not however, complacent and recognise that that there is more we need to do in order to deliver the quality of care we aspire to within the context of severe financial constraint. In order to help us in this endeavour, we have launched our Quality Improvement programme and have commissioned a partnership of KPMG, Thedacare (a world leader in healthcare improvement) and Western Sussex Hospitals NHS Foundation Trust to work with us to develop new ways of working.

This partnership will be helping us look at ways in which we can create a more consistent approach to continuous improvement across the whole Trust. This will be done in a variety of ways, including introducing new techniques, education, tools and training. Ultimately we want to provide each and every staff member with the right support, knowledge and skills to give them the confidence to

make changes and take away the frustrations that stop us focusing on the important parts of our job which really make a difference to patient care.

We will make best use of our Quality Initiative over the next 12 months in order to address our key strategic priorities which include:

- Improving patient safety and experience. For example, reducing the number of suicides, falls and pressure ulcers of people known to us;
- Supporting our staff;
- Making the best use of every pound we receive, such as our commitment to reduce our expenditure on agency staff
- Working together with our partners to deliver integrated care and tackle some of the main pressures in our system, such as the need to reduce the numbers of urgent admissions, delayed transfers of care and out of area placements across all types of inpatient services.

Farewells

Our former Chairman John Hedger CB retired in December 2016. John had served seven years with the Trust. John played a pivotal role in the work of the Trust, including the merger of mental health and community services and more recently, in achieving a "good" Care Quality Commission inspection rating and a positive external Well-Led Review outcome. Our former Deputy Chairman Keith Arundale, Non-Executive Director also left after serving eight years. Keith had made a significant contribution to the work of the Trust and had been an outstanding Audit Committee Chair.

Martin Earwicker succeeded John Hedger as the Trust Chair on 1 December 2016. We also welcomed Mark Day as a Non-Executive Director on the Trust Board.

Particular thanks are recognition are due to Mavis Henley, former Lead Governor who stepped down from the Council of Governors in July 2016 after serving nine years. Mavis will continue to be involved in the Trust as a Mental Health Act Manager.

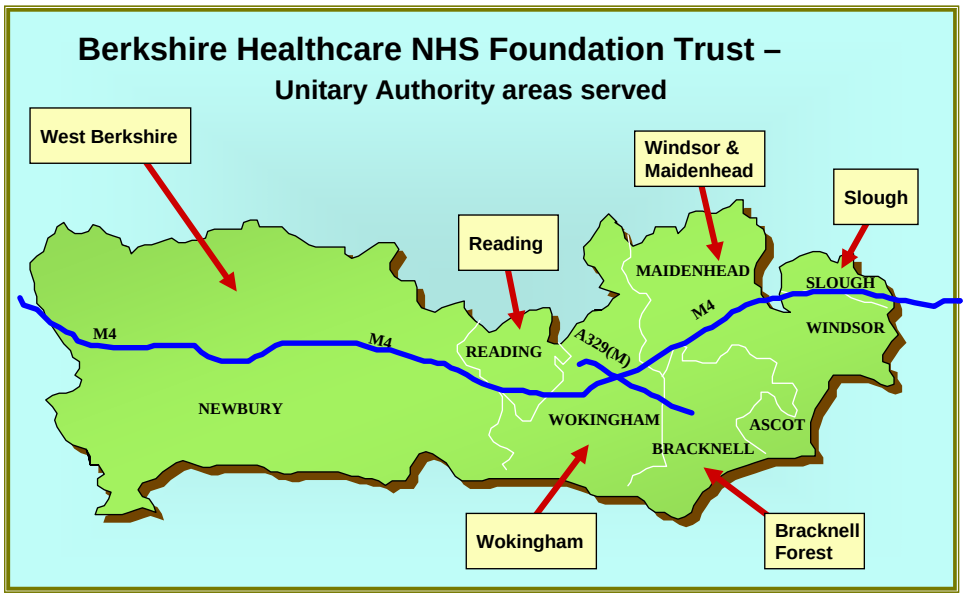
Julian Emms	Martin Earwicker
Chief Executive	Chairman

PERFORMANCE REPORT

Overview - Brief history and Summary Information

Berkshire Healthcare NHS Trust was originally set up in 2001, successfully gaining NHS Foundation Trust status in May 2007. In line with the Trust's provider licence, the principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England. The Trust provides specialist mental health and community health services to a population of around 900,000 within Berkshire. The Trust operates from a number of sites across the county offering community/home based care and inpatient services. The Trust has over 210 mental health beds and on any one day has over 20,000 people in its care for mental health. The Trust also operates 180 community health beds in five locations.

The Trust works with six local unitary authorities (as indicated in the map below) and seven Clinical Commissioning Groups (CCGs) which took on commissioning responsibility from April 2013.



The Trust's turnover for 2016-17 was £245m. During 2016/17 the Trust employed around 4,500 staff.

On 1 May 2007 the Trust was authorised to operate as an NHS Foundation Trust under the National Health Services Act 2006. The Trust was issued with its provider licence by Monitor (the Regulator – now known as NHS Improvement), reference 110009, on 1 April 2013.

During 2016-17, the Trust has continued to pursue its longstanding strategy of providing high quality services that meet the requirements of its Care Quality Commission (CQC) registration and in compliance with the conditions of its provider licence. The increasing demand for services has placed considerable pressure on the organisation and we have worked closely with our commissioners to seek ways to ensure financial and clinical sustainability.

During the year we have managed to improve on our original financial forecast, supported by additional Sustainability and Transformation Funding allocated by NHS Improvement (NHSi) for delivering and slightly exceeding the Trust's control total surplus, and have ended 2016-17 with a surplus of £1.6m (versus plan of £0.5m). This has enabled us to be categorised as a segment 1 Trust (the maximum level of autonomy) under NHSi's Single Oversight Framework. We know that as we

enter 2016-17, the financial challenge is significantly more demanding and we will be working hard internally and in collaboration with other health economy stakeholders to seek solutions that will deliver sustainable health services for the population of Berkshire in the years ahead.

A key role for the Trust Board and the Executive Team is to manage and mitigate risks to the delivery of our strategic objectives and accordingly we operate a robust risk management process that ensures that all key risks are identified and that mitigation action is taken to address these. Our key risks relate to the safety of and quality of care we provide to our patients as well as to the Trust's financial sustainability and we spend considerable time ensuring that financial pressures do not compromise safety and quality. In terms of quality of care and patient safety we are continually managing the risks that can arise from shortages of particular staff, such as nurses and from increases in demand for services beyond our commissioned activity. More information on our approach to quality can be found in the Quality Report that appears later in this document.

The Board of Directors is responsible for preparing this annual report and the annual accounts and the Directors consider the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

Going concern/accounting policies

After reviewing key information and making additional enquiries wherever deemed appropriate, the Trust Board has a reasonable expectation that the Berkshire Healthcare NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, the Trust continues to adopt the going concern basis in preparing the accounts.

The Trust's accounts have been prepared under a direction issued by NHS Improvement under the National Health Service Act 2006. Accounting policies for pensions and other retirement benefits (as set out in the notes to the accounts) and details of senior employees' remuneration can be found in the remuneration report.

The external auditor for Berkshire Healthcare NHS Foundation Trust, as appointed by the Council of Governors, is KPMG LLP. The Trust's internal auditors are RSM Risk Assurance Services LLP as appointed by the Trust Board.

Performance analysis and review

A summary of our Operational Plan for the two years 2017–18 and 2018–19, is available on the Trust website in line with the requirements of NHS Improvement. This plan sets out our current position and plans for the year ahead. It continues to be informed by our Five Year Strategy which sets out our direction of travel to 2019 following a comprehensive and robust planning process that involved significant engagement of stakeholders.

Our Five Year Strategy recognised the need for local health and care systems to work together to find solutions to the growth in demand for services, ensuring that patients experience good care and outcomes, and our services are delivered in a financially sustainable way. During 2016, we have contributed to the development of Sustainability and Transformation Plans (STPs) relating to Berkshire East and West:

- The Berkshire West, Oxfordshire and Buckinghamshire (BOB) STP
- The Frimley Health and Care STP

The BOB STP covers a large geographical footprint with three local health and social care systems and we have been taking part in the Berkshire West work to develop an "Accountable Care System". This is a means of enabling commissioner and provider organisations to collaborate in the use of local resources to achieve the best outcomes for local people. A number of clinical work streams, have been identified, alongside potential opportunities to improve our use of resources, which will be taken forward over the next year.

The Frimley Health and Care STP has also identified a number of key priorities for improvement in service provision as a result of more integrated working between health and social care organisations. We are well engaged in these, alongside related financial planning and leadership arrangements.

During 2016-17, we continued to provide mental health and community health services under our contracts with Berkshire Clinical Commissioning Groups and other commissioning bodies. Most of these are "block" contracts which mean that we receive a defined sum of money for delivering services to a commissioner specification. This funding method presents a significant challenge when demand increases, which we have continued to experience across a range of services this year. However, we have been able to achieve a better than anticipated financial position at the end of 2016–17. Full details of our financial statements can be found in the annual accounts later in this report.

Following the achievement of an overall "good" rating by the Care Quality Commission, we have taken forward improvements to achieve consistently high quality across all of our services and remain committed to our visions:

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

We have developed a set of measures, which will help us monitor our progress in achieving this vision and have simplified our key strategic objectives. This will enable a really clear focus on our priorities as an organisation, and support alignment with and between the objectives of individual members of staff, their teams and services. Our key objectives are:

- **Improving patient safety and experience** – to provide safe services, good outcomes and good experiences of treatment and care
- **Supporting our staff –** to strengthen our highly skilled and engaged workforce
- **Money matters** – to deliver services that are efficient and financially sustainable
- **Working together** – understanding and responding to local needs as part of an integrated system

Our Operational Plan for 2017-18 and 2018-19 recognises a number of key risks to delivery, including:

- Inability to recruit and retain sufficient staff to provide safe, good quality services and meet our targets for reduced use of agency staff.
- Inability to meet demand in a timely way in specific services due to high referral rates – although we have achieved improvements in a number of areas during 2016-17, these continue to cause concern. In particular, we continue to see high demand for mental health inpatient beds, resulting in the use of "out of area" placements
- Inability to make changes to our estates to achieve the most efficient use of resources

- Inability to achieve prompt and timely discharge from our inpatient services due to lack of funding/availability of social care support and meet the demand for inpatient beds in our mental health services.

Our plans include activities that we are undertaking to mitigate these risks, which also require effective implementation of the system wide initiatives included within the STPs.

Throughout the year, we have operated in compliance with our NHS Provider Licence (issued by NHS Improvement - previously known as Monitor - the foundation trust sector regulator). The Trust ended the year in segmentation 1 under NHS Provider's Single Oversight Framework (this replaced the Risk Assessment Framework). Segmentation 1 gives NHS Provider organisations the maximum autonomy and represents the lowest level of oversight and risk assessment by the regulator.

We have worked with our commissioners to reach agreement about our contracts for 2017–19, and our plan for the year ahead forecasts a planned surplus of £2.4m by year end with a cash balance of £19m.

The achievement of good results in terms of our CQC ratings, effective financial management and the results of our staff survey all reflect the hard work and dedication of our staff over the last year. We have also been delighted to achieve nine shortlisted nominations in the Thames Valley and Wessex NHS Leadership Academy awards. This reinforces our commitment to our work to continue to support and develop the potential of our staff.

We have made progress in developing plans to implement service and quality improvement methodologies across our organisation, which will continue during 2017-18 and beyond, recognising that this is a long term project. We will also continue to prioritise the use of technology to support our staff, improve care and treatment for patients and make the best use of resources. 2017 will be an important year for the progress of our "Connected Care" project in Berkshire – which is a system wide project to link our electronic patient records and enable patient access through the patient portal.

As a public sector body, we have important obligations under the Equality Act 2010. Our work in this area is outlined in the equality and diversity section of this annual report. We have also set out our areas for improvement in relation to the staff survey.

We are also committed to fulfilling our environmental obligations and our efforts in this area are explained in the sustainability section of this annual report. A particular focus this year will be the implementation of our Green Travel Plan.

The Trust Board oversees the Trust's key performance measures and achievement of strategic objectives to ensure that financial and governance requirements imposed by our provider licence are met and that the quality and safety of care we provide meets the requirements of the Care Quality Commission. Performance in these areas is monitored on a monthly basis with the Executive providing assurance that action is being taken where performance deterioration is predicted.

Operational performance is regularly and routinely measured and monitored throughout the organisation with the Executive, Finance, Investment and Performance Committee and Trust Board all reviewing the comprehensive performance assurance framework on a monthly basis. Information covers domains, including patient safety, service efficiency, user experience, people (Staff) and regulatory standards and reporting includes both statistical data and narrative commentary. The performance report is available for the public to view as part of the published Trust Board papers. In

addition, the Trust utilises available benchmark information to help inform its view on the efficiency and effectiveness of its services compared with other providers. Information is also triangulated with data from other sources, such as Trust Board and Governor quality visits, complaints, patient feedback, etc. to provide additional assurance on performance quality.

Sustainability and Climate Change

Overview

Berkshire Healthcare NHS Foundation Trust has a responsibility to maximise its contribution to developing a truly sustainable National Health Service and help combat climate change. We have used national guidance to help develop and update the Trust's Sustainable Development Management Plan (SDMP), which establishes the strategic direction with regards to sustainability and climate change mitigation and adaptation and how, as an organisation, we will work to meet and apply the Trust's Sustainable Development Policy, which is to:

> **"Provide healthcare that is sustainable, efficient, flexible and resilient; taking every reasonable opportunity to enrich the health and wellbeing of the communities we serve."**

The SDMP sets out five overarching sustainability opportunities, which are supported by a number of key objectives:

1. Provision of sustainable healthcare.
2. Partnerships that embrace sustainability and maximise efficiency
3. Working towards sustainable and climate ready environments
4. Enhance and optimise the estate
5. Measure, monitor and purchase sustainably

Year on Year Progress

During the last year we have continued our progress in embedding sustainability and carbon management at the core of the organisation. The key successes for 2016-2017 are:

- Good Corporate Citizenship Assessment Model – we scored 58% in January 2016, a 15% increase on previously published figures; scoring over 70% in four of the nine category sections. We did particularly well in the sections on Corporate Approach, Facilities Management, Workforce and Adaptation;
- Ensuring sustainability and carbon management are key considerations in all major procurement and service commissioning tenders;
- Successful installation of two voltage optimisation units on our two largest hospital sites;
- Improved communications surrounding the sustainability agenda;
- Implementation of a rolling programme for LED re-lamping;
- Develop and implement the Green Travel Plan;
- Continued rationalisation of our estate – to sustain and future proof service provision.

We have fully adopted and embedded our updated SDMP which provides a structured plan to combat the impact of climate change, and build a positive sustainability culture.

Summary of performance – non-financial and financial

The table below sets out our specific results with respect to properties that we own – including West Berkshire Community Hospital and Prospect Park Hospital. Currently this report does not include data from NHS Property Services owned sites or any sites that we lease.

Area		Non-financial data (applicable metric) 2015/16 Actual	Non-financial data (applicable metric) 2016/17 Estimated Q4 figures not verified		Financial data (£) 2015/16 Actual	Financial data (£) 2016/17 Estimated Q4 figures not verified
Waste minimisation & management	BHFT Waste (tonnes)	269	273	Expenditure on waste disposal	£102,164	£109,461
Finite Resources	Water (M^3)	35,340	36,321	Water	£79,373	£81,103
	Electricity (GJ)	15,534	15741	Electricity	£519,446	£565,791
	Gas (GJ)	28,099	29,977	Gas	£282,017	£289,726

There are marginal increases in waste production and utility consumption. But this is expected as the Trust provides more services and treats more patients. These increases are reflected in the expenditure figures, which are all marginally up on the previous year's figures. The one exception is the cost of electricity which has shown a larger increase and is primarily due to the removal of the exemption for the Climate Change Levy and other non-commodity price increases.

Governance, Partnerships and Monitoring

The governance structure to support and drive forward the SDMP has been established in accordance with Department of Health guidance and recognised best practice. The delivery of the SDMP is monitored by the Trust's Sustainable Development Group which oversees, co-ordinates and reports on progress to the Business and Strategy Executive and the Trust Board.

We have established collaborative working relationships with key public service providers across Berkshire. We undertake joint emergency planning with healthcare partners, local authorities and other emergency services which includes risks related to climate and weather patterns causing damage to property. This joint work is undertaken through the Local Health Resilience Partnership framework which links to the regional resilience forum. This brings together organisations with a duty under the Civil Contingencies Act 2004, such as health and local authorities, the emergency services and utilities.

Berkshire Healthcare has a dedicated Sustainability Manager who champions and coordinates our work on sustainability and climate change. Throughout 2016-17 we have worked with Local Authorities, Clinical Commissioning Groups, the Commissioning Support Unit, South Central Ambulance Service, Oxford Academic Health Science Network and other key stakeholders.

Statutory reporting operates through a number of routes including the Estate Return Information Collection, the Care Quality Commission and NHS Improvement. Our use of the Good Corporate Citizen Assessment Model also helps us identify areas where the Trust is excelling and where we need to improve further. We will also use the standard reporting template developed by the Sustainable Development Unit, Department of Health and other NHS organisations, in line with the data requirements set out in HM Treasury's Sustainability Reporting Guidance for 2014-2015.

Future priorities and targets

Our Sustainable Development Management Plan continues to inform our activities and we have confirmed specific targets against our overarching goals. These include a number of initiatives

supported by increased use of technology to provide on-line support to patients, reduction of energy use and green travel.

Diversity

Our approach

Our Equality and Inclusion Strategy 2016–20 commits the Trust to seven equality objectives or goals, compliance with a number of benchmarks and support for staff diversity networks. The Diversity Steering Group provides leadership to facilitate the delivery of the Strategy, reporting to our Quality Executive Group and the Trust Board.

Public Sector Equality Duty (PSED) - Objectives

Our new Equality Strategy was approved by the Board in June 2016. The seven goals of our equality strategy form our Public Sector Equality objectives as required by the Equality Act 2010. These are as follows:

1. Increase the representation of Black, Asian and minority ethnic (BAME) staff in (Agenda for Change) bands 7 and 8a-d, aiming for 20% representation at each of these grades. This reflects the Berkshire population
2. Ensure there is no difference in perceptions of equal opportunity in career progression between white and BAME staff (as measured by our annual staff survey)
3. Reduce harassment and bullying as reported in the annual staff survey, in particular by BAME staff. We are aiming to reduce experiences of harassment and bullying to lowest quartile rankings compared with other mental health trusts in the NHS staff survey index. We also wish to achieve equity in reporting between BAME and white staff.
4. Significantly improve the well-being of disabled staff and a reduction in the proportion of staff experiencing stress related illness.
5. Take a more robust approach to making reasonable adjustments for disabled people – in particular implementation of the NHS Accessible Information Standard.
6. Attain Top 100 Workplace Equality Index Employer status with a ranking in the top five health and social care providers.
7. Engage with diverse groups in particular Black, Asian and Minority Ethnic, Lesbian Gay Bisexual and Transgender (LGBT), and disabled people to inform our understanding of their needs, with a view to ensuring good patient experience and equity of access in both mental and community health.

The core equality principles are:

- Challenging unfairness
- Appreciating difference
- Respecting the individual
- Everyone's business.

These spell the Mnemonic 'Care'. Our Strategy identifies four key target groups where there is evidence of inequity:

- Black, Asian and Minority Ethnic people
- Disabled people
- Lesbian, Gay and bisexual people
- Transgender people.

Each target group has a dedicated Trust Board sponsor who maintains links with the relevant staff group and work-streams.

As part of the new Equality Strategy, each locality and directorate undertook a local Equality Audit during September 2016 to January 2017 against the seven goals of the new Strategy. This was led by a nominated local equality lead. An Equality Dashboard was constructed to enable directorates and teams to easily review staff survey results, Learning and Development (training) data and BAME staff representation at the service level. From April 2017, local equality action plans will be in place to address identified gaps. These will be monitored quarterly both at locality performance improvement meetings and through the Diversity Steering Group.

During 2017-18, local action will be complemented by corporate action in a number of strategic areas. For example, the Human Resources Equality Employment Plan 'Making It Right' will focus on the first four goals of the Strategy; the Stonewall Workplace Equality Index Task and Finish Group will seek to improve Goal 6 and the work of the Disability Steering Group will address Goals 4 and 5 alongside Human Resources staff. Goal 7 focuses on engagement and the requirements of the Equality Delivery System (below), and will be addressed as core business. This is highlighted in locality equality plans.

Current performance
In line with the specific duties of the Equality Act 2010, we published our fifth Equality Performance Report on 31 January 2016 on the Trust website, following review by the Trust Board. As part of the new Equality Strategy, the timetable for our Annual Equality Report has moved to follow the financial year rather than calendar year. This enables us to report on the WRES (NHS Workforce Race Equality Standard) and the Public Sector Equality Duty using the same data-set and generates efficiencies in reporting.

Our Annual Equality Report for 2016-17 will be reviewed by the Trust Board in July 2017 and published at the end of the month. It will set out our performance against our equality objectives, access to our services, complaints, workforce statistics, staff learning and development, and the diversity of our Foundation Trust Membership and Leadership.

In line with NHS England requirements, we published data for the second WRES data submission on our website, including our WRES Action Plan on 27 September 2016. We are preparing our third WRES data submission and action plan for publication in 2017. This gives a detailed account of progress on nine metrics.

Employment diversity summary
A summary of our overall workforce diversity is presented here:

As at 31st March 2017 the Trust employed 4,283 members of staff:

- 83.5% were female and 16.5% were male
- 20.8% of staff were from minority ethnic backgrounds, compared with 27% of the Berkshire population (2011 census).
- 4.7% were disabled people compared with 7.7% of the workforce in the South East (Labour Force survey).

	Staff March 2016	Staff March 2017
Total	***(4,595)***	***(4,283)***
Age		
16 – 25 yrs	7.1% (324)	6.9% (294)
26 – 35 yrs	20.7% (952)	21.3% (913)
36 – 45 yrs	24.5% (1,124)	25.1% (1,076)
46 – 55 yrs	29.3% (1,345)	28.2% (1,209)
56 – 65 yrs	16.1% (743)	16.5% (708)
66 plus yrs	2.3% (107)	2.0% (83)
Ethnicity		
White British	66.1% (3,037)	66.0% (2,826)
White Other and Irish	8.0% (368)	8.5% (365)
Mixed	1.7% (77)	1.9% (82)
Asian or Asian British	9.2% (422)	9.8% (423)
Black or Black British	7.0% (322)	7.5% (323)
Other Ethnic Group	1.9% (87)	1.6% (67)
Not specified	6.1% (282)	4.7% (197)
Gender		
Women	84.1% (3,866)	83.5% (3,578)
Men	15.9% (729)	16.5% (705)
Not specified	-	-
Recorded Disability*		
Disabled staff	4.7% (214)	4.7% (204)

In addition, figures reported as at 31 March 2017 show:

- 52.4% of our workforce identify themselves as Christian, 11% Atheist, 2.4% Hindu, 12% other religious beliefs, and 22.2% do not declare;
- 1.4% (60) staff identify themselves as lesbian, gay or bisexual, 79.6% heterosexual, and 19% do not declare.

Equality impact

The Trust publishes an equality analyses at the end of our policies – these are available to view on our website.

Equality Delivery System

The Trust uses the NHS Equality Delivery System (EDS2), a nationally recognised toolkit, to deliver fair outcomes for patients and communities, and fair working environments for staff from all protected groups. The Trust's Staff Equality Panel met in June 2016 for the purpose of grading EDS Goal 3 'A representative and supported workforce' and EDS 4.3 'Cultural competence and workplaces free from discrimination'.

The Trust's overall grades are shown in the grid below. Green is for 'achieving' and Amber 'developing', red is for 'no or limited' evidence.

Berkshire Healthcare Equality Delivery System Grading as of 2017

Goals and Outcomes of the EDS2 Toolkit			2013	2014/15	2016	Priority
Goal 1 **Better Health Outcomes**	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities			*Not graded this year*	
	1.2	Individual people's health needs are assessment and met in appropriate and effective ways				
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed				✓
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse				
	1.5	Screening, vaccination and other health promotion services reach and benefit all communities				
Goal 2 **Improved Patient Access and Experience**	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.				✓
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care				✓
	2.3	People report positive experiences of the NHS				
	2.4	People's complaints about services are handled respectfully and efficiently.				
Goal 3 **A representative and supported workforce**	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels				
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to fulfil their legal obligations				
	3.3	Training and development opportunities are taken up and positively evaluated by staff				
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source				
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives				
	3.6	Staff report positive experiences of their membership of the workforce/health and wellbeing				
Goal 4 **Inclusive Leadership**	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations		*Not graded*	*Not graded*	
	4.2	Papers that come before the Board and other major committee identify equality-related impacts including risks, and say how these risks are to be managed	*New outcome*			✓
	4.3	Middle managers and other line manager support their staff to work in culturally competent ways within a work environment free from discrimination.				

Our current Equality Delivery System service priorities set with Community Equality Panels are as follows:

- Improve partnerships with the voluntary sector to maximise help available to patients during transitions, and improve communication for patients and carers at this time (with a focus on isolated people) (agreed at the East panel in 2015)
- Better communication of information about services (adapted to the needs of minority communities i.e. BAME, people with a learning disability and deaf people in particular) and use of community assets/champions to promote services (agreed at the West panel in 2015)
- Improve communication and community engagement with diverse groups with a particular focus on mental health services (agreed at the West panel in 2016)
- Improve deaf service users' experiences across all services (agree at the East panel in 2016).

Priorities set by our staff equality panels are to improve the following EDS outcomes:

- EDS 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
- EDS 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.

EDS Goal 4: Inclusive Leadership

The Trust's work on inclusive leadership started in earnest in 2016-17 with a keynote speech at the Trust's Senior Leadership Forum in September 2016 by the Chief Operating Officer and Trust Board sponsor for BAME (Black Asian and Minority Ethnic). Our Chief Executive launched the new Equality Strategy and Celebrating Diversity video at the Trust Equality Conference in October 2016, with over 100 Equality champions in attendance. A number of training and awareness raising events for senior managers have focussed on unconscious bias. Senior staff have addressed various staff networks throughout the year. Lastly, Trust Board members held a dedicated session on Diversity and Inclusion in March 2017 to promote greater understanding of this area of work.

Equality Panel review

The Trust's Community Equality Panels and Staff Panels will review progress against EDS outcomes in 2018.

Other benchmarks

Workforce Race Equality Standard (WRES)

We submitted our second WRES return on 27 September 2016. This showed continued BAME staff under-representation at salary bands 8-9 (senior management). BAME staff were 6.7% of total staff at these grades, compared to 19.8% of BME staff in the workforce overall (31 March 2016). We are pleased that this has improved over the past year with BAME representation at bands 8-9 at 12.5% compared to 20.9% of BAME staff in the overall workforce (31 March 2017). This represents an increase of 5.8% in BAME staff in senior posts. However, there has been a 3.3% reduction in the percentage of BAME heads of service and a 5.6% reduction in BME directors. Responses from our staff survey show continued disparities in responses for BAME and white staff in relation to experiencing harassment/bullying and equal opportunities in career progression.

The Human Resources Equality Employment Plan, WRES action plan as well as locality equality plans are addressing these issues with a particular focus on appraisal, career development plans, mentoring, bullying and harassment, unconscious bias training and improved monitoring of training of development opportunities.

One significant area of achievement this year is the development of the Trust's new BAME Staff Network with over 120 members. Over the past year, the network has run a number of successful events including a launch event in June 2016, Black History Month in October 2016 and an inspirational event on 31 March 2017.

Senior management and leadership diversity

Senior Managers/Leaders As at 31st March 2017	Gender		Ethnicity		
	Male	Female	White	Non-White Minority ethnic	Undisclosed
Non-Executive Board (7)	72%	28%	85%	15%	-
Executive Board (6)	67.0%	33.0%	83.3%	16.7%	-
Directors (Locality, Clinical and other)	34.0%	66.0%	79.1%	12.5%	8.3%
Heads of service	40.0%	60.0%	93.3%	6.7%	-
Senior managers (8c and above)	23.0%	77.0%	81.2%	12.5%	6.3%
Berkshire Healthcare staff (total headcount)	16.4%	83.6%	74.5%	20.9%	4.6%

Stonewall Workplace Equality Index

In January 2017, the Trust was ranked 122nd out of 439 employers in Stonewall's Workplace Equality Index. Our overall benchmark score reduced by two points this year. Increasing competition meant that the Trust dropped out of the Top 100 employers' listing following three years of solid performance. Although this represents a slippage of 25 places compared to 2016, Berkshire Healthcare is now ranked 11 out of 48 social and health care providers featured in the Index, an improvement of two places on last year. The Trust gained marks in 'all staff engagement', LGBT staff network function and LGBT community engagement. Areas for improvement were identified as the breadth of equality training, line management, and career development.

Highlights this year were the continued success of our annual Reading Pride health-check stall, LGBT reverse mentoring of Executive Board members, workshops on Transgender and LGBT needs at our October 2016 Equality Conference, and promotion of our new transgender clinical guidelines.

To share learning from our experience in the Workplace Index, in May 2016 we initiated the Thames Valley LGBT+ workplace network in partnership with Reading University and Support U, our local LGBT voluntary sector organisation. This met three times in 2016-17 to promote good employment practice among Thames Valley employers.

Time to Change

The Trust is a signatory of the Time to Change campaign to end mental health stigma. Each directorate has a nominated Time to Change champion. On 2 February 2017, the Trust participated in the third national 'Time to Talk' day and hosted a number of stress/resilience workshops for managers throughout the year. The Trust also participated in 'Race to Rio' a national NHS walking initiative in 2016 designed to coincide with the Rio Olympics to promote the link between physical health and mental wellbeing. West Berkshire locality also took part in the Active Lunch Challenge with similar aims.

Disability Steering Group

The workshop and keynote speaker on stigma in mental and physical health at the Trust's Equality Conference in October resulted in the formation of the Disability Steering Group, chaired by the Chief Financial Officer, as our new Trust Board disability sponsor. The group held its inaugural meeting in March 2017. Its aims are to address the issue of disability disclosure and reasonable adjustments and prepare for the anticipated NHS Disability Equality Standard in 2018.

Register of interests

The Trust maintains a register of interests for all members of the Board of Directors providing details of any company directorships and any other relevant significant business interests held that may conflict with any management responsibilities. Details of this register may be obtained by the public upon request to the Trust's Company Secretary.

Stakeholder relations

As a provider of community and mental health services to the population of Berkshire, we work closely with our commissioners, acute and primary health care colleagues, local authority and voluntary sector colleagues to deliver good quality services to local people and their families. This has had even greater prominence over the last year, and we have been playing our part within a number of health and social care system-wide initiatives, with two main aims:

- To improve the experience of the people who use our services, while also improving the outcomes of care and treatment
- To improve the use of resources as a whole system.

In Berkshire East, we are part of the Frimley Health and Care Sustainability and Transformation Plan (STP) "footprint", and we are well engaged with the leadership and project groups that have been established. In particular, we are contributing to the development of Integrated Hubs to enable people with more complex needs to access care they need, as well as work on efficient use of estates, staffing and joined up information technology.

In Berkshire West, we are part of the "BOB" STP (Berkshire West, Oxfordshire and Buckinghamshire) as well as the developing Accountable Care System (ACS) with our partners within Berkshire West. The ACS is all about working together to use our collective resources as efficiently as possible – while maintaining our existing organisational structures. A number of clinical projects have been identified which will result in staff working in different ways across primary care, community and mental health and acute hospital services. Again, the aim of this is to achieve improvements in the experience of patients, outcomes of treatment and better use of resources.

The joined up work we have been doing in partnership with Wokingham Borough Council was recognised by the Thames Valley and Wessex Leadership Academy, when the Locality Director and Director of Health and Wellbeing were shortlisted for a "Systems Leadership" award.

We are also making a significant contribution to the "Connected Care" initiative which will integrate our electronic records across health and social care organisations. This is a major development for us, which will drive improvements in patient care, as well as facilitating communication between staff.

We have established good working relationships with our key stakeholders, in all six of the Local Authority areas that we serve. Our Locality and Clinical Directors guide this work, ensuring that we

participate in Health and Wellbeing Boards, local Integration Groups and Local Authority Health Scrutiny arrangements as needed in each area. It is important to us to have a good understanding of the needs and views of the population that we serve, and as part of this, we continue to work closely with local HealthWatch, voluntary sector organisations and service user and carer groups.

Over the last year, we have developed our patient leader programme and three Berkshire leaders were subsequently shortlisted for awards – from our Child and Adolescent Service, from the West Berkshire "Recovery in Mind" project and the "Healthmakers" initiative in East Berkshire. This is really encouraging and will help us develop our work in each of our localities and service areas in 2017 and beyond.

Julian Emms
Chief Executive
9 May 2017

OPERATING REVIEW & SERVICE DEVELOPMENTS

Operational goals and priorities

The operational goals in 2016-17 were to:

- Increase the effectiveness of clinical services;
- To support the delivery of the Trust's strategic plan; and
- To improve the contribution and value to our communities by working with partners to improve service delivery.

Operational priorities for 2016-17 for each clinical service and locality are produced using the Trust's strategic goals to produce a "plan on a page" which determines operational and service goals. These have been used to determine the key priorities and for cascade to front line staff and inclusion in operational managers objectives.

In addition, the following key service improvement programmes were prioritised:

- Development of a Mental Health Strategy;
- Completion of integrated Children's Strategy;
- Optimisation of Estates and improvement of clinical space;
- Learning Disability service transformation;
- The development of mental health pathways; and
- Support to Health and Social Care system initiatives.

Service Review and Developments

Introduction of an Advanced Nurse Practitioner in the In–Patient Unit
Historically the medical model on Highclere ward, West Berkshire Hospital was provided by a GP roster system comprising of four local surgeries. In April 2016, two of the existing practices withdrew their services due to GP recruitment challenges. The initiative to create a new medical model utilising the skills of an Advanced Nurse Practitioner with GP support was introduced.

The new model provides specialist clinical support and treatment within a nurse led environment with the Advanced Nurse Practitioner providing advanced clinical decision making skills and a prompt response to patient treatment needs. Medical screening and timely intervention has been significantly enhanced resulting in GP time being afforded to dealing with more complex palliative care patients which previously had not been possible.

Community Based Neurological Rehabilitation Team (CBNRT)
CBNRT are a team of neurological rehabilitation specialists assisting people to manage their neurological condition and achieve their goals in their chosen environment, aiming towards greater independence in everyday life. The service covers Newbury, Reading and Wokingham localities.

The service is currently undertaking a Pathways Project to look at alternative ways of managing demand for the service by providing advice and referring to other services before discharge; providing support to patients to help them self-manage their condition; providing specialist intensive support; and referring patients to support groups.

Berkshire Early Intervention in Psychosis Service
Berkshire Early Intervention in Psychosis Service (EIP) was established in April 2016. To improve access to the service, NHS England introduced an access and waiting time standard which requires that more than 50% of people experiencing psychosis commence a NICE recommended package of care within two weeks of referral.

In order to evidence compliance with this, EIP Services needed to have timely access to caseload data. The EIP service actively sought support of the RiO (Electronic Patient Record System) Transformation Team to configure RIO and develop a Tableau dashboard which would allow the service to track the patient journey and evidence compliance with the NICE interventions. This dashboard was showcased at the 2016 NHS Health and Care Expo held in Manchester.

Subsequent developments have been implemented in relation to the nationally mandated CQUIN for Cardio Metabolic Assessment and Treatment for Patients with Psychoses which involved further configuration of RiO. A cardio metabolic form was designed and implemented to enable the requirements of the physical health screening to be accessed and reported on. As a result of this, the service was able to detect early signs of physical health difficulties in patients and provide a range of interventions alongside GPs to work towards improvements. Further analysis of the data has resulted in the service having a greater understanding of some of the specific issues affecting our patients and we have recently been granted funding from the Oxford Academic Health Science Network to pilot a project which will provide personal trainers to people who have a BMI over 25.

Reading Hub Development at Cremyll Road
Reading Locality Operational Teams have moved into new premises at Cremyll Road from December 2016. This new Locality Hub will benefit from the co-location of locality and community services as the teams will be able to liaise with colleagues from other services to support holistic and integrated care provided to patients and service users.

Perinatal Mental Health
The Trust has received National Perinatal Development Funding for the next two years to help build on the service that is currently being provided. This funding has enabled us to recruit to a Perinatal Psychiatrist post and to increase our Perinatal Cognitive Behavioural Therapy hours so that an improved service can be delivered to the women of Berkshire and their families.

We have been seeing a year on year increase in referrals to our service and together with funding for other projects/pilots planned for the next two years we will be able to deliver training to a wider audience and trial perinatal clinics at our three most local maternity units.

Pilot/projects with the trauma service, complex needs and pharmacy will also enable us to increase access to specialist therapy and information to improve user experience. There will be the opportunity to deliver training to a wider audience and we now have a cohort of seven women and family members who deliver sessions with us from an insider perspective.

The Trust's online Eating Disorders Tele Health System that connects individuals to each other and to their care providers called SHaRON (*Support Hope and Recovery Online Network)* has played a vital part in the support we can provide, alongside women with lived experience and MOON (young person's subnet) on SHaRON has now been open for one year and we have recruited our first peer moderator to MOON.

WestCall Clinical Governance using Clinical Guardian
Just over one year ago WestCall installed a new kind of Clinical Governance software to facilitate the programme of clinical quality laid out in the National Quality Requirements for Out of hours (OOH) and this has proved to be very successful. The programme is called Clinical Guardian. Every month records of all the WestCall clinical encounters are anonymised and placed into the software system, then 5% of the calls are filtered out at random and placed into a file where they can be accessed from home computers by a panel of ten experienced OOH doctors. The consultations are assessed and marked and mostly approved and sent on by email to the relevant doctor who managed the case.

Occasionally the assessing doctor may want other views on a case and it is then sent electronically to the review group of doctors who meet twice a month. Further comments can then be made on each case as necessary and fed back to the doctors. It is very unusual to find any serious problem, but we feel confident that this process is a secure method of audit.

Wokingham Community Nursing
The Community Nursing Service in Wokingham started a community nursing triage system from September 2016. It was started with a view to streamline and efficiently manage all calls and referrals to the District Nursing service. To that effect, all calls to each of the District Nursing bases were redirected to one single point as well as all referrals from the Health hub. These were then triaged/processed by a team which comprises a nurse and two administrators.

The team reviews all calls and referrals and ensures that they were dealt with appropriately by allocating to the right District Nursing teams, signposting and information provision depending on the need. As at the end of December 2016, approximately 8000 calls and referrals have been processed by the District Nursing triage.

Feedback from the service users has indicated that they are very happy with the service as they are able to speak with a person rather than leave a message on an answer phone. Feedback from the nurses is that they are able to achieve much more as they get the referrals and patient concerns as they come in and are able to attend to any urgent referrals promptly.

Learning Disability – Inpatient & Community Services
We have been working with NHS England and the Patients Association to pilot the Experience Based Co-Design approach to strengthening the involvement of people with learning disabilities and their families in the development of our services. We have introduced a new nursing assessment tool to assist in the identification, monitoring and review of the physical and mental health care needs of people with learning disabilities. We have undertaken a six month Communication Project with the staff at the Campion Unit, Prospect Park Hospital, which has involved significantly developing the skills and confidence of the staff in using Makaton sign language and other communication tools to aid our communication with people with limited verbal communication.

In response to the Mazars Report – regarding the investigation and learning from deaths of people with learning disabilities at Southern Health NHS Foundation Trust, which highlighted system-wide concerns – we have strengthened our investigation and review procedure. We now have robust systems in place to ensure that there is an effective review of the death of anyone who has been in contact with our learning disability services in the year prior to their death.

In November 2016 we suspended the inpatient service provided at Little House, Bracknell in order to ensure the quality and safety of our inpatient services for people with learning disabilities, consolidating the service with Campion Unit at Prospect Park Hospital. The decision was taken to

ensure the quality of care, provided by a more consistent staff team, and in an environment appropriate to the needs of people who require specialist inpatient services, and making use of the wider support available from the services at Prospect Park Hospital when required.

Thames Valley Liaison and Diversion Service
The Liaison and Diversion Service has undergone a rapid programme of change since early 2015 to be in line with the National Liaison and Diversion model. The Thames Valley Liaison and Diversion service operates in partnership with Thames Valley Police, Thames Valley Probation Services, and Crown and Magistrates Courts.

The expansion of the service model now includes an all vulnerability approach. The aim is to offer screening and assessments to those individuals within the Criminal Justice Pathway who have or may have a Mental Health condition. Once a vulnerability has been identified our services will then screen/assess and signpost/refer the individual into the appropriate mainstream and voluntary services. The recent expansions within the Thames Valley service includes a wave 2 national pilot site in Oxfordshire, wave 3 pilot site in Buckinghamshire and expansion of Berkshire service to become an extended hours, seven day service.

Thames Valley Liaison and Diversion Service was awarded the Trust award for clinical team of the year 2016. The team were runners up for the prestigious 2016 award from Howard League for Penal Reform in the category: National Liaison and Diversion Team Award.

Bracknell Community Mental Health Team for Older Adults (CMHTOA)/Home Treatment Team Integration
Last year, the Integration of Community Mental Health Team for Older Adults, and the and Home Treatment Team enabled the delivery of a model of care by one team to enable significant benefits in the patient experience and continuity of care, as their care and treatment is now delivered by one team over a seven day period. The integration is now embedded and the service will be evaluated in the coming year.

East Berkshire Memory Services:
The Bracknell Memory Service moved into new premises at Church Hill House and now all Older Peoples Mental Health services for Bracknell are delivered from one base. The Bracknell memory service was successful in maintaining its Memory Services National Accreditation Programme accreditation status in 2016, and Windsor, Ascot and Maidenhead and Slough Memory services have also achieved accreditation this year.

Community Dental Service
Berkshire Community Dental Service provides dental care for patients who are unable to be treated in a general dental practice. It includes those with learning and physical disabilities, complex medical problems, severe mental health problems and dementia. The service also provides care for children referred with a large number of cavities who are non-compliant with treatment.

There are seven clinics across Berkshire and we provide both inhalation and intra-venous sedation in the clinics. We are also able to provide a limited domiciliary service to housebound patients. There are dental extraction sessions at Wexham Park Hospital and Royal Berkshire Hospital for children who need multiple extractions and are unable to cope with this whilst awake.

Dental treatment is also provided under general anaesthetic for patients with learning disabilities at Royal Berkshire Hospital. These patients can be very challenging and often need other investigations or treatment so we liaise with the hospital to involve other departments such as podiatry, ENT,

Ophthalmology Radiology for MRI scans etc. This is an excellent example of multi-disciplinary care and cooperative working of which the service is very proud.

East Berkshire Palliative Care Team
The team relocated to Thames Hospice in November 2016 to enable closer integration with our colleagues working in the hospice and to ensure seamless, well-coordinated patient care. As cancer is now becoming a long term condition, with the majority of patients successfully treated for their cancer, but often having to live with long term consequences – either from the emotional impact or as the result of the treatment, Macmillan funded a project to support such patients back into an active and fulfilling life.

The team is a joint Berkshire Healthcare, Frimley Health and Royal Berkshire Hospital team. Due to its success, Macmillan have extended the funding for this project for another year until April 2017. Both East and West CCGs are very supportive and there is a strong indication that they will fund substantively.

East Berkshire Heart Failure Service
The Heart Failure Service for East Berkshire has received additional funding to support the increase of nursing staff to the service to manage the increase in demand for the service. This will enable the team to have robust cover across East Berkshire to support patients at home, reduce hospital admissions and length of stay in an acute hospital bed, through integrated working with our acute colleagues.

Integrated Assessment and Rehabilitation Services for East Berkshire
Service leads and clinicians have participated in a service redesign exercise this year to better align services around patient needs. Patients with frailty and long term conditions can now be referred to our Integrated Assessment and Rehabilitation Centre services. The pathway includes urgent and routine appointments for Comprehensive Geriatric Assessments, ensuring patients can be assessed within two hours if necessary. The patient will receive treatment and input from the wider Multidisciplinary Team, including access to a range of specialist clinicians, as clinically indicated to ensure seamless care, with less duplication and handoffs between services. Patients will also be admitted directly into our rehabilitation beds from the community if required, hence avoiding an unnecessary admission to an Acute Hospital bed.

Psychological care for patients with long term conditions pilot
In January 2016, a pilot initiative was implemented between Windsor, Ascot and Maidenhead (WAM) Community Nursing and WAM Older People's Mental Health team, specifically Psychology, supported by IAPT, to work with patients with long term conditions. Assistant Psychologists, under the supervision of a Cogitative Behaviour Therapy (CBT) therapist, offered a programme of CBT and worked with patients who were unable to access IAPT or who did not fulfil the psychology referral criteria. Patients experienced very positive outcomes with health interventions and dependency on health services significantly reduced for all these patients. From January 2017, IAPT investment is being used to fund continuation and development of this work on a greater scale across East Berkshire.

East Berkshire Community Nursing
Over the last few years East Berkshire Community Nursing Service, has experienced increased demand from a growing and ageing population, alongside a need to provide more complex care delivery to support and keep patients safely at home, without changes to resources. As is the national picture, this is resulting in significant and unsustainable pressure on District Nursing teams. In recognition of these issues the Commissioners and the Trust as the provider commenced a joint

review of the current service. Early discussions have commenced, with staff involvement in developing potential future models.

Intensive Management of Personality Disorders and Clinical Therapies Team (IMPACTT)
IMPACTT is a new specialist service which has been developed during 2016-17 following the review of the Complex Needs Service. IMPACTT provides comprehensive assessment and evidence-based treatments across Berkshire as part of the care pathway for adults with a diagnosed personality disorder. IMPACTT is staffed by a highly specialised and skilled team, and offers two evidence-based treatments: Dialectical Behavioural Therapy and Mentalisation-Based Treatment, as recommended by the NICE guidelines.

Mentalisation Based Treatment is a psychological treatment. It focuses on developing a person's ability to make sense of their own mind in terms of thoughts, feelings, beliefs and actions and also what might be going on in other peoples' minds. Dialectical Behaviour Therapy aims to decrease emotional suffering and help build a life worth living. Dialectical Behaviour Therapy works by teaching specific skills in order to help people deal more effectively with themselves and the world around them. The service will be fully operational in 2017

Hearing and Balance Services
The service continues to maintain their United Kingdom Accreditation Service accreditation status for Improving Quality in Physiological Services. As a result of a truly bottom up approach the entire team collectively agreed the following three service improvement priorities to address the Five Year Forward View:

- Maximising use of technology
- Improving service user experience and engagement
- Integrating our services

East Out of Area Placements Panel
There have been a number of changes to assessment, approval and monitoring for patients for whom a health-funded placement is recommended. The objective is for locality teams, who generally know the patient best, to be more closely engaged in overseeing and monitoring the quality of any placement, to ensure the patient's outcomes and needs are being met, patient experience is improved, and resources are allocated most effectively.

To this end, we have established an Out of Area Placements (OAPs) panel in East Berkshire along with a revised process for treatment placements to be considered and approved. The panel includes senior clinicians, OAPs team leads and representatives from each locality area and interfaces with the CCG and Local Authority approval processes to streamline decision making and minimise delays.

World Mental Health Day: SloughFest 10th October 2016
World Mental Health Day is celebrated each year on 10 October 2016. This year in Slough, members of all sections of the local community came together for 'Slough Fest', a day of art, drama and music at the Singh Sabha Slough Sports Centre. The event was attended by more than 400 people, and provided an opportunity to tackle stigma, raise awareness and celebrate the creativity and achievement by people who have mental health problems.

The day included a variety of entertainment including live music, communal choir, a Bhangra dance workshop and an art exhibition by an artist suffering from dementia. A play written and directed by a mental health patient titled 'Embrace' featured performances by staff and patients, demonstrating different aspects of mental health.

Service users, staff and volunteers were involved in every aspect of the day and worked together in planning and delivering the events. The day was supported by the local community, businesses, services, service users and mental health service staff.

Children, Young People's and Families (CYPF) Development

During 2016-17, we have been continuing to develop our CYPF service offer, according to the 2015-16 Children's Services Strategy and blueprint. We have restructured our universal and specialist children's services to align under one locality and where it makes sense to do so. We have begun to integrate both physical and mental health services for children. We believe that by integrating our own services, we place ourselves in a better position to partner with both the Local Authorities and other system partners to deliver a Berkshire wide Children's agenda.

Children's Services launched the newly developed CYPF Health Hub On 3rd April 2017. All referrals to Children's Services (with the exception of Universal) will be triaged by a multi-professional clinical team within the hub and clinical decisions made on the appropriate support for the individual CYPF; including assessment and further intervention with integrated professional teams where appropriate. Advances in technology have also enabled us to begin to develop a sophisticated and comprehensive on-line resource, which was also launched on 3rd April 2017 with the aim of supporting CYPF either to self-manage their needs prior to accessing our services as a preventative measure or as a tool to accompany intervention.

Over the past year, Children's Services have worked hard to improve the engagement of service users. We continue to develop and grow our service user participation group and the current service development has been strengthened by co-design with our service users.

Child and Adolescent Mental Health service (CAMHS)

CAMHS Tier 3

CAMHS has remained an area of national focus through 2016-17 and our service leads have been fully engaged with the multi-agency groups working to implement the Future in Mind recommendations to transform local services for children and young people's emotional wellbeing and mental health. The recruitment undertaken following investment in 2015-16 has enabled us to make real progress this year with waiting times falling across all parts of the service.

Average waiting times for a first triage assessment in the CAMHS Common Point of Entry are now consistently below six weeks, which is less than the national average of nine weeks. The Autism Assessment Team (formerly the Autistic Spectrum Disorder pathway) continues to have long waits, but these have reduced from over 2 years to 18 months. The introduction of an on-line support network for parents and carers of young people referred to this team is enabling us to provide both expert clinical and peer support to families prior to and following diagnostic assessment.

New investment in 2016-17 has enabled the development of pilot projects to enable a more rapid response to children and young people experiencing mental health crisis. The pilots were set up to offer enhanced care planning in conjunction with partner agencies to provide wrap around care to keep young people safe. The teams are providing focussed, high level, crisis support to enable a more rapid response to young people who present to emergency services at the point of crisis and to avoid escalation into crisis where possible, through intensive community support.

The project in the West of the county has been running all year and has demonstrated significant benefits in terms of a more rapid response to young people presenting to emergency services in crisis, with reduced waiting times for assessment, reduced admissions and more rapid throughput

resulting in fewer occupied bed days. The East project is smaller and has only been in place for a short period but is already showing similar positive outcomes. We are hopeful that these pilots will develop into a sustained new service in 2017-18 providing equity of care across the county.

CAMHs tier 4
Services are commissioned by NHS England. In April 2015 we went live with our 24/7 provision at the Berkshire Adolescent Unit and in November 2015 we officially opened our redesigned unit of nine tier 4 beds. We went live on the National bed state in January 2016. We are working closely with NHS England to ensure the Unit provides a tier 4 service that is compliant with the commissioning intentions. We appointed a new service manager in March 2016 and are working to develop the team to fully deliver both inpatient care and a step-down day-care programme

CAMHs Eating Disorder Service
The new Community CAMHS Eating Disorders Service went live in October 2016. The team is now offering a community based service to young people that is able to meet the national waiting time targets of seven days for urgent referrals and one month for routine referrals.

The new service is providing high quality evidence based interventions, including in-reach to the acute paediatric wards where required, for all new referrals and existing cases have transitioned to the team where appropriate. The service is being managed alongside the adult eating disorder service to enable an all-age approach with smooth transition when needed.

The Berkshire Adolescent Unit
This is now fully functioning as a nine bedded service providing Tier 4 beds nationally. There has been a recruitment drive which has resulted in appointments to key posts ensuring consistency for young and families and a reduction in reliance on agency staff. The team have developed the service significantly, working with the young people to ensure that they have opportunities to influence the delivery model. This has included working with the Young People to rename the Unit which going forward will be known as Willow House. The service has also ensured that an external advocacy services is available. The developments in the service have resulted in a reduction in the average length of stay on the Unit and positive feedback from the young people.

East Berkshire - Assertive Intervention Stabilisation Team (**ASSIST) and EMBACE** *(**E**motionally **E**ducated **M**inds **B**ring **R**eason **A**nd **C**hoices **E**veryday)*
The Embrace group continues to engage with service users across East Berkshire, providing a supportive and enabling space for people who have engaged with ASSIST. There have been a number of positive developments this year, whereby Embrace and ASSIST group members have been active in representing the service, and offering Peer support. Two Embrace group members attend Berkshire Healthcare Patient Experience and Engagement meetings, and Embrace group members co-facilitate Carers and Family group, and group sessions on the ward of Prospect Park Hospital. From the group we have elected members who are now working as peer auditors for The Royal College of Psychiatry, on their Community of Communities projects.

Recovery Team: Hope College
Hope College has grown over the last year and now offers 22 different courses to students who are primarily people with mental health problems and their carers. 628 students have enrolled in the college since the launch in 2015. The Peer mentor training course has trained 22 Peer Mentors who are engaged with many activities such as co-facilitation of Hope College courses and consultation activities within the service. The Hope College provides a positive link for service users in supported living facilities, with tailored courses to assist in developing independent living skills, self confidence and self-esteem.

Carers activities for mental health carers
Carer Café for mental health carers is held once every two months, providing support from other carers and mental health professionals, opportunities for training, information, signposting and time out from caring. In addition a Carer training course has been offered twice this year by Slough Community Mental Health Team – topics include understanding medication, relapse prevention, coping with stress and carers' rights and welfare.

Prospect Park Hospital
CQC in-patient wards re-inspection 13-15 December 2016
The CQC Inspectors visited all the mental health in patient wards across the Trust including all the wards at Prospect Park Hospital. The staff welcomed the Inspectors and were keen to show them their: "what we are proud of…" posters, what they had changed and improved since the Inspectors were last with us in 2015 and some of the great work they do. The Inspectors met with patients and carers and interviewed some of the key staff on the wards. The CQC commented on the great care and compassion they observed, were particularly impressed with many of the projects underway in the hospital and the support the staff receive from the senior team.

Prospect Park Hospital Development Plan
The Trust recognised in September 2016 that the constant requirement for mental health in-patient beds, together with the challenges around qualified staff recruitment, was putting excess pressure on the staff and that this was the opportunity to review current working and instigate a development opportunity. At a senior team away day, the following priorities for work streams and development work were identified and agreed:

- Service plan and operational delivery;
- Ensuring CQC "should dos" and "must dos" from the 2015 inspection were completed; and
- Bed Optimisation.

A large team was established to review bed occupancy and build on the Trust's recent bed capacity work. A combined team of community mental health leads, Crisis Resolution Home Treatment Team leads and in-patient leads meets regularly and is establishing a new bed manager post across the Trust, advertising for a new dual diagnosis worker (to work with people with drug or alcohol addiction), and a discharge co-ordinator. The team have also visited outstanding services in Bradford and London to learn from their successes and are reviewing what will help the overall challenges faced on bed occupancy in the hospital

Staffing
With high reliance on agency staff for qualified and non-qualified staff, cost pressures, high turnover and vacancies that are hard to fill a multi-disciplinary group was established to look at skill mix, and recruiting staff differently, but meeting the needs of the patients. An exciting workshop was held and agreed to develop new posts to ease this challenge; a band 4 advanced support worker and a band 6 clinical lead. Recruitment to these posts has been very successful, both as a career path for internal staff as well as for external staff.

Centre of Excellence
A new aspirational work stream was developed at the end of February 2017 working in collaboration with service users and carers to look at the vision for the hospital over the next 2-5 years.

Patient experience

5950 compliments were reported during 2016-17; this is an increase from 4,620 reported In 2015-16.

Since quarter four 2012-13 compliments have been routinely reported directly by services through the web based Datix system. We have seen a consistent increase in the number of compliments that our services are reporting which is a way of sharing good practice and praise through our localities and across the organisation. We have developed this system to capture a variety of compliments, including people verbally saying thank you, as well as gestures such as flowers and cards. We have listened to what staff have said about improving the way this system works and there is now a batch upload option for multiple compliments to be entered into the system.

We continue to support our front line services with an online web system to log concerns that they have dealt with at a local level; referred to as local resolution. This provides information to our Clinical Directors as early as possible and as an additional tool for measuring quality, before the escalation to a more formal complaint.

The number of formal complaints received about the Trust reduced in 2016-17 to 209 from 218 in 2015-16 and 244 in 2014-15. The Trust actively promotes feedback as part of 'Learning from Experience' and whilst this number has continued to go down, we have seen an increase in other forms of feedback such as the enquiries and services resolving concerns informally. It is important to note that the number of formal complaints does not share the complexity and individuality of cases and level of support to both the complainant, staff our partner agencies that this can bring.

Throughout 2016-17, our patient experience team have continued to support people investigating complaints to maintain contact with complainants and we have consistently achieved response rates of over our 85% target, as shown in the table below:

Q1 Cumulative	Q2 Cumulative	Q3 Cumulative	Q4 Cumulative
100%	100%	100%	100%

We have achieved a sustained response rate of 100% of our formal complaints responded in a timescale agreed with our complainants over 2016-17.

We have also introduced revised complaint handling and response writing training to our staff.

The NHS Friends and Family Test (would you recommend us) gives an opportunity for patients and their carers to share their views in a consistent way across the Health Service. This has been implemented across our community and inpatient services and we have also used this as one of the ways we collect feedback from carers. We recognise that the experience of people in our services may be very different to the experience of the crucial people who care for them, and we are committed to ensuring that this is as positive as possible.

An example of our Friends and Family Test percentage recommendation to a friend, for quarter four 2016-17 is shown below, which shows an improvement across all areas in comparison with 2015-16:

Service	Q4 2015/16	Q4 2016/17
Community Inpatients	94%	98%
Minor Injuries Unit at West Berkshire Community Hospital	97%	98%
Slough Walk-In Centre	81%	96%
Mental Health Inpatients	69%	74%

Our quarterly patient experience report now includes benchmarking information on how we compare to other local Trusts on both the response rate to the Friends and Family Test and the percentage recommendation to a friend.

The Patient Experience and Engagement Group chaired by the Deputy Director of Nursing meets quarterly to review complaint themes (including action plans from the Parliamentary and Health Service Ombudsman), action plans arising from deep dive surveys and acts as a forum for shared learning across the organisation. The group includes Governor, carer and patient representatives, as well as representatives from local Healthwatch organisations who also meet with us separately to monitor and improve the services we provide.

We also review all complaints where a patient has died, every three months to see if there are elements of end of life care that can be improved, as well as sharing good practice across the Trust. An external review of our complaints process carried out by the CCG as part of our Quality Schedule highlighted good practice, as well as an open approach to hearing and learning from feedback across the organisation.

Looking ahead

We have continued to take part in the Patient Leader programme during 2016-17 and have also appointed volunteers as part of the Patient Experience Team, based out of St Marks Hospital in Maidenhead and Upton Hospital in Slough.

We will continue to review the way we manage complaints, and look outwards at how we can efficiently facilitate and learn from multi-agency working.

We will be facilitating an in-house feedback programme to better understand the experience and accessibility of our complaints process, aligned to the national My Expectations best practice guidance.

We have used an Evidence Based Co-Design Methodology to better understand and improve the experience of our patients, carer and staff in our Learning Disability inpatient services and will be taking forward this way of working into some of our mental health inpatient and community inpatient wards during 2017-18.

ACCOUNTABILITY REPORT

Directors' report

The Board of Directors comprises five Executive Directors and six Non-Executive Directors, plus the Chair and Chief Executive of the Trust. Up until December 2016, formal meetings of the Board of Directors were held every month (except August). Following the Board's evaluation of its effectiveness in October 2016, it was agreed that the Board needed more time to discuss strategic issues and therefore from January 2017, the formal public Board of Directors will meet seven times a year and will hold four private discursive meetings. At the formal public Board meetings no business can be conducted unless at least one third of Directors are present, including at least one Executive Director and one Non-Executive Director. Board meetings are held in public.

The Board is responsible for the exercise of the powers and the performance of the NHS Foundation Trust, for setting strategy, following discussion with the Council of Governors, for ensuring the provision of safe, high quality services, for ensuring the highest level of corporate governance and for ensuring the Trust operates an effective process for the management and mitigation of risk. The Non-Executive Directors are 'held to account' for the performance of the Board by the Council of Governors. The Board meets formally with the Council twice a year and Governors normally meet Non-Executive Directors on a further two occasions each year. Executive Directors routinely attend Council of Governor meetings and the Chief Executive presents to Council a quarterly performance report covering key aspects of the Trust's performance, both financial and service related.

During the year, the Trust Chairman, John Hedger and Keith Arundale, Non-Executive Director stood down. As a consequence, the Council of Governors undertook a professionally supported national recruitment campaign to secure high calibre successors. During 2016, and following shortlisting, the Council's Appointments and Remuneration Committee were able to interview a number of candidates and were delighted to be able to recommend the appointment of Mark Day, Non-Executive Director and Martin Earwicker, Trust Chairman. Council approved the recommendations and Mark Day took up his appointment on 1 September 2016 and Martin Earwicker took up his appointment as Trust Chair on 1 December 2016.

During the year the Executive team has remained unchanged, apart from the permanent appointment of Dr Minoo Irani as the Trust's Medical Director. Dr Irani had been Acting Medical Director from November 2015, following the departure of Dr Justin Wilson. After a competitive recruitment process, Dr Minoo Irani was appointed as the Medical Director in July 2016. As we enter 2016-17, the Executive Team is at full strength.

Directors in post during 2016-17 are shown in the following table:

Name	Position	From	To
John Hedger	Chair (Non-Executive Director)	01.12.09	30.11.16
Martin Earwicker	Chair (Non-Executive Director)	01.12.16	30.11.19
Keith Arundale	Non-Executive Director	01.09.08	31.08.16
David Buckle	Non-Executive Director	01.06.15	31.05.18
Mark Day	Non-Executive Director	01.09.16	31.08.19
Chris Fisher	Non-Executive Director	01.10.14	30.09.17
Mark Lejman	Non-Executive Director	13.12.10	12.12.17
Ruth Lysons	Non-Executive Director	01.11.13	31.10.19
Mehmuda Mian	Non-Executive Director	01.06.15	31.05.18
Julian Emms	Chief Executive	01.07.08	N/A

Alex Gild	Chief Financial Officer	01.04.11	N/A
Minoo Irani	Acting Medical Director	02.11.15	13.07.16
	Medical Director	14.07.16	N/A
Helen Mackenzie	Director of Nursing & Governance	23.04.12	N/A
Bev Searle	Director of Corporate Affairs	01.10.12	N/A
David Townsend	Chief Operating Officer	01.01.13	N/A

Board assessment and review

The Board commissioned an independent consultancy firm, Ernst and Young to conduct Well Led Governance review during 2015-16. Ernst and Young had no other connection with the Trust. The Board was satisfied that this review and other audit activity demonstrated it had an effective system of internal controls. Ernst and Young made a number of recommendations to further enhance the Trust's governance arrangements. The Trust developed an action plan to address each of the recommendations and the September 2016 Board meeting agreed that the actions had been implemented and approved the closure of the action plan.

Members of the Board undertook a self-assessment Board effectiveness survey in September 2016. The results of the exercise were discussed at the Board's Strategic Planning Away Day in October 2016. The key area identified for improvement was a generally held view, particularly amongst the Non-Executive Directors that the Board's effectiveness would be enhanced if there was more time to discuss strategy. It was therefore agreed to reduce the number of formal Board meetings from 11 to 7 a year and to hold four private discursive meetings.

Focus on quality

Quality of service and patient experience remain top priorities for the Board with quality being set at the top of the Board's agenda each month. Directors continue to make Board quality visits to services with one report normally being spotlighted and discussed at each Board meeting. Similarly, Directors continue to be involved in the 15 Steps Challenge programme. The Quality Assurance Committee, which meets quarterly, continues to provide an opportunity for Non-Executive and Executive Directors to debate and scrutinise the Trust's quality strategy, processes and performance in greater depth and to provide a forward-looking perspective on the quality agenda.

The Trust's latest comprehensive inspection by the Care Quality Commission took place in December 2015. The Trust received an overall rating of "Good" and developed an action plan to address service areas where the inspection resulted in a "requires improvement" rating. The Care Quality Commission re-inspected those services which required improvement in December 2016. On 27th March 2017, the Care Quality Commission published the results of the focused inspection and found that the services had addressed the compliance issues raised during the December 2015 comprehensive inspection. Following the re-inspection, the Trust as a whole has been rated as 'good' across all domains (caring, effective, responsive, safe and well-led).

The outcome for the four individual core services inspected is noted below:

- Learning Disability Inpatient Services were rated 'good' across all domains
- Berkshire Adolescent unit providing tier four Inpatient Services for Young People was rated 'good' across all domains
- Older People's Mental Health wards were rated 'good' across all domains
- Acute Mental Health wards and Psychiatric Intensive Care Unit were rated good for all domains except safety which is still rated as requires improvement. The CQC report indicates

that the inspection went very well for these wards however because of the two very serious incidents that have occurred over the last eighteen months and are still under investigation they believed requires improvement was the correct rating.

The CQC observed good evidence that the Trust was taking the right steps to improve risk assessment and management plans for patients. Daisy ward, Prospect Park Hospital received one compliance action in relation to the lack of a ligature risk assessment or a management plan in respect of the garden door on Daisy ward. Work was in progress to address the issues.

More information about the Trust's quality objectives and achievements can be found in the separate Quality Account.

NHS Foundation Trust Code of Governance compliance

Berkshire Healthcare NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a "comply or explain" basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Modern Day Slavery Statement

This statement is made pursuant to s54 of the Modern Slavery Act 2015 and sets out the steps that Berkshire Healthcare NHS Foundation Trust has taken, and is continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business or supply chain during the year ending 31 March 2017.

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

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

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

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

- **Recruitment policy** - We operate a robust recruitment policy, including conducting eligibility to work in the United Kingdom checks for all directly employed staff, and agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff, to safeguard against human trafficking or individuals being forced to work against their will
- **Equal Opportunities** - We have a range of controls to protect staff from poor treatment and/or exploitation, which complies with all respective laws and regulations. These include provision of fair pay rates, fair terms and conditions of employment, and access to training and development opportunities
- **Safeguarding policies** - We adhere to the principles inherent within both our safeguarding children and adults policies. These are compliant with the Berkshire multiagency agreements and provide clear guidance so that our employees are clear on how to raise safeguarding concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain.
- **Whistleblowing policy** - We operate a whistleblowing policy so that all employees know that they can raise concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisals.
- **Standards of business conduct** - This code explains the manner in which we behave as an organisation and how we expect our employees and suppliers to act.

Our approach to procurement and our supply chain includes:

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

Training

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

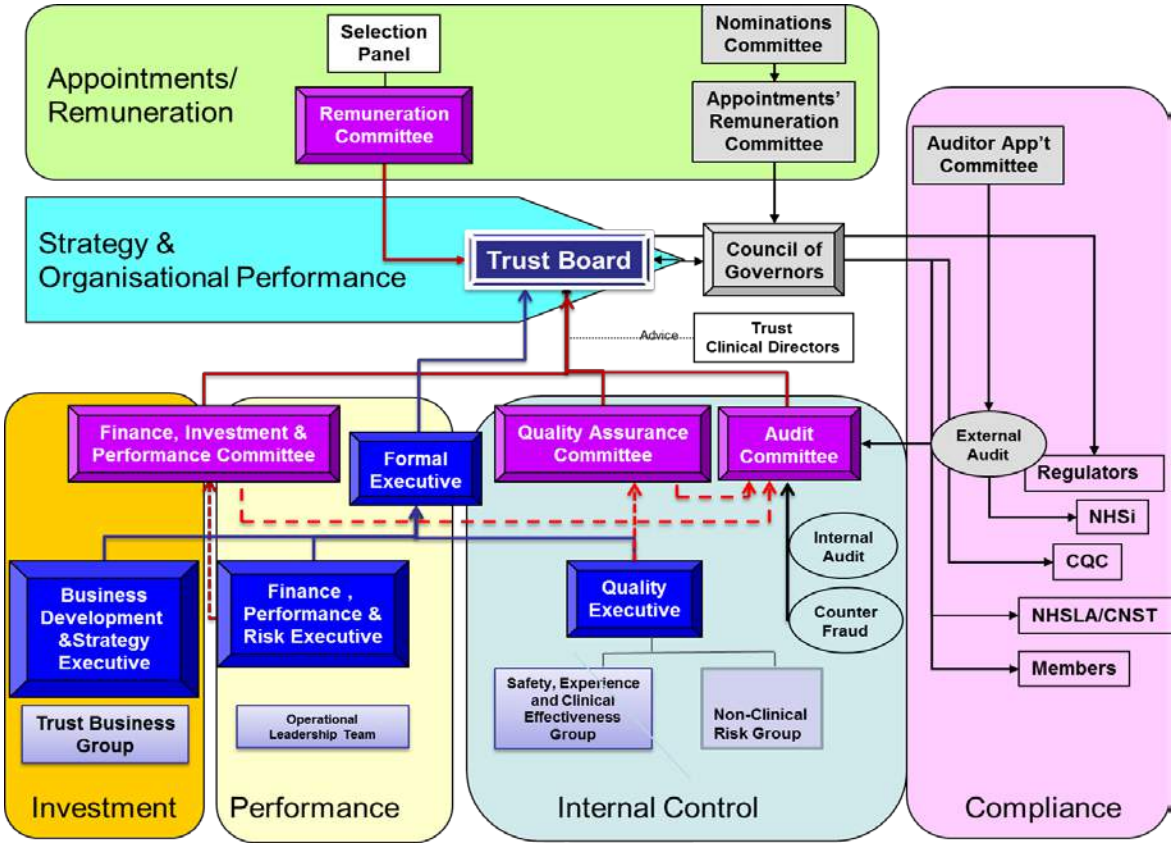
Our Performance Indicators

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

Governance framework

The Trust operates a comprehensive structure and reporting arrangements which facilitate robust governance throughout the organisation involving the Council of Governors, the Board of Directors and various committees.

The diagram below provides a view of the high level governance and reporting arrangements that were in place during 2016-17 to provide appropriate governance and assurance.



The effectiveness of the Trust's governance arrangements is regularly assessed, including through internal and external audit. The Board places great emphasis on the achievement of high quality services and uses a number of sources of information to monitor and triangulate performance and to provide robust assurance. The Board receives a detailed performance assurance report at each meeting which presents information across the whole spectrum of the Trust's activity with particular reference to quality measures. This report is scrutinised further on behalf of the Board by the Finance, Investment and Performance Committee.

Streams of assurance on quality include internal and external audit activity, patient and staff satisfaction surveys, quarterly patient experience reports to the Board, quality visits conducted by Board Directors and by Governors via their Quality Assurance Group work programme. Reports are also received on subjects such as compliments and complaints, serious incidents requiring

investigations (including details of any lessons learned), infection prevention and control and compliance with CQC regulations. These and other information sources are used to provide assurance to the Board in relation to its duty to provide regular declarations on quality to NHS Improvement.

Each locality area within the Trust has a nominated Clinical Director who is responsible for maintaining a focus on local quality issues and for ensuring that best practice is identified and shared across the organisation. This is supported by the corporate governance and patient safety function which undertakes activity to monitor the Trust's compliance with the Care Quality Commission's regulations.

Quality thrives within a culture of openness and trust and during 2016-17 the Trust continued its major staff engagement initiative *Listening into Action* aimed at stimulating a more engaged dialogue between staff and managers and leading to greater empowerment of frontline staff. There is more information about the Trust's approach to quality in the detailed Quality Report which features as part of this document.

The Trust operates fully in compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5: Fit & Proper Persons and all Directors are required to meet these requirements and to declare such annually. In addition, in the case of all new Directors, appropriate checks are made in accordance with the fit and proper person regulations before appointment can be confirmed.

In line with constitutional requirements, the Trust maintains a register of interests for Directors which is available via the Company Secretary.

The attendance of Directors at Board and Board Committee meetings is shown below and biographical information for all Directors in post during the year is also provided.

Trust Board Committees

During 2016-17 the Trust Board had five standing committees that helped it discharge its duties.

Audit Committee

The Audit Committee, comprising only Non–Executive Directors is responsible for making sure the Trust governs itself well by concluding on the adequacy of the Trust's systems of internal control and its assurance framework. The main role and responsibilities are set out in the terms of reference approved by the full Board, which are consistent with national guidance.

These responsibilities include:

- monitoring the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance, and reviewing significant financial reporting judgments contained in them;
- reviewing the Trust's internal financial controls and the internal control and risk-management systems;
- monitoring and reviewing the effectiveness of the Trust's internal audit function;
- reviewing and monitoring the external auditor's independence and objectivity, and the effectiveness of the audit process, taking into consideration relevant requirements;
- monitoring progress and output from the Trust's clinical audit activity.
- Reviewing the annual clinical audit plan.

In addition, the Audit Committee has a new responsibility to review the audit findings from the annual audit of the mortality review process in the Trust.

The Audit Committee has met these responsibilities by:

- Overseeing internal audit, counter fraud and external audit services by:
    - reviewing the audit and counter fraud strategies and annual plans;
    - receiving progress reports;
    - considering the major audit findings and management's responses;
    - holding discussions with internal and external audit;
    - ensuring co-ordination between external and internal auditors;
    - reviewing the external audit management letter;
    - reviewing clinical audit summary reports.
- Reviewing and monitoring compliance with standing orders and standing financial instructions;
- Monitoring and advising the Board on the Trust's Board Assurance Framework and Corporate Risk Register;
- Reviewing schedules of losses and compensations;
- Reviewing the annual accounts of the Trust before submission to the Board and Charitable Funds Trustees, focusing particularly on:
    - changes in and compliance with accounting policies and practices
    - major judgmental areas
    - significant adjustments resulting from the audit
- Receiving and reviewing minutes from the Finance, Investment & Performance Committee and the Quality Assurance Committee;
- Ensuring that both internal and external auditors have full, unrestricted access to all the Trust's records, personnel and the Audit Committee members.

The Audit Committee reviewed financial and operating performance and compliance against national and regulatory standards, through scrutiny and sign-off of the quarterly NHS Improvement reporting returns. The Committee's review was supported by reporting from the Chair of the Finance, Investment and Performance Committee.

In depth reviews of operational risks have further supported the Committee's understanding and review of the key issues facing the Trust. In relation to compliance with Care Quality Commission's standards, the Committee takes regular reports and minutes from the Board Quality Assurance Committee and the Quality Executive Group.

During 2016-17, there were no significant issues considered by the Committee in relation to the Trust's financial statements. The continuing effectiveness of both the internal and external auditors is monitored by the Committee, as is the Committee's own effectiveness through self-assessment against best practice standards.

Auditor's Independence

The Trust requires its Auditors to demonstrate the policies and procedures they use to ensure they remain independent while carrying out their duty. During 2016-17 KPMG undertook no work of a 'non audit' nature.

Finance, Investment and Performance Committee

The Finance, Investment and Performance Committee, comprising both Non-Executive and Executive Directors is responsible for reviewing financial and operational performance and for

reviewing and providing expert comment on all significant financial investment and disinvestment decisions. They also scrutinise reporting on safe staffing and business development activity.

Quality Assurance Committee
This Committee provides a forum for detailed scrutiny and consideration of the Trust's quality agenda. Comprising both Non-Executive and Executive Director membership, the Committee obtains assurance on behalf of the Board on the quality of clinical services.

Remuneration Committee
The Remuneration Committee, comprising Non-Executive Directors, considers the terms and conditions of appointment of all Executive Directors, and the appointment of the Chief Executive. Members 'benchmark' the remuneration and terms and conditions for each Executive Director against other similar organisations. In line with central Government guidance on cost of living salary increases for 2016-17, the Committee determined that all Executive directors with the exception of the Chief Executive and Chief Financial Officer (as their remuneration would be uplifted in line with current benchmarks), would receive a 1% uplift effective from 1 April 2016 in line with Agenda for Change NHS staff and doctors. More information about Non-Executive and Executive Director remuneration can be found in the Remuneration Report later in this report.

The Remuneration Committee should not be confused with the Council of Governors Appointments and Remuneration Committee, which considers the appointment and conditions of Non-Executive Directors.

Nominations Committee
The Nominations Committee is responsible for identifying the skills required and producing job descriptions and person specifications for posts filled by Non-Executive Directors and which need to be reviewed at the end of their terms of office. Committee membership comprised the Trust Chair, the Lead Governor, Chris Fisher and Mehmuda Mian, both Non-Executive Directors.

Non-Executive Directors are appointed by the Council of Governors normally for a term of three years. At the end of their term, consideration is given to their performance by the Appointments and Remuneration Committee which then, if felt appropriate, puts a recommendation to Council for a further term to be granted. If such a recommendation is not thought appropriate, a competitive process is instigated to seek a successor.

Governors have the power to remove Non-Executive Directors if they consider performance to be unsatisfactory.

Attendance at Board meetings and Committees 2016/17

Board Meetings

Name	Position	Meetings attended/possible
John Hedger	Chair (until 30 November 2016)	7/7
Martin Earwicker	Chair (from 01 December 2016)	2/2
Keith Arundale	Non-Executive Director, Vice Chair, Senior Independent Director and Audit Chair (until 31 August 2016)	4/4
David Buckle	Non-Executive Director	8/9
Mark Day	Non-Executive Director (from 1 September 2016)	4/5
Chris Fisher	Non-Executive Director	8/9

Mark Lejman	Non-Executive Director	8/9
Ruth Lysons	Non-Executive Director	7/9
Mehmuda Mian	Non-Executive Director	7/9
Julian Emms	Chief Executive	9/9
Alex Gild	Chief Financial Officer	9/9
Minoo Irani	Acting Medical Director/Medical Director	9/9
Helen Mackenzie	Director of Nursing & Governance	9/9
Bev Searle	Director of Corporate Affairs	8/9
David Townsend	Chief Operating Officer	8/9

Audit Committee Meetings

Name	**Meetings attended/possible**
Keith Arundale (Chair) (until 31 August 2016)	3/3
Chris Fisher (Chair) (from 1 September 2016)	2/2
Mark Lejman	4/5
Mehmuda Mian	5/5

Finance, Investment & Performance Committee Meetings

Name	**Meetings attended/possible**
Chris Fisher (until 31 August 2016)	5/5
Mark Day (from 1 September 2016)	6/7
Mark Lejman	11/11
Ruth Lysons	8/11
Julian Emms	6/11
Alex Gild	9/11
David Townsend	11/11
Helen Mackenzie	7/10
Debbie Fulton (Deputy Director of Nursing)	1/1

Remuneration Committee Meetings

Name	**Meetings attended/possible**
Mark Lejman (Chair from October 2016)	3/3
John Hedger	1/1
Martin Earwicker	2/2
David Buckle	3/3
Julian Emms	3/3

Quality Assurance Committee

Name	**Meetings attended/possible**
Ruth Lysons (Chair)	4/4
David Buckle	4/4
Mehmuda Mian	4/4
Julian Emms	4/4
Minoo Irani	4/4
Helen Mackenzie	4/4
David Townsend	4/4

All Board Committees are supported by the Company Secretary and such other senior personnel as required.

Board members

John Hedger – Chair (until 30 November 2016)
John Hedger became Chair of the Trust in December 2009. From 1966-2000 he was a career civil servant in the Department of Education dealing mainly with policies for schools, teacher training and teachers' pay. He was a Private Secretary to the Secretary of State, Secretary to the Committee of Enquiry into the Education of Handicapped Children and Young People, a Board Member of the Department from 1992 and Director of Operations in the Department of Education and Employment from 1995.

After leaving the civil service he undertook a number of independent assignments in central and local government and chaired the Sector Skills Council for Lifelong Learning from 2003-2006. From 2000-2009 he was a Trustee of Rathbone, a third sector organisation supporting young people at risk of exclusion and those with learning difficulties. He is a trustee and director of the Langley Academy Trust in Slough and of Mary Hare School in Newbury and was a trustee of the National Foundation for Educational Research from 2005 until 2012. He has lived in Berkshire for 40 years and is married with three children and four grandchildren.

Martin Earwicker – Chair (from 1 December 2016)
Martin Earwicker became Chair of Berkshire Healthcare NHS Foundation Trust in December 2016, prior to this he was Vice Chair of Dorset County Hospital NHS Foundation Trust. He retired from being Vice Chancellor of London South Bank University in 2013. Before this he was Director and Chief Executive of the Science Museum Group. However, his main career was in scientific research working for the Ministry of Defence interspersed with senior appointments in Whitehall; for the last five years of which he was Chief Executive of the Ministry of Defence's research laboratories, the Defence Science and Technology Laboratory.

In addition to his interest in health, he is a keen supporter of Further Education colleges, and has been chair for more than six years each of two Further Education colleges: Tower Hamlets College in the east end of London serving a particularly disadvantage community, and Farnborough College of Technology, which he still chairs. He is also a Trustee of his local Citizens Advice Bureau.

He read Physics at Surrey University graduating in 1970. He was appointed a Fellow of the Royal Academy of Engineering in 2000 and has been a vice president of the Academy, and was awarded an Honorary Doctorate of Surrey University in 2009. He is an Emeritus Professor of London South Bank University.

Keith Arundale – Non-Executive Director – (Deputy Chair, Chair of Audit Committee & Senior Independent Director) (until 31 August 2016)
Keith Arundale is a chartered accountant and a chartered marketer. He was with PwC, the market-leading professional services firm, for 28 years in London, Windsor and Pittsburgh, USA, latterly leading business development and the venture capital programme for the Technology Industry Group in Europe. He is now a university lecturer, executive trainer and consultant in private equity and venture capital and is the author of 'A Guide to Private Equity' (BVCA) and 'Raising Venture Capital Finance in Europe' (Kogan Page).

Keith is a Visiting Fellow at the ICMA Centre, Henley Business School, University of Reading where he teaches the BSc and MSc courses on private equity & venture capital and he is carrying out research into venture capital fund performance at Glasgow University Business School.

Keith is a trustee and on the Board of the Chartered Institute of Marketing and a member of its audit committee. He was President of the English Tech Tour in 2007 and is Past Master of the Worshipful Company of Marketers (City Livery Company), a Liveryman of the Chartered Accountants and of the Spectacle Makers Livery Companies and a Freeman of the City of London. Keith and his wife (a Critical Care Nurse) live in Windsor.

Dr David Buckle – Non-Executive Director

David has been a GP for over 29 years and he currently works as a salaried doctor in his Woodley Practice near Reading, where he was senior partner for many years. Previously he was a trainer on the GP vocational training scheme and he was one of the first GPs in Berkshire to be awarded Fellowship of the RCGP by assessment. David is also Medical Director at Herts Valleys Clinical Commissioning Group where he is responsible for Clinical Leadership, General Practice development and for medicines optimisation.

He has a considerable knowledge and experience of primary care from both a provider and commissioner perspective.

Mark Day – Non-Executive Director

Mark Day joined Berkshire Healthcare as a Non-Executive Director on 1 September 2016. He lives just outside Newbury and is also a Vice President of the Institute of Customer Service and a member of the Professional Council of the Global Executive Network.

Mark started his career with Crookes Healthcare (subsequently Boots Pharmaceuticals) and then moved to the Automobile Association where he embarked on his Human Resources career path. A number of different Human Resources related roles were undertaken until the organisation was acquired by the Centrica Group. Feeling that the time was right for a move into a different industry sector mark joined the Board of the Hospital Saving Association as Director of Human Resources.

Shortly after joining HSA (subsequently becoming Simplyhealth) Mark assumed Director responsibility for the customer service operation and focussed on improving the personal service provided by the organisation. In addition to achieving consistent years of being in the Sunday Times 100 Best Companies to Work For, many industry awards were achieved for the exceptional service provided to both corporate clients and individual customers.

Until recently Mark was a Trustee of the Society of St James, a charity based in Southampton, which supports the homeless together with alcohol and drug dependant people. During his six years working for the charity Mark chaired the Personnel Committee and latterly became the Vice Chairman of the Society.

Mark firmly believes that people can be the only true differentiator in organisations and is keen to see Berkshire Healthcare continue to provide support across our communities based on this principle.

Chris Fisher – Non-Executive Director and Chair of the Audit Committee from 1 September 2016

Chris Fisher took up the role as NED on 1 October 2014. He lives with his family in Maidenhead and most of his career has been spent in the area.

He trained as an accountant locally and qualified in 1983 whilst working for the Avis Europe group of companies where he held a number of senior positions in financial, commercial and operational roles over a period of almost 22 years.

He completed an MBA at Henley in 2001 and joined the NHS the same year as Finance and Performance Director for a local Primary Care Trust. He went on to lead on commercial matters for

the regional Strategic Health Authority in Newbury before taking planned partial early retirement in 2009.
Most recently, he led the project on behalf of Heatherwood & Wexham Park Hospital NHS Foundation Trust for its acquisition by Frimley Park Hospital and previously he was project director for Berkshire Healthcare's acquisition of the east and west Berkshire community health services provider organisations.

Chris chairs Health Education Thames Valley's (HETV) Assurance Committee – HETV is the organisation responsible for developing the future clinical and medical staffing required in the area.

Other interests include golf, walking his dogs and supporting his beloved Watford football club.

Mark Lejman – Non-Executive Director, Chair of the Finance, Investment and Performance Committee and Deputy Chair from 1 September 2016
Before taking up his current role as a NED of the Berkshire Healthcare NHS Foundation Trust where he also chairs the Finance, Investment and Performance Committee, Mark served as a Non-Executive Director of the Berkshire East Primary Care Trust (PCT) and as part of those responsibilities he chaired the Provider Services sector of the PCT.

Mark is currently Chairman of Endeka Ceramics a Private Equity backed company and previously, between 2008 and 2012, was Chief Executive Officer of Cosalt plc, a leading provider of marine safety products and services.

He spent the first 20 years of his career at Courtaulds plc in a number of management positions of increasing seniority, latterly as CEO of its Tencel premium fibres division. In 1998, he was part of the team that led the management buy-out of Tencel from Akzo Nobel, which had acquired Courtaulds that year. At Acordis Group, Mark was CEO of the group's cellulosic fibres division and played a key role in both the successful growth and eventual sale of the Group in 2004. He then joined the Morgan Crucible Company plc as an executive director and CEO of its carbon division.

Mark, who lives in Ascot, also served as a non-executive director of Delta plc, the engineered steel business between 2006 and 2010.

Ruth Lysons – Non-Executive Director, Chair of the Quality Assurance Committee and Senior Independent Director from 1 September 2016
Ruth Lysons is a veterinary surgeon who graduated from Cambridge University in 1982. She worked in two private veterinary practices, specialising in farm animal medicine. She joined the Veterinary Laboratories Agency, progressing through a number of roles to become Head of its national network of veterinary diagnostic laboratories.

In 2002, Ruth was appointed as Deputy Director, Food and Farming Group, at the Department for Environment, Food & Rural Affairs (Defra). In this senior Civil Service post, Ruth led a team of 40 staff to deliver government policy on animal health, and was accountable for a budget of £50 million per annum. She was also a member of various Government committees assessing the risks posed to human health from animal diseases, and was a senior veterinary decision-maker on actions to be taken to control major animal disease outbreaks, including Foot and Mouth Disease, Avian Influenza and Swine Influenza. Since leaving Defra in 2011, Ruth worked for Waitrose on food safety surveillance, and subsequently became an independent veterinary consultant. She is also a member of the British Veterinary Association's Veterinary Policy Committee.

Born and brought up in Reading, Ruth has lived in West Berkshire with her husband for the last 30 years. They have two grown up children.

Mehmuda Mian – Non-Executive Director

Mehmuda Mian practised as a solicitor specialising in commercial and professional indemnity litigation. Her commitment to rigorous, high standards in public life led her to take on a regulatory function at the Law Society, investigating complaints against solicitors, and also chairing independent review panels for the NHS. She left to take up an appointment at the Police Complaints Authority. Mehmuda was subsequently appointed as one of the first Commissioners to the Independent Police Complaints Commission and is a former BBC Trustee, non-executive director of the Independent Safeguarding Authority, and of the Disclosure and Barring Service.

Julian Emms – Chief Executive

Julian was appointed Chief Executive in July 2012, following a nine-month period during which he was the acting Chief Executive. Julian started his career in the probation service as a support worker and went on to undertake a variety of roles in the service over a 10 year period before joining the NHS in 1997.

As an NHS Executive Director since 2004 Julian has wide ranging board level experience including, four years as director of operations and four years as Deputy Chief Executive. His various portfolios have encompassed operational management, strategy and business development, service redesign, organisational development, facilities and PFI. Julian was part of the Trust's successful NHS foundation trust application in 2007 and was the project director who oversaw the integration of community health services into the Trust in 2011.

Julian's senior management roles prior to becoming a director were all joint posts with social care and focused on providing better integrated care for local people.

Alex Gild – Chief Financial Officer

Alex joined the Trust in September 2006. A business graduate and a qualified accountant he started his NHS finance career as a trainee finance assistant in 1996 and had spells working in the acute trusts in Oxford (Radcliffe Infirmary, Oxford Radcliffe and Nuffield Orthopaedic) before latterly joining South Central Strategic Health Authority.

Alex was deputy Director of Finance at Berkshire Healthcare NHS Foundation Trust and was appointed Director of Finance, Performance & Information in April 2011 (his title changed to Chief Financial Officer in March 2017). Alex has since become a member of the Board of Trustees of the Healthcare Financial Management Association (HFMA).

Dr Minoo Irani – Acting Medical Director (from November 2015 and Medical Director from July 2016

Minoo has been working in Berkshire as Consultant Paediatrician (Community Child Health) since 2001 and has held positions as Lead Paediatrician, Locality Clinical Director and Lead Clinical Director in the Trust before being appointed as Acting Medical Director in November 2015 and was appointed as Medical Director in July 2017.

Minoo has experience of working on projects and committees within the Royal College of Paediatrics and Child Health, General Medical Council, Department of Health and Berkshire Research Ethics Committee. He founded and led the NHS Alliance Specialists Network where he championed integrated working practices for professionals across primary and secondary healthcare services,

authored health policy reports on integration of healthcare services and has published and presented on this topic at national meetings.

Helen Mackenzie – Director of Nursing and Governance

Helen qualified as a registered nurse in 1979. She has enjoyed a varied career having held a variety of nursing positions across the South East. In the 1990's she was employed by Berkshire Community Services as a Community Staff Nurse and School Nurse before getting her first management position covering South Oxfordshire. Helen held her first director appointment in 2003 and has experience from many of the sectors in the NHS including commissioning having been Deputy Chief Executive of NHS Berkshire West. She joined Berkshire Healthcare Trust in April 2017 and has found it to be one of the most rewarding positions of her career, being able to champion the improvement quality across the organisation.

In the last two years Helen has worked with the CQC as a chair of comprehensive inspections. She lives locally in Berkshire and in 2016 became a grandmother, a role she is relishing.

Bev Searle – Director of Corporate Affairs

Originally trained as an Occupational Therapist, Bev worked within Child and Adolescent Mental Health Services, inpatient and integrated community Mental Health and Substance Misuse Services, both in Berkshire and in Devon. She then worked as a general manager in NHS Services and continued into clinical, lecturing and managerial roles across a broad range of services in health, social care and housing.

Bev has been working in Berkshire since 1997, in a number of joint health and social care roles and prior to her current role, Bev was Director of Joint Commissioning with NHS Berkshire. She joined the Trust as Director of Corporate Affairs in October 2012 and has subsequently become a member of the Board of the Social Care Institute for Excellence.

David Townsend – Chief Operating Officer

David started working for the NHS in 2004 having worked in senior roles for leading private sector, customer focused businesses. These included BP, MacDonalds, Initial and major international food producer Geest Plc. In addition to his commercial responsibilities, he led a number of transformational projects and spent 10 years in senior leadership positions.

His first role with the NHS was to set up a new collaborative organisation for the South Central region to which he was appointed Managing Director.

In 2010, David was appointed Director of Operations for Berkshire Healthcare and Chief Operating Officer in 2013.

None of the Directors have any declared political activities and all are considered independent.

Board composition

Board composition is determined to be appropriate for purpose. Non-Executive Directors with specific skills have been appointed to ensure good balance. These include skills in finance, commercial operations and strategy and clinical practice and quality. The Executive Director membership is as set out within statute, Chief Executive, Finance, Medical and Nursing Directors plus the Chief Operating Officer and the Director of Corporate Affairs.

Directors Expenses

Directors are entitled to claim expenses in accordance with their terms and conditions of appointment. Expenses primarily relate to travel and subsistence costs and for 2016/17 9 Directors (out of 14) claimed expenses with an aggregate value of £8,536 (£11,000 in 2015/16).

Better Payment Practice Code

The Trust aims to pay suppliers and providers of goods and services promptly, and has a target of paying 95% of all invoices within 30 days of receipt. The actual performance for the Trust for financial year 2016/17 was as follows:

	No of Invoices (count)	% of activity	Value of Invoices (£'000s)	% of value
Paid within 30 days	36,897	91%	71,723	86%
Paid over 30 days	3,581	9%	11,671	14%
Total	**40,478**	**100%**	**83,394**	**100%**

The Trust did not make any payments in respect of interest under the Late Payment of Commercial Debts (Interest) Act 1998 during 2016-17.

Financial Report

The Trust ended the financial year reporting a surplus of £1.6m, inclusive of -£0.1m non-operating fixed asset impairments and £0.2m non-operating donations, against a total turnover of £244m (0.61% total surplus margin). The majority of Trust income is NHS income. The income includes £2.8m sustainability and transformation funding (STF) from NHSi as a result of the Trust achieving and exceeding its control total by £0.07m.

Operating and demand pressures, including costs of temporary staffing and mental health out of area placements, led to a deficit before non-operating items and STF funding of -£1.27m (-0.5% operating deficit margin), an improvement of £0.07m against a planned operating net deficit of -£1.33m.

The Trust finished the year with a net cash increase of £4.0m and a closing cash balance of £20.7m. This is due to trust capital expenditure of £3.1m lower than capital depreciation (non-cash) of £6.5m and strong cash management performance which supported a regulator Use of Resource Rating of 2 for the year, on a scale of 1 to 4 (4 indicating highest financial risk of breaching licence conditions).

Capital investments of £3.1m were delivered as the Trust continued planned development in IT and estate and capital investment of £0.2m through donations for the renal unit at West Berkshire Community Hospital, in Newbury.

Cost improvements of £4.8m were achieved against a plan of £5.3m. Rising demand pressure against “block” service payment mechanisms, further constrained the level of productivity savings that could be achieved from some services, against the national NHS provider efficiency target of 2% for the year.

Along with the majority of NHS providers, the Trust faces a challenging financial outlook from 2017-18 onwards. Financial sustainability of NHS and social care providers will become a significant underlying issue for local economies over the coming years. The Trust is playing a proactive role in working with its partners to develop better integrated services to Berkshire residents and patients, with an aim to mitigate the pressure of rising population demand and care needs.

Remuneration report

The remuneration and expenses of the Chair and Non-Executive Directors are determined by the Council of Governors, taking account of relevant market data, including the NHS Providers' remuneration survey. The remuneration of Non-Executive Directors is comprised solely of their annual fee as set out in the table below.

Senior Managers Remuneration Policy

Remuneration of the Trust's 'senior managers' (the Chief Executive and Directors and very senior managers (VSM) accountable to the Chief Executive and Executive Directors) is determined by the Trust's Remuneration Committee. The Committee does not routinely apply inflationary uplifts or increases and only applies uplifts of any kind where this is thought justified by the context. The primary aim of the Committee is to ensure that Executive remuneration is set at an appropriate level to ensure good value for money, whilst enabling the Trust to attract and retain high quality Executives. Executive Directors and VSM personnel remuneration does not include a specific performance related element. Remuneration is purely by annual salary as disclosed below and, where relevant, appropriate lease car payments. There has been no change in approach to remuneration policy for senior managers during 2016-17. All other Trust staff are covered by national NHS Agenda for Change terms and conditions.

Where any senior manager is paid above £142,500, the Remuneration Committee will have satisfied itself that the actual level of remuneration paid is reflective of the individual post holders level of responsibility and that the remuneration has been considered against appropriate benchmark information, local recruitment market conditions and the need to provide a reward package that ensure the recruitment and retention of high calibre senior executives.

Very senior manager contracts provide for a period of notice of six months on the part of the Trust as agreed by the Remuneration Committee. A senior manager may suffer loss of office in a number of situations and in such cases the six month notice period normally applies, however, the Trust can, at its discretion, choose to make payment in lieu of all or part of the notice period. Where loss of office is due to circumstances where summary dismissal applies, such as gross misconduct or serious performance failure for example, no notice period would apply. If loss of office was due to redundancy then the notice period would apply, as would any redundancy provisions applying generally in the NHS at the point in time; the principle being that very senior managers would be treated neither no less nor no more favourably than other Trust staff.

Annual Statement on Remuneration

The Remuneration Committee uses benchmarking information from available sources to set the level of remuneration of Executive Directors. The annual NHS Providers Pay review survey is one such source, as are the annual reports of similar organisations and a market analysis through reviewing contemporary recruitment. Affordability together with an assessment of both individual and collective performance is also taken into account. The Committee considers the pay and

conditions of other employees when considering remuneration policy, but does not actively consult with employees.

The Remuneration Committee approved the business cases for transferring the Director of I&MT and the Deputy Director of Finance from Agenda for Change contracts to Very Senior Manager contracts.

The Trust Board sets the organisation's corporate objectives annually and these are used as the basis for developing personal objectives for the Chief Executive and Executive Directors. Performance is closely monitored through the year and in the context of annual appraisal.

Mark Lejman, ***Chair, Remuneration Committee***

Details of remuneration for Directors and senior managers are set out in the tables below.

Salaries & allowances

				2016/17						2015/16					
Name	Title	From	To	Salary and fees (in bands of £5,000) * £000s	Taxable benefits (total to the nearest £100) £00s	Annual performancerelated bonuses (in bands of £5,000) £000s	Long-term performance related bonuses (in bands of £5,000) £000s	Pension related benefits (in bands of £2,500)** £000s	Total (in bands of £5,000) £000s	Salary and fees (in bands of £5,000) * £000s	Taxable benefits (total to the nearest £100) £000s	Annual performancerelated bonuses (in bands of £5,000) £000s	Long-term performance related bonuses (in bands of £5,000) £000s	Pension related benefits (in bands of £2,500)** £000s	Total £000s
Executive Directors															
Julian Emms	Chief Executive	01/04/2016	31/03/2017	190 - 195	0	0	0	25.0 - 27.5	215 - 220	180 - 185	0	0	0	82.5 - 85.0	260 - 265
Alex Gild	Chief Financial Officer	01/04/2016	31/03/2017	145 - 150	0	0	0	47.5 - 50.0	195 - 200	135 - 140	0	0	0	50.0 - 52.5	185 - 190
Dr Minocher Irani	Medical Director	01/04/2016	31/03/2017	160 - 165	0	0	0	207.5 - 210.0	370 - 375	60 - 65	0	0	0	62.5 - 65.0	125 - 130
Helen Mackenzie	Director of Nursing	01/04/2016	31/03/2017	130 - 135	0	0	0	60.0 - 62.5	190 - 195	125 - 130	0	0	0	52.5 - 55.0	180 - 185
Beverly Searle	Director of Corporate Affairs	01/04/2016	31/03/2017	125 - 130	0	0	0	0.0 - 2.5	125 - 130	120 - 125	0	0	0	35.0 - 37.5	155 - 160
David Townsend	Chief Operating Officer	01/04/2016	31/03/2017	140 - 145	0	0	0	65.0 - 67.5	205 - 210	125 - 130	0	0	0	35.0 - 37.5	165 - 170
Dr Justin Wilson*	Medical Director	01/04/2015	01/11/2015	-	-	-	-	-	-	110 - 115	0	0	0	97.5 - 100.0	210 - 215
Non Executive Directors															
Keith Arundale***	Non Executive Director	01/04/2015	31/08/2016	5 - 10	0	0	0	0	5 - 10	20 - 25	0	0	0	0	20 - 25
David Buckle	Non Executive Director	01/06/2015	31/03/2017	10 - 15	0	0	0	0	10 - 15	5 - 10	0	0	0	0	5 - 10
Mark Day	Non Executive Director	01/09/2016	31/03/2017	5 - 10	0	0	0	0	5 - 10	-	-	-	-	-	-
Martin Earwicker**	Chair	01/12/2016	31/03/2017	15 - 20	0	0	0	0	15 - 20	-	-	-	-	-	-
Christopher Fisher	Non Executive Director	01/04/2015	31/03/2017	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
John Hedger**	Chair	01/04/2015	30/11/2016	30 - 35	0	0	0	0	30 - 35	45 - 50	0	0	0	0	45 - 50
Mark Lejman	Non Executive Director	01/04/2015	31/03/2017	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Ruth Lysons	Non Executive Director	01/04/2015	31/03/2017	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Nighat Mian	Non Executive Director	01/06/2015	31/03/2017	10 - 15	0	0	0	0	10 - 15	5 - 10	0	0	0	0	5 - 10
Angela Williams	Non Executive Director	01/04/2015	31/07/2015	-	-	-	-	-	-	0 - 5	0	0	0	0	0 - 5

*Dr Justin Wilson terminated his post as Medical Director on the 1st November 2015, but continued to be employed by the Trust in capacity of a medical consultant up to the 31st December 2015. The remuneration information stated here relates only to earnings as Medical Director.

** John Hedger terminated his appointed as Chair of the Trust Board on the 30th November 2016. Martin Earwicker was appointed as replacement Chair of the Trust Board and joined the Trust from 1st December 2016.

*** Keith Arundale terminated from his appointment as Non Executive Director on the 31st August 2016.

Top to Median Staff Pay Multiple (Ratio)

The Trust now provides information on the ratio between the highest paid director compared to the median total remuneration for all employees, including agency, bank and other staff of the Foundation Trust. In calculating the median total remuneration, all payments to employees that constitute salary are included, such as basic pay, and enhancements for unsocial, night time or weekend working. Overtime is not included as that is not regarded as salary. Employer pension contributions and cash equivalent transfer value of pensions are also excluded.

Comparative for 2015-16 has been provided.

	2016/17	2015/16
Band of Highest Paid Directors Remuneration (£'000)	190-195	195-200
Median Total Remuneration	£29,885	£27,722
Renumeration Ratio	6.5	7.2

Pension benefits

					(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name	Title	From	To	Real increase in pension at pensionable age	Real increase in pension at pensionable age (bands of £2,500) £,000s	Real increase in pension lump sum at aged 60 (bands of £2,500) £,000s	Total accrued pension at pensionable age at 31 March 2017 (bands of £5,000) £,000s	Lump sum at pensionable age related to accrued pension at 31 March 2017 (bands of £,000s	Cash Equivalent Transfer Value at 1 April 2017 £,000s	Real increase in Cash Equivalent Transfer Value £,000s	Cash Equivalent Transfer Value at 31 March 2017 £,000s	Employer's contribution to stakeholder pension £,000s
Executive Directors												
Julian Emms	Chief Executive	01/04/2016	31/03/2017	4,745.21	2.5 - 5.0	2.5 - 5.0	55 - 60	145 - 150	862	97	959	0
Alex Gild	Chief Financial Officer	01/04/2016	31/03/2017	4,894.09	2.5 - 5.0	5.0 - 7.5	35 - 40	100 - 105	467	69	536	0
Dr Minocher Irani	Medical Director	01/04/2016	31/03/2017	11,989.81	10 - 12.5	25.0 - 27.5	45 - 50	135 - 140	713	155	868	0
Helen Mackenzie	Director of Nursing	01/04/2016	31/03/2017	2,694.41	2.5 - 5.0	7.5 - 10.0	45 - 50	135 - 140	990	(990)	0	0
Beverly Searle	Director of Corporate Affairs	01/04/2016	31/03/2017	0.00	0 - 2.5	0 - 2.5	45 - 50	135 - 140	944	0	944	0
David Townsend	Chief Operating Officer	01/04/2016	31/03/2017	2,857.16	2.5 - 5.0	7.5 - 10.0	20 - 25	60 - 65	384	73	457	0

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. Where a member has a CETV of £0 the member has reached Normal Retirement Age.

During 2016/17, the Trust did not operate a performance related element to senior managers' remuneration. The only non-cash element of the most senior managers' remuneration packages is pension related benefits accrued under the NHS Pension Scheme. Contributions are made by both the employer and employee in accordance with the rules of the Scheme.

All of the senior managers are employed on contracts of service and are substantive employees of the Trust. Their contracts are open ended employment contracts which can be terminated by the Trust by six months' notice. Other Trust staff are covered by the terms and conditions of the national NHS 'Agenda for Change' provisions.

Julian Emms
Chief Executive
June 2017

Statement as to disclosure to auditors

So far as the Directors are aware, there is no relevant audit information of which the auditors are unaware, and the Directors have taken all the steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Staff report

Staff engagement

For the last five years, staff engagement has been a strategic organisational development objective for Berkshire Healthcare and we recognise the importance of high levels of staff engagement as a direct contributor to patient care, the patient experience and high quality outcomes.

We are really pleased that our overall rating for staff engagement has increased year on year, making us one of the top performing community and mental health trusts in the country. The main initiatives helping us to achieve high staff engagement are:

- Our 'Listening into Action' programme which is aimed at improving patient care by listening to staff, acting on their ideas and empowering them to take their suggestions forward;
- Our Brighter Together initiative which supports staff innovation, and which was a direct response to staff on how they could take forward creative ideas for patient care.
- Our leadership development programmes

The National NHS Staff Survey has been a key source of evidence of our performance and progress. This is supplemented by our local annual PULSE survey carried out in June and the Staff Friends and Family Tests (which tell us how many of our staff would recommend the Trust as a place to work or receive treatment) which are run online three times year and are open to all 4,400 Berkshire Healthcare staff.

National staff survey response rate for 2016 compared with previous year

Response rate				
	2015/16 (previous year)	**2016/17 (current year)**		**Trust improvement/ deterioration**
	Berkshire Healthcare	Berkshire Healthcare	Benchmarking combined mental health and learning disability and community trusts) average	Improvement
Response rate	38%	46%	44.1%%	Increase in % points: 8 percentage points

The responses that our staff provide to the questions in the survey are reported as a number of Key Findings (KF) and further detail about our results is provided below:

The top 5 ranking scores

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

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

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

The bottom 5 ranking scores

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

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

Bottom 5 ranking scores				
	2015/16	**2016/17**		**Trust improvement/ deterioration**
	Berkshire Healthcare	Berkshire Healthcare	Benchmarking group (combined MH/LD/CHS) average	
KF 16	79%	75%	71%	Decrease = Improvement
KF 21	88%	86%	88%	Decrease = Deterioration
KF 24	86%	80%	88%	Decrease = Deterioration
KF 27	53%	55%	58%	Increase = Improvement
KF 29	89%	92%	93%	Increase = Improvement

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

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

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

The areas of (statistically significant) deterioration were:

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

Three areas of improved staff experience or deterioration				
	2015/16 (previous year)	**2016/17 (current year**		**Trust improvement/ deterioration**
	Berkshire Healthcare	Berkshire Healthcare	Benchmarking group (combined MH, LD and CHS trust) average	
K15	61%	64%	58%	Improvement
KF16 lower is better	79%	75%	71%	Improvement
KF17 lower is better	40%	36%	39%	Improvement
K3	93%	92%	89% (Best score 93%)	Deterioration
KF9	3.99	3.93	3.87 (Best score 4.00)	Deterioration
KF23 lower is better	1%	2%	2% (Best score 1%)	Deterioration

Key areas of improvement

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

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

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

Summary details of any local surveys and results

Our Staff Friends and Family Test results reflect good response rates and have continuously improved. The most recent results are the best we have achieved showing that:

- 84% of staff would recommend Berkshire Healthcare as a place to receive care and treatment for their own friends and family (the average score is 73%)
- 72% of staff would recommend Berkshire Healthcare to their friends and family as a place to work (the average score is 63%)

For the last five years, we have run an annual local PULSE survey. The results of staff answers to these additional local questions show improvements against every question, with the highest scores for the following:

- 77% believe we are providing high quality services to our patients/service users
- 76% feel that the quality and safety of patient care is our organisations top priority
- 72% understand how their role contributes to the wider organisational vision

Areas of concern and action plans to address

We have been doing a lot of work to understand and tackle the differences reported by white, and black, Asian and minority ethnic (BAME) staff about their experience of bullying and harassment, discrimination, and equality of opportunity. Our scores in these areas have deteriorated or not improved enough. We know we will need to make a consistent and sustained commitment over time to achieve the progress that we want to see, and we have a programme of work in place to achieve this. Further information is set out in the Diversity section of the Annual report.

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

Future priorities and targets

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

Our objective with regard to staff engagement is to maintain our position in the top best similar trusts (those providing mental health, learning disabilities and community health services). The National NHS Staff Survey, the annual PULSE survey, and the Staff Friends and Family Tests provide information on achievement and progress which will continue to guide us in our work to achieve consistently good results across all our service areas. Listening into Action is now commonly used as part of major projects as well as being continued through the annual round of Chief Executive led 'Big Conversations' with staff. Our Brighter Together conference has also enabled us to build staff engagement with regard to innovation, and we plan to commence a significant Quality Improvement initiative in 2017 which will provide a framework for the engagement of staff in evidence based service improvements over the coming years.

The Trust's Equality Strategy 2016-2020 sets out specific objectives and targets for employment. More information about Equality Strategy can be found in the Diversity Section of the Annual Report.

Our Operational Plan for 2017-18 includes a range of specific targets to support the delivery of our strategic objectives "supporting our staff" – to strengthen our highly skilled and engaged

workforce". This provides a very visible commitment to the priority we are giving to staff engagement, and its importance in terms of the vision and values of the organisation as a whole.

Staff numbers

Average number of employees (WTE basis)

	Permanent Number	Other Number	2016/17 Total Number	2015/16 Total Number
Medical and dental	163	25	**188**	**199**
Ambulance staff	-	-	**-**	**-**
Administration and estates	851	39	**890**	**915**
Healthcare assistants and other support staff	685	186	**871**	**865**
Nursing, midwifery and health visiting staff	1,110	153	**1,263**	**1,285**
Nursing, midwifery and health visiting learners	47	-	**47**	**64**
Scientific, therapeutic and technical staff	775	50	**825**	**765**
Healthcare science staff	-	2	**2**	**-**
Social care staff	-	-	**-**	**-**
Agency and contract staff	-	-	**-**	**-**
Bank staff	-	-	**-**	**-**
Other	1	-	**1**	**3**
Total average numbers	**3,632**	**455**	**4,087**	**4,096**

Staff gender split at end of year 2016-17

The following table provides information on the gender split for Trust staff at the end of the year:

	Male	Female	Total
Non-Executive Directors	5	2	7
Executive Directors	4	2	6
Senior Managers	94	322	416
Other staff	615	3402	4017

Reporting of Compensation Schemes - Exit Packages 2016/17

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	1	1	**2**
£10,001 - £25,000	1	2	**3**
£25,001 - 50,000	2	1	**3**
£50,001 - £100,000	2	-	**2**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**6**	**4**	**10**
Total resource cost (£)	226,000.00	70,000.00	**296,000**

Note 7.4 Reporting of compensation schemes - exit packages 2015/16

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	4	7	**11**
£10,001 - £25,000	4	1	**5**
£25,001 - 50,000	2	1	**3**
£50,001 - £100,000	3	-	**2**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
Total number of exit packages by type	**13**	**9**	**21**
Total resource cost (£)	327,000	91,000	**418,000**

Note 7.5 Exit packages: other (non-compulsory) departure payments

	2016-17		2015-16	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	-	
Mutually agreed resignations (MARS) contractual costs	-	-	6	81
Early retirements in the efficiency of the service contractual costs	-	-	-	
Contractual payments in lieu of notice	4	70	3	10
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**4**	**70**	**9**	**91**

Off Payroll Engagements

The NHS Foundation Trust reports arrangements whereby individuals are paid through their own companies (and so are responsible for their own tax and national insurance arrangements, not being classed as Trust employees). The costs of these off payroll engagements are recorded in the expenditure of the Trust, within consultancy costs.

For all off-payroll engagements as of 31 March 2017, for more than £220 per day that last for longer than six month:

	Number
No. of existing engagements as of 31 March 2017	**4**
Of which:	
No. that have existed for less than one year at time of reporting	**1**
No. that have existed for between one and two years at time of reporting	**1**
No. that have existed for between two and three years at time of reporting	**1**
No. that have existed for between three and four years at time of reporting	**0**
No. that have existed for four or more years at time of reporting	**1**

All existing off-payroll engagements have at some point been subject to risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

For all new off-payroll engagements or those that reached six months in duration, between 1 April 2016 and 31 March 2017, for more than £220 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration between 01 Apr 2015 and 31 Mar 2016	**0**
Number of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and national insurance obligations	**0**
No. for whom assurance has been requested	**0**
Of which:	
No. for whom assurance has been received	**0**
No. for whom assurance has not been received	**0**
No. that have been terminated as a result of assurance no being received	**0**

All individuals paid via their own company are required to sign a contract which contains clauses that gives the Trust a right to request assurance in relation to tax and National Insurance obligations. There were no individuals who left the Trust after assurance had been requested but before the assurance had been received.

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibilities, between 1 April 2016 and 31 March 2017:

No. of off-payroll engagements of board members and/or senior officials with significant financial responsibility during the financial year	**0**
No. of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure should include both off-payroll and on-payroll engagements	**13**

Other staff related matters

In accordance with the requirements of the Companies Act 2006 and the Large and Medium-sized Companies Regulations 2008, the Trust makes these additional declarations:

- The Trust addresses the employment, training and career development needs of all disabled persons through use of the following key policies and procedures:

    - Equality Strategy 2016 - 20;
    - The Department of Work and Pensions 'Two Ticks' scheme;
    - 'Time to Change' – anti-stigma campaign on mental illness;
    - Equal Opportunities and Diversity policy;
    - Workforce Development policy.

The above are co-ordinated now by the work of the Equality and Diversity Manager and the Equality Human Resources Manager.

- The Trust actively seeks to provide employees systematically with information of concern to them as employees through the following:

    - Regular publication of our electronic newsletter;
    - Regular meetings with representatives of recognised staff unions;
    - Regular meetings with staff representatives for our Lesbian Gay Bisexual and Transgender and Black Asian and Minority Ethnic networks
    - Elected staff representatives forming part of the NHS Foundation Trust's Council of Governors.

The Trust has a broad range of staff engagement and communications arrangements. Executive responsibility for communications rests with the Director of Corporate Affairs. There are regular staff briefings using newsletters, intranet resources, podcasts and team briefings and considerable use is made of web based survey applications to obtain staff views and feedback. During the year, the Trust continued to implement and benefit from the national NHS programme called 'Listening into Action'. The programme provides a structured methodology for embedding a listening, engaging and empowering style of leadership across the organisation. Also, through the Brighter Together initiative, the Trust encourages and supports staff innovation and improvements to patient care and services.

Regular meetings with senior managers and clinical leaders provide a forum for setting out and discussing key issues facing the Trust, including financial, economic and quality considerations. Information from these meetings is used in cascade staff briefings to ensure all employees understand key factors influencing performance and can be encouraged to get involved in managing performance relative to their position in the organisation. This is reinforced through the application of the Trust's annual staff review process covering objective setting, personal development and performance appraisal. The Trust has also implemented a formal succession planning and talent management framework to assure the flow of suitably qualified and capable staff to meet organisational need.

The sickness rate for the Trust for the year to December 2016 was 4.11%.

The full time equivalent days recorded sickness absence was 54,639 and the average annual sickness days per full time equivalent was 15.04. This is based on an average full time equivalent posts of 3,632.

Counter fraud activity

The Trust operates a robust arrangement for minimising the risk of fraud and meets the requirements of the Secretary of State that each health body nominate an officer to act as its Local Counter Fraud Specialist (LCFS). As well as handling suspected cases of fraud, the service provides awareness and education support to help embed an 'anti-fraud' culture throughout the organisation. There is a clear policy on counter fraud together with other provisions to support staff in raising concerns about possible fraudulent activity.

Health and safety

The Trust's arrangements for the health and safety of staff, patients, visitors and others are set out in a clear organisational policy that emphasises the organisation's commitment to providing, a safe place to work and a healthy environment for all. A comprehensive suite of policies and procedures are in place to ensure that risks to the health and safety of all are minimised and these policies and procedures are reviewed regularly to ensure the effectiveness of the Trust's health and safety management system.

All staff are required to undertake relevant mandatory training and there is a well-established process for the reporting of incidents and the management of risk with a key objective being for the organisation to learn lessons and to reduce the risk of recurrence. The Trust has been able to maintain high levels of compliancy in statutory training and has been consistent in meeting or exceeding the Trust target of 90% throughout the year. The Trust produces an annual Health and Safety report, which reviews the Trust's performance on a range of categories, comparing results to prior year and national figures. Key points of note include:

- The Trust did not receive any improvement or enforcement actions due to major adverse Health and Safety events during 2016.
- There were 23 incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), as in the previous year, most relating to slips, trips and falls, manual handling and assaults.
- The Trust is required to report instances of physical assault to NHS Protect, who in turn produce national statistics on violence against NHS staff. For financial year 2016-17, the Trust reported 563 physical assaults to NHS Protect compared to 763 for 2015-16. This is a reduction of **26%.** The physical assaults for BHFT are below the national average for mental health Trusts.
- The Trust appointed a new Fire Safety Advisor in January 2016.
- The Trust commissioned an independent review of fire safety policy and procedures and the findings of this review have been implemented.

Regulatory ratings

	Annual Plan	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Financial Sustainability Risk Rating (Score 1-4, with 1 being worse and 4 being best)	3	3	4		
Use of Resource Ratings (Score 1-4, with 1 being best and 4 worst)	2			2	2

NHS Improvement moved away from Financial Risk Ratings from quarter 3 and changed to Use of Resource Ratings for the remainder of the financial year.

Julian Emms
Chief Executive
May 2017

COUNCIL OF GOVERNORS

The Trust's Council of Governors plays a crucial role in the governance of the Trust providing a forum through which the Board of Directors is accountable to the local community. The Council discharge a number of key responsibilities including:

- Representing the interests of the Trust's members and stakeholder organisations in the governance of the Trust;
- Appointing or removing the Chair and other Non-Executive Directors;
- Approving the appointment (by the Non-Executive Directors) of the Chief Executive;
- Deciding the remuneration, allowances and other terms and conditions of office of the Non-Executive Directors;
- Holding the Non-Executive Directors to account for the performance of the Board;
- Considering the annual accounts, plus any report of the external auditor on them, and the annual report;
- Appointing the External Auditors;
- Developing and approving the Trust's membership strategy;
- Providing views to the Board of Directors on the Trust's forward planning;
- Undertaking functions requested from time to time by the Board of Directors.

Membership of Council

During 2016/17 there were 32 positions on the Council of Governors:

- 23 elected from the public and staff constituencies
- 9 appointed from local authorities, universities and voluntary organisations

The elected governors were drawn from the following constituencies:

- Public constituency – total of 19
- Staff constituency – total of 4

The following table shows the attendance record of Governors at Council meetings during the year:

Name	Constituency	Meetings attended/possible
Linda Berry	Public - Bracknell	3/4
Pat Rodgers	Public - Bracknell	3/4
Victor Rones	Public - Bracknell	1/4
Mukesh Bansal	Public – West Berkshire	1/4
Verity Murricane	Public – West Berkshire	3/4
Pearl Baker	Public – West Berkshire	1/1
June Leeming	Public – Windsor, Ascot & Maidenhead	4/4
John Barrett	Public – Windsor, Ascot & Maidenhead	3/4
Tom O'Kane	Public – Windsor, Ascot & Maidenhead	2/4
Ruffat Ali-Noor	Public – Slough	4/4
Amrik Banse	Public – Slough	3/4
Nigel Oliver	Public – Slough	3/4
Mavis Henley	Public - Wokingham	2/2
Andrew Horne	Public – Wokingham	4/4

Name	Constituency	Meetings attended/possible
Krupa Patel	Public – Wokingham	3/4
Gary Stevens	Public – Wokingham	1/2
Keith Asser	Public - Reading	2/4
Paul Myerscough	Public – Reading	3/4
Tom Lake	Public – Reading	4/4
Robert Lynch	Public – Rest of England	2/4
Julia Prince	Staff – Clinical	4/4
Jeremy Lade	Staff – Clinical	2/3
June Carmichael	Staff - Non-Clinical	4/4
Natasha Berthollier	Staff – Clinical	0/1
Amanda Mollett	Staff – Non-Clinical	2/4
Isobel Mattick	LA – Bracknell	4/4
Zaffar Ajaib	LA – Slough	1/1
Munawar Sohail	LA – Slough	0/1
Natasha Airey	LA- Windsor and Maidenhead	1/1
Bet Tickner	LA - Reading	4/4
Adrian Edwards	LA – West Berkshire	4/4
Bob Pitts	LA – Wokingham	1/1
Richard Dolinski	LA – Wokingham	3/3
Craig Steel	Thames Valley University	0/4
Suzanna Rose	British Red Cross	3/4
Ali Melabie	Alzheimer's Triple A	4/4

LA = Local Authority

During 2016/17 there were four formal meetings of the Council held in public with publicity given through the Trust's website.

In September 2016 the Council held a public Annual Meeting with the Board of Directors where the Trust's Annual Report and Accounts were presented.

The annual election of Lead and deputy Lead Governor also took place in September with Governors appointing Paul Myerscough as Lead Governor and appointing June Leeming as Deputy Lead Governor.

The Council has also put in place a structure of committees and steering groups to help fulfil its duties and each Committee reports back to the full Council at each Council meeting. The Committees/Groups are:

- ***Membership & Engagement Group***
- ***Living Life to the Full Group***
- ***Appointments and Remuneration Committee***
- ***Quality Assurance Group***

Strong working relationships continue between the Council and Board of Directors with regular engagement, involving Director attendance at Council meetings, joint meetings between Council and the Board, including two meetings a year specifically with Non-Executive Directors, and regular attendance of Governors at Board meetings. The meetings held with Non-Executive Directors have

been useful in supporting Governors discharge their duty to hold the Non-Executive Directors to account for the performance of the Board and for seeking assurance on service quality and financial sustainability.

The Governors' informal Strategy Steering Group offers the opportunity for the Trust to hear and consider the views of its Governors as to its future plans. It met regularly during the year and through this forum Governors were kept updated on key strategic developments.

For new Governors joining the Trust during the year induction training was provided involving the Trust Chair, Lead Governor and Company Secretary.

A number of Governors were actively involved in membership recruitment during the year attending a variety of events, including on World Mental Health day and at local community events. Membership strategy is overseen by Council's Membership and Engagement Group, supported by the Trust's Marketing and Communications team. The Group provided oversight of the refresh of the Trust's membership strategy during the year and continued to explore ways in which Governors can become more engaged with members and the public.

Farewell and welcome

In 2016/17 a number of Governors left and we welcomed others. Whilst it is always disappointing to lose enthusiastic and experienced Governors, Council benefits immensely from the injection of different perspectives and ideas that new Governors bring.

Our thanks go to departing Governors: Dolly Bhaskaran, Public Governor for Slough, Veronica Cairns, Public Governor for Windsor, Ascot and Maidenhead, Peter Bestley, Public Governor for Bracknell, Michelle Chestnutt, Public Governor for Bracknell, Philip Brooks, Public Governor for West Berkshire, Gray Kueberuwa, Public Governor for West Berkshire, Mavis Henley, Public Governor, Wokingham, Bob Pitts, Appointed Governor for Wokingham Borough Council, Zaffar Ajaib, Appointed Governor for Slough Borough Council and Jeremy Lade, Staff Clinical Governor.

We warmly welcomed Mukash Bansal, Public Governor for West Berkshire, Krupa Patel, Public Governor for Wokingham, Victor Rones, Public Governor for Bracknell, Tom O'Kane, Public Governor for Windsor, Ascot and Maidenhead, Nigel Oliver, Public Governor for Slough, Richard Dolinski, Local Authority Appointed Governor, Wokingham Borough Council, Sohail Munawar, Local Appointed Governor, Slough Borough Council and Natasha Berthollier, Clinical Staff Governor.

We also welcomed back Linda Berry, Public Governor for Bracknell and Gary Stevens, Public Governor for Wokingham.

Governor Expenses

The role of Governor is unpaid; however, they are entitled to claim reimbursement of expenses, such as travel and subsistence costs. During 2016-17, nineteen Governors (out of 32) claimed an aggregate total of £3,560 in expenses (£3,574 in 2015-16). The majority of expenses relate to travel costs and the quantum of this is primarily a function of distance from home to meeting locations.

Elections

Public and Staff Governors are elected by the membership of the relevant constituency and they serve for a period of three years. They can be re-elected and can serve for a maximum of nine

consecutive years. The following table provides information on the results of Governor Elections held during the year:

Date of Election	Constituency	Election turnout %
September 2016	Wokingham	9.8%
March 2017	Reading	7.2%
March 2017	Slough	6.4%
March 2017	Staff – Clinical	13.0%

All elections were completed and supervised by Electoral Reform Services Ltd and were conducted in accordance with the Trust's Constitution.

Partnership Governors are appointed by the relevant organisation.

Register of interests

A register of interests is maintained for Governors. It is available by contacting the Trust's Company Secretary.

MEMBERSHIP

Berkshire Healthcare became an NHS foundation trust in 2007. This status allows us to make a range of decisions independently from direct government control. NHS foundation trusts are accountable to their staff, patients and local communities through their members and governors. All NHS foundation trusts have a duty to engage with their local communities and encourage local people to become members of their organisations.

NHS Foundation trusts are also required to maintain a membership which is representative of the communities they serve. Our members and governors help us shape our plans for the future and make sure that the services we provide reflect what is needed locally.

During 2016/17 we grew our membership by 501, from 11,067 to 11,568.

Recruiting members at events, with the opportunity to explain the benefits of membership, continues to be the most effective way for us to maintain a strong membership. From seven recruitment events we gained 773 new members. This year we achieved 250 new members at the Berkshire Show over two days and 150 at Reading Pride. Other successful events included Royal Berkshire Hospital League of Friends Fete, East Reading Festival, Culture Fest in Newbury and the Bracknell Show.

Our staff automatically become members of Berkshire Healthcare, but can 'opt out' if they choose to do so.

Engagement with members

Direct engagement is mostly limited to an invitation to attend our Annual General Meeting, voting governors onto the Council and receiving a twice yearly newsletter. In part this was due to the existing database which limited the way we could report and communicate with members. However, in October 2016, we introduced a new membership database which provides better value for money, better functionality and improved communication options with members.

Our current membership numbers in each local authority are shown below.

Current public membership by local authority area (31 March 2017)

Locality	Public
Bracknell	920
Reading	1,773
Slough	728
West Berkshire	715
Windsor and Maidenhead	654
Wokingham	969
Rest of England	1,258
Out of Trust Area	260
Total	**7,277**

Most of our members live in Berkshire, however some live further away and have an interest in our organisation. They may be carers who look after or are responsible for someone who uses our

services, members of staff, or someone who has moved away from the county and wishes to maintain links with us. These members are part of our 'out of Trust Area' constituency.

The table below shows the size of our membership, and the movement in numbers of members compared to 2015-16.

Membership size and movements

Public constituency	**2015/2016**	**2016/2017**	**Percentage change**
At year start (April 1)	6,354	6,588	3.68%
New members	1,269	767	-39.56%
Members leaving	1,035	66	-93.62%
At year end (31 March)	6,588	7,277	10.46%
Staff constituency	**2015/2016**	**2016/2017**	**Percentage change**
At year start (April 1)	4,416	4,476	1.36%
New members	395	823*	108.40%
Members leaving	332	1,008*	203.60%
At year end (31 March)	4,476	4,291	-4.10%

** Activities to decrease our dependence on agencies, and increase our use of bank staff, for temporary staff positions during the year has led to higher than normal staff members joining and leaving. We also transferred our staff bank to NHS Professionals during the year; previously bank staff were considered employees - so leavers are higher in this financial year.*

The next table provides analysis of our public membership by age, ethnicity, socio-economic group and gender. Eligible membership (population) figures have been provided by MES, our new database provider, and are taken from the 2011 census.

The 'Index' column refers to how 'on target' we are with representing the communities we serve. A score under 100 shows an under representation and a score above indicates an over representation.

The minimum age to be a member is 12 years.

Analysis of public membership at 31 March 2017

Age	No of public members	population	Index
0-16	43	199,939	3
17-21	205	51,236	49
22+	5,628	641,384	108
Not stated	1,401	0	0
Gender	**No of public members**	**Population**	**Index**
Unspecified	679	0	0
Male	2,439	444,700	67
Female	4,159	447,858	114
Transgender	0	0	0
Ethnicity	**No of public members**	**Population**	**Index**
Asian	581	111,616	61
Black	219	29,968	86
Mixed	129	22,158	69
Other	1,152	5,423	2,508
White	5,196	689,878	89
ONS/Monitor Classifications	**No of public members**	**Population**	**Index**
AB	2,050	86,677	86
C1	2,103	82,933	93
C2	1,329	48,349	100
DE	1,485	47,624	114
Total membership	**7,277**	**892,559**	

** Not all members have provided full details for classification.*

Plans for 2017/18

As a result of steady recruitment activity at events, and ensuring a good supply of application forms to governors and staff members, we are comfortably over our target of 10,000 members. However our new strategy aims to better align our membership to the demographics of the population of Berkshire. As outdoor community events provide the best opportunities for recruiting members, this year we plan to focus on these and also increase our attendance at events in the east of the county.

Our new database gives us greater functionally and we can increase engagement with our members, through e-shots, surveys and mail outs.

Our membership strategic goals for the coming year are:

1. To ensure that the membership is representative of our local communities
2. To maintain or exceed our target membership of 10,000 (but not to exceed 12,000)
3. To use the unique experiences, skills and knowledge of our members to improve services and drive up standards
4. To promote opportunities to become a governor and highlight elections to the Council of Governors.

We will build and maintain a substantial, representative membership, ensuring our members are well-informed, motivated and engaged. We will also provide opportunities for our members to help shape how our services develop.

In order to encourage patients, carers and interested people to become members, the Marketing and Communications team will work with Patient Participation Groups and Healthwatch organisations to promote membership. We will also engage with younger members to find out what is important to them about our services

Our membership recruitment events during 2017/18 include:

- 8 to 12 May – Mental Health Awareness Week (events across Berkshire)
- 3 June - Royal Berkshire Hospital League of Friends Fete
- 25 June East Reading Festival
- 2 September – Reading Pride
- 16 / 17 September – Berkshire Show

We continue to investigate potential events in the east of the Berkshire, as a means of recruiting members that help our membership become more aligned to the demographics of Berkshire.

Activities to engage with our members during 2017/18 will include publishing surveys about the services we provide, and keeping in touch with members by emailing mini newsletters at regular intervals.

Members are encouraged to communicate with our governors and directors at any time. Initial contact should be made to the Company Secretary who will assist in putting a member in touch with the appropriate person. The Director of Corporate Affairs has executive responsibility for membership.

The Company Secretary can be contacted at Berkshire Healthcare, Fitzwilliam House, Skimped Hill Lane, Bracknell, RG12 1BQ, telephone 01344 415600.

PUBLIC INTEREST DISCLOSURES

Accounts note

NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the NHS Foundation Trust Financial Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2016/17 NHS Foundation Trust Annual Reporting Manual issued by NHS Improvement. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Cost allocation

Berkshire Healthcare NHS Foundation Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	9 May 2017
Title	Board declarations re FT Provider Licence conditions
Purpose	The Board is asked to agree positive certifications in support of 2017/18 licence condition compliance assurance process outlined by NHS Improvement.
Business Area	Finance
Author	Chief Financial Officer
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	Contributes to the Well-Led CQC domain.
Resource Impacts	None
Legal Implications	Meeting regulatory requirements
SUMMARY	Each year certain declarations are required as part of the FT provider licence self-certification assurance process. For 2017/18 NHSi do not require the attached certifications to be submitted, but do ask that Boards complete certification within two months of the last financial year end. NHSi may spot check process compliance in due course. There are four declarations that need to be approved by 31 May 2017. In each case the Board is being invited to positively declare 'Confirmed' against the relevant statements attached, in respect of the following conditions: • *Systems or compliance with licence conditions - in accordance with **General condition 6** of the NHS provider licence – see positive assurance statements proposed.* • *Availability of resources and accompanying statement - in accordance with **Continuity of Services condition 7** of the NHS provider licence (Foundation Trusts designated CRS providers only)*

	– see positive assurance statements proposed. • *Corporate Governance Statement - in accordance with **Foundation Trust condition 4** (Foundations Trusts and NHS trusts) – see positive assurance statements proposed and proforma risk mitigation evidence as required.* • *Certification on training of Governors - in accordance with **s151(5) of the Health and Social Care Act** (Foundation Trusts only) – see positive assurance statement proposed.*
ACTION REQUIRED	The Board is asked to confirm the positive assurance statements attached in relation to the provider licence conditions outlined above, and approve the signing by the Chair and CEO of the certifications.

Self-Certification Template - Conditions G6 and CoS7

Berkshire Healthcare NHS Foundation Trust

Foundation Trusts and NHS trusts are required to make the following declarations to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence
Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These Declarations are set out in this template.

Templates should be returned via the Trust portal.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "G6 & CoS7"

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Confirmed	OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a	After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.	Confirmed	Please fill details in cell E22

OR

3b	After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.		

OR

3c	In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.		

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

Commissioner requested services are contracted for the two year period 2017-2019, with sufficient resources available to deliver contracted clinical services.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Martin Earwicker	**Name**	Julian Emms
Capacity	Chair	**Capacity**	CEO
Date	09 May 2017	**Date**	09 May 2017

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

A

Self-Certification Template - Condition FT4

Berkshire Healthcare NHS Foundation Trust

Foundation Trusts and NHS trusts are required to make the following declarations to NHS Improvement:

Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)
Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)

These Declarations are set out in this template.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "FT4 declaration"

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

1	Corporate Governance Statement	Response	Risks and Mitigating actions	
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	Well led review found the Trust to benchmark positively	Please complete Risks and Mitigating actions
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	Company secretary communicates updates. Audit Committee receives updates from internal and external audit. NHSi communications routinely reviewed.	Please complete Risks and Mitigating actions
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	Clear Board governance, committee and reporting framework in place as confirmed by well led review	Please complete Risks and Mitigating actions
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	Mitigations include: Board performance and financial reporting, audit functions, internal audit plan / annual governance statement and assurance over system of internal controls. Annual operating plan and budget approval. Board assurance and risk management frameworks. Compliance and assurance reporting re CQC and other regulator standards.	Please complete Risks and Mitigating actions
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Confirmed	Assurance provided by well led review findings. CQC comprehensive inspection and follow up findings confirming good overall quality of care rating. Quality Accounts including engagement with external stakeholders / governors. Quality governance framework including quality executive committee and board quality assurance committee.	Please complete Risks and Mitigating actions
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	Workforce shortage risks for key staff groups and service lines identified within workforce BAF risk and workforce reporting and risk mitigations tracked through FIP and Audit committees of the Board.	Please complete Risks and Mitigating actions

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature _____ **Name** Martin Earwicker

Signature _____ **Name** Julian Emms

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A

Please Respond

Worksheet "Training of governors"

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

2 Training of Governors

1	The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	Confirmed	OK

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Martin Earwicker	**Name**	Julian Emms
Capacity	Chair	**Capacity**	CEO
Date	09 May 2017	**Date**	09 May 2017

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

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Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	09 May 2017
Title	**Audit Committee – 25 April 2017**
Purpose	To receive the unconfirmed minutes of the meeting of the Audit Committee of 25 April 2017
Business Area	Corporate
Author	Company Secretary for Chris Fisher, Audit Committee Chair
Relevant Strategic Objectives	2. - Strategic Goal: to deliver services that are efficient and financially sustainable
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
SUMMARY	The unconfirmed minutes of the Audit Committee meeting held on 25 April 2017 are provided for information.
ACTION REQUIRED	To receive the minutes and to seek any clarification on issues covered.

Berkshire Healthcare NHS
NHS Foundation Trust

Minutes of the Audit Committee Meeting held on

Wednesday, 26 April 2017, Fitzwilliam House, Bracknell

Present: Chris Fisher, Non-Executive Director, Committee Chair
Mark Lejman, Non-Executive Director *(present until 3.00pm)*
Mehmuda Mian, Non-Executive Director

In attendance: Alex Gild, Chief Financial Officer
Minoo Irani, Medical Director *(present until 3.15pm)*
Amanda Mollett, Head of Clinical Effectiveness and Audit
Fleur Nieboer, External Auditors, KPMG
Satinder Jas, External Auditors, KPMG
Clive Makombera, Internal Auditors, RSM
Debbie Kinch, Counter Fraud, TIAA
Julie Hill, Company Secretary

Item	Title	Action
1.A	**Chair's Welcome and Opening Remarks**	
	Chris Fisher, Chair welcomed everyone to the meeting	
1.B	**Apologies for Absence**	
	Apologies were received from: Debbie Fulton, Deputy Director of Nursing. The Chief Financial Officer said that Jayne Reynolds, Deputy Director of Nursing had planned to attend the meeting to deputise for Ms Fulton, but was unable to attend because she was managing an urgent safeguarding issue.	
2.	**Declaration of Interests**	
	There were no declarations of interest.	
3.	**Minutes of the Previous Meetings held on 25 January 2017**	
	The Minutes of a meeting held on 25 January 2017 were approved as a correct record after the following correction had been made: • The action column at the bottom of page 5 should read: "RSM" and not "KPMG".	
4.	**Action Log and Matters Arising**	
	The Action Log had been circulated. The following matters arising and actions were discussed: **a) Global Digital Exemplar** The Chair said that it was great news that the Trust had been selected to be one of the Mental Health Global Digital Exemplars. The Chair said that £5m of additional funding was a significant sum and asked about the	

	governance arrangements to oversee the investment. The Chief Financial Officer said that the bid the Trust had submitted included a section on the proposed governance arrangements and agreed to forward a copy to members of the Trust Board. It was noted that the governance arrangements included establishing a formal Governance Board chaired by the Chief Executive with updates being presented to the Finance, Investment and Performance Committee and to the Audit Committee. **b) Work Plan** The Chair requested that the Committee's work plan be updated to include deep dive risk reviews. The Chair asked whether the Committee would find it helpful to have a discussion about how the Trust acted on and disseminated lessons learnt from serious incident investigations and near misses reported onto the Datix incident reporting system etc. The Medical Director said that the Director of Nursing and Governance presented a paper on serious incidents at every Quality Assurance Committee meeting. The Chair said that the Audit Committee had a role in providing assurance around the systems and processes rather than reviewing the detail of individual incidents. The Company Secretary said that the national guidance on the Freedom to Speak Up Guardian included a role for the Audit Committee to assure itself about the robustness of the Trust's raising concerns and whistleblowing systems and policies and suggested including this as part of the paper. The Committee agreed that it would be helpful to receive a paper on the systems and processes in place to ensure that the Trust acted on learning from serious incidents, near misses, staff concerns and incidences of whistleblowing. **c) Action List – Annual Accounts 2016-17 – Segmental Reporting** The Chief Financial Officer reported that the Annual Accounts 2016-17 will include a single healthcare segment. The action was therefore closed.	**AG** **JH** **DF**
5.	**Board Assurance Framework 2017-18**	
	The Company Secretary presented the paper and said this since the Committee had approved the new Board Assurance Framework in January 2017, the various Executive Committees and Trust Board sub-committees (Finance, Investment and Performance Committee and Quality Assurance Committee) had reviewed their respective risks. The Company Secretary said that comments from each of these Committees were set out in the covering report and changes to the content of the Board Assurance Framework were highlighted in red type. The Committee welcomed the new approach to the Board Assurance Framework. The Committee reviewed each of the risks:	

	Risk 1 - **Workforce** The Agency Programme was having a positive impact on reducing the number of shifts being covered by agency staff. This had both a financial and a patient safety benefit. Mark Lejman, Non-Executive Director said that the Trust had been proactive in finding a solution to the national shortage of registered band 5 nurses by creating new band 4 and band 6 posts. The Chair said that he would like to know more about the Apprenticeship Levy and suggested inviting the Head of Learning and Development to a future meeting to discuss the issue in more detail. **Risk 2** – **Clinical and Patient Engagement in the Development of new Pathways of Care** The Chair said that he was surprised that no consistent approach to the involvement of patients and carers in pathway re-design was listed as a gap in assurance. The Medical Director said that the key word was "consistent" and that although there was some excellent work taking place, there was more that needed to be done around patient co-production. **Risk 3 – National Benchmarks** The Chief Financial Officer reported that the Cost Improvement Programme would be finalised at the end of May 2017 and agreed to provide an update at the July 2017 Audit Committee meeting. **Risk 4 – Sustainability and Transformation Partnerships** The Chair identified Risk 4 as one of the risks for a deep dive exercise. **Risk 5 – Maintenance of Clinical Standards** The Chief Financial Officer reported that the Care Quality Commission had revised the Trust's rating for the safety domain from "requires improvement" to "good". The Trust was now rated as good across all the CQC domains. The Chair identified Risk 5 as one of the risks for a deep dive exercise. **Risk 6 – Other providers acquiring adult and children's community services** No further comments were made in respect of risk 6. **Risk 7 – Collaborative working with strategic partners** The Committee suggested that the risk score should be reduced from high to moderate to reflect the positive working relationships with strategic partners. The Chair identified Risk 7 as one of the risks for a deep dive exercise The Committee: **Risk 8 – Other providers not delivering services to the required standard** No further comments were made in respect of risk 8. The Committee reviewed the risks on the Corporate Risk Register and suggested that the Executive Team review whether some of the risks could	**JH** **AG** **JH/BS** **Exec Team**

	be closed as they related to risks on the Board Assurance Framework. The Chair asked about the process for identifying whether a new risk should be added to the Board Assurance Framework. The Company Secretary said that there was a standing item on the 'In Committee' Trust Board agenda on identifying any risks for the Board Assurance Framework and in addition, the Board Committees and Executive Committees could propose new risks. The Company Secretary said that the next phase in the development of the Board Assurance Framework would be for a more dynamic process in terms of reviewing the risk scores. In most cases, the consequence level would remain the same, but the likelihood score would vary to reflect internal and external factors. The Committee noted the Board Assurance Framework and the Corporate Risk Register.	
6.	**Single Waiver Tenders Report**	
	A paper setting out the single waivers approved between January 2017 and March 2017 had been circulated. The Committee noted the report.	
7.	**NHSI Quarter 4 Submission 2016/17**	
	The Chief Financial Officer presented the paper and reported that the Trust had received a letter from NHS Improvement earlier in the week which had confirmed that the Trust would receive an additional bonus payment of £800k for achieving its sustainability and transformation control total. Mark Lejman, Non-Executive Director reported that the Finance, Investment and Performance Committee had discussed the Trust's strong financial year end performance earlier today but had noted the risk posed by the high level of out of area placements. Mr Lejman reported that the Finance, Investment and Performance Committee had received an update about the Bed Optimisation Programme from the Chief Operating Officer and he was assured that the Trust had put the right plans in place to address the issue. Mr Lejman reported that the Chief Executive had informed the Committee that he would be commissioning a strategic refresh of the Trust's bed base to review whether the Trust had the right number of mental health inpatient beds to meet the needs of the local population. Mr Lejman reported that the Finance, Investment and Performance Committee had congratulated the Trust on its financial stewardship especially at a time when a significant number of trusts were reporting sizeable financial deficits. The Audit Committee approved the NHSi Quarter 4 submission.	
8.	**Information Assurance Framework**	
	The Chief Financial Officer presented the report and referred to page 59 of	

	the agenda pack and said that the Finance, Performance and Risk Executive Committee meeting on 24 April 2017 had had a useful discussion about the use of prone restraint and about the importance of ensuring that the Trust's recording was accurate. It was noted that the use of prone restraint was also one of the indicators on the Trust Board's new Vision Performance Metrics. The Chief Financial Officer referred to pages 63 and 64 of the agenda pack and said that following changes to NHS Improvement's Single Oversight Framework, there were some additional reporting requirements and the Trust would need to take a view about whether any of the new indicators should be included as part of the Performance Assurance Framework. The Chair referred to page 58 of the agenda pack and said that he was concerned that data quality in relation to the mental health Care Programme Approach (CPA) review within 12 months indicator was rated as red. The Chief Financial Officer clarified that there was evidence of 35 CPA reviews, but only 16 reviews had been properly recorded. The Medical Director confirmed that the incorrect recording of information had not disadvantaged patients. The Chair said that the Trust had an effective information assurance process in place. The Committee noted the report.	
9.	**Losses and Special Payments Report**	
	The Chief Financial Officer presented the paper which provided an update to the list of losses and special payments made by the Trust during January 2017 to March 2017 and provided a brief summary of the background to the transactions reported. It was noted that the total net value of losses reported was £40,471.40. The Chair commented that he was surprised by the payment in lieu of notice in respect of a small number of staff who were not eligible for such payments as this was something he would have expected to be checked and rectified at the payment approval stage. The Chief Financial Officer said that Human Resources and Payroll had addressed the issue and had agreed a process whereby any termination of employment form submitted which included a request for payment of "pay in lieu of notice" would be confirmed by the Head of Operational Human Resources. The Committee approved the losses and special payments as set out in the report.	
10.	**Clinical Audit Progress Report**	
	The Head of Clinical Effectiveness and Audit presented the report and reported that six audits had been published since the last meeting:	

	• Diabetes Audit (Slough Walk in Centre) (medium risk); • Monitoring of patients prescribed lithium (medium risk); • Use and quality of the mental health capacity act on adult physical and mental health inpatient units (medium risk); • Chronic Obstructive Pulmonary Disease Rehabilitation (advisory); • Chronic Obstructive Pulmonary Disease – Primary Care (advisory); • Prescribing antipsychotic medication for people with dementia (low risk). Mark Lejman, Non-Executive Director asked about the Slough Walk in Centre Diabetes audit. The Head of Clinical Effectiveness and Audit said that the Trust had participated in the national audit last summer and had received a medium risk rating. The Quality Assurance Committee had requested that a local follow up audit be undertaken. It was noted that the results of the local audit would be presented at the next Quality Assurance Committee meeting. The Chair asked about the process for ensuring that clinical audit recommendations were implemented. The Head of Clinical Effectiveness and Audit said that all clinical audit recommendations were entered onto a database and tracked. Outstanding actions were escalated to the appropriate Clinical Directors. The Committee noted the report.	
11.	**Internal Audit**	
	a) Internal Audit Progress Report and Annual Report Clive Makombera, Internal Auditors, RSM, presented the Internal Audit Progress Report and highlighted the following points: • The Internal Auditors had delivered the Internal Audit Plan for 2016-17 with the exception of two draft reports which were currently being reviewed by management (Travel and Expenses and Cost Improvement Programme part 2). • Since the last Audit Committee meeting on 25 January 2017, the Internal Auditors had issued the following reports: o Cost Improvement Programme, part 1 (reasonable assurance) o Data Quality (reasonable assurance) o Budgetary Control and Financial Control (significant assurance) o Location Visits (partial assurance). • Nine actions (5 medium and 4 low) were overdue. The medium actions related to the reviews into procurement, estates management, board assurance framework, risk management and data quality. The Chair referred to page 98 of the agenda pack which said that the procurement strategy had been re-drafted and sent to Non-Executive Directors for comment and said that he had not received a copy. The Chief Financial Officer agreed to forward a copy of the procurement strategy to the Non-Executive Directors.	**AG**

	The Chair said that the Committee had already discussed the action relating to the Board Assurance Framework. The Chair asked Clive Makombera how the Trust's Cost Improvement Programme benchmarked with other Trusts. Mr Makombera said that the Trust's programme was more realistic in terms of what could be achieved. The Chair referred to the data quality review and noted that the report made reference to the fact that a review of a sample of the Trust Board minutes suggested that the Trust Board had not sufficiently challenged under-performing KPIs The Chair pointed out that the Trust Board has delegated the detailed scrutiny of finance and performance to the Finance, Investment and Performance Committee which meets monthly. The Chair referred to page 129 of the agenda pack and said that he was concerned that the wards had not met the mandatory fire training target and pointed out that compliance with mandatory fire training on Daisy Ward was only at 54% and that this was of particular concern given the fire on the ward in December 2015. The Chief Financial Officer said that the new Fire Service Officer was in post since September 2016 had he initiated a number of actions to improve fire safety training compliance and that his understanding was that the compliance rate was now much higher. The Chief Financial Officer agreed to update the Committee on the level of mandatory fire safety compliance at the next meeting. The Committee noted the report. **b) Internal Audit Draft Head of Internal Audit Opinion** Clive Makonbera, RSM reported that RSM's draft Head of Internal Audit Opinion was that the Trust had an adequate and effective framework for risk management, governance and internal control. The Internal Auditors' work had identified that further enhancements were required to the framework of risk management, governance and internal control to ensure that the framework remains adequate and effective. The Chair commented that there was a legal requirement for the External Auditors to present their audit opinion to the Council of Governors and suggested extending an invitation to the Internal Auditors to attend a Council of Governors meeting to discuss the work of the Internal Auditors. Clive Makonbera said that he would be happy to attend a meeting of the Council of Governors. The Committee noted the report.	**AG** **JH**
12.	**Counter Fraud Progress Report**	
	a) Counter Fraud 2017-18 Work Plan The Counter Fraud 2017-18 Work Plan had been circulated. The Chair commented that the Work Plan (as set out at appendix B of the report) was a three year rolling plan. Debbie Kinch, Counter Fraud, TIAA explained that the plan was flexible and that she was seeking approval from the Committee for the number of	

	days for counter fraud work (130 days based on a risks assessment of the Trust) rather than on the specific areas of work. It was noted that issues such as working whilst sick was rated as a high risk for both TIAA portfolio trusts and nationally, but was rated low risk for the Trust. In contrast, secondary employment in Trust time was rated as medium risk for the Trust because of the number of temporary staff the Trust employed and this tied in with a medium risk for the Trust in respect of conflict of interests. Debbie Kinch said that although the Trust had effective cyber security controls in place, she planned to undertake a thematic review because of the growing threat to cyber security. The Chair reported that the Governors had asked about the Trust's cyber security systems and processes at a recent meeting. The Committee approved the Counter Fraud 2017-18 work plan. **b) Counter Fraud Annual Report** Debbie Kinch, Counter Fraud, TIAA presented the Counter Fraud Annual Report and reported that the outcome of the detailed self-review tool rating at the end of the financial year 2016-17 was that the Trust had met all provider standards in respect of counter fraud. It was noted that the Trust had provided evidence to support each of the assessment areas (strategic governance; inform and involve; prevent and deter; and hold to account). The Chair asked what the Trust did to publicise the annual counter fraud report. Debbie Kinch said that she would write an article for staff in Team Briefing. The Committee noted the annual counter fraud report 2016-17.	**DK**
13.	**External Audit Progress Report**	
	Fleur Nieboer, External Auditors, KPMG reported that since the last meeting of the Audit Committee on 25 January 2017, the External Auditors had: • Completed the interim visit for the audit of the 2016-17 financial statements and had started the audit of the Quality Accounts and value for money conclusion; and • Prepared the technical update which included a section on managing conflicts of interests and an update from the Audit Committee Institute. Ms Nieboer commented that as always, the Trust's finance staff had been very helpful and the External Auditors had managed to complete a significant amount of work on the annual accounts during January and February. The Chair said that the new national regulations relating to conflicts of interest would be particularly challenging in relation to WestCall doctors. The Chief Financial Officer said that he was reviewing the new legislation and guidance to ensure that the Trust was compliant with the new	

	requirements and would present a paper to the Audit Committee later in the year. It was noted that a single issue meeting of the Committee would be held on 24 May 2017 to approve the annual accounts 2016-17 on behalf of the Trust Board. The Chair said that as Mehmuda Mian, Non-Executive Director would be on leave for the meeting, he would ask the Trust Board to appoint a substitute member for that meeting. The Committee noted the report.	**AG** **CF/JH**
14.	**Minutes of the Finance, Investment and Performance Committee held on 25 January 2017, 22 February 2017 and 29 March 2017**	
	The minutes of the Finance, Investment & Performance Committee meetings of 25 January 2017, 22 February 2017 and 29 March 2017 were received and noted. It was noted that these had already been presented to the Trust Board. Mehmuda Mian, Non-Executive Director referred to the minutes of the meeting held on 25 January 2017 (page 216 of the agenda pack) and commented that the staff turnover figure of 23% seemed high. The Chief Financial Officer confirmed that the turnover figure related to Prospect Park Hospital Staff.	
15.	**Minutes of the Quality Assurance Committee held on 21 January 2017**	
	The minutes of the Quality Assurance Committee meeting of 21 January 2017 were received and noted. It was noted that these had already been received by the Trust Board.	
16.	**Minutes of the Quality Executive Committee held on 9 January 2017, 13 February 2017 and 13 March 2017**	
	The minutes of the Quality Executive meetings of 9 January 2017, 13 February 2017 and 13 March 2017 were received and noted. Mehmuda Mian, Non-Executive Director referred to the minutes of the meeting held on 9 January 2017 (page 248 of the agenda pack) and asked for more information about the AIMS assessment which Orchid and Rowan wards had failed. The Chief Financial Officer agreed to ask the Deputy Director of Nursing and Governance to provide an update at the next meeting. The Committee noted the minutes of the Quality Executive Committee.	**AG/DF**
17.	**Annual Work Plan**	
	The Audit Committee noted the Annual Work Plan. Work Programme would be updated to include deep dive risk reviews and a paper on the learning from incidents, near misses and whistleblowing as agreed earlier in the meeting (matters arising).	
18.	**Any Other Business**	
	The Committee noted that no other business was raised.	
19.	**Date of Next Meeting**	
	24 May 2017 at 2pm (this is a single issue meeting to approve the annual accounts 2016-17 on behalf of the Trust Board.	

20.	**Private Meeting with the External Audits**	
	The Chair closed the meeting. Everyone left the meeting with the exception of the Chair, Mehmuda Mian, Non-Executive Director and the External Auditors who had a private meeting.	

These minutes are an accurate record of the Audit Committee meeting held on 26 April 2017.

Signed:-

Date: -

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	9 May 2017
Title	**Use of Trust Seal**
Purpose	This paper notifies the Board of use of the Trust Seal
Business Area	Corporate
Author	Director of Finance, Performance & Information
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Compliance with Standing Orders
SUMMARY	The Trust's Seal was affixed a five year lease from the Thames Valley Science Park Ltd and BHFT relating to part of the Science and Technology Centre, University of Reading, Whiteknights, Reading. The lease will enable the Children and Young People's Integrated Therapies Team to be decanted from their current offices to Cremyll Road, Reading temporarily and moving back following refurbishment of the offices by the University of Reading.
ACTION	To note the update.