Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

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

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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

Chief Executive

Martin Earwicker

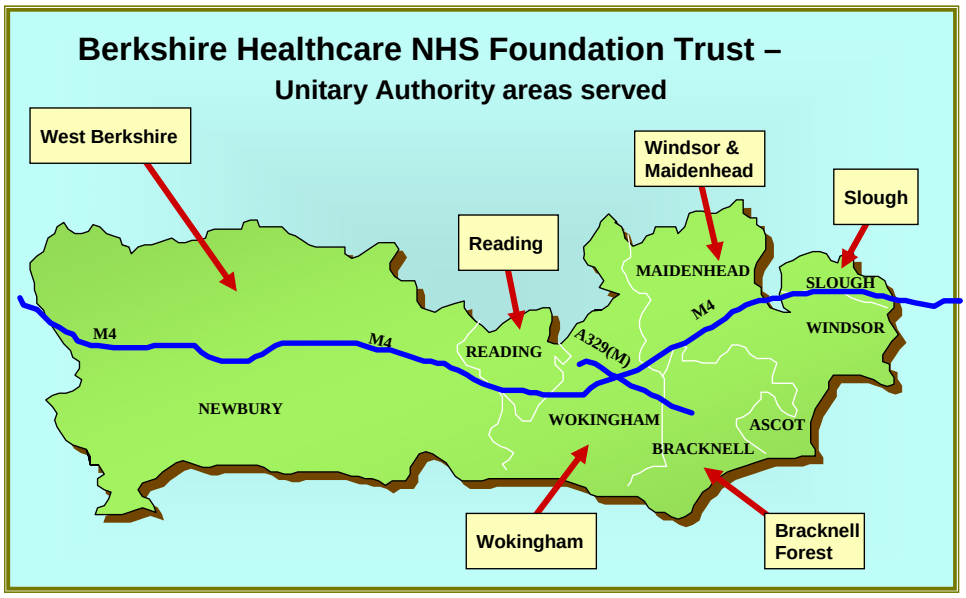
Chairman

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 vision:

> **"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 (agreed 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 BAME 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 2016 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, whilst 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 the 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
24 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 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 Out of Hours 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 2017-18.

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 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 3 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 3 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. 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 EMBRACE** *(**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 and to talk about what they had changed and improved since the Inspectors were last with us in December 2015. 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	01.03.05	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 27 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 Section 54 of the Modern Slavery Act 2015 and sets out the steps that Berkshire Healthcare NHS Foundation Trust has taken, and is continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business or supply chain during the year ending 31 March 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. 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.

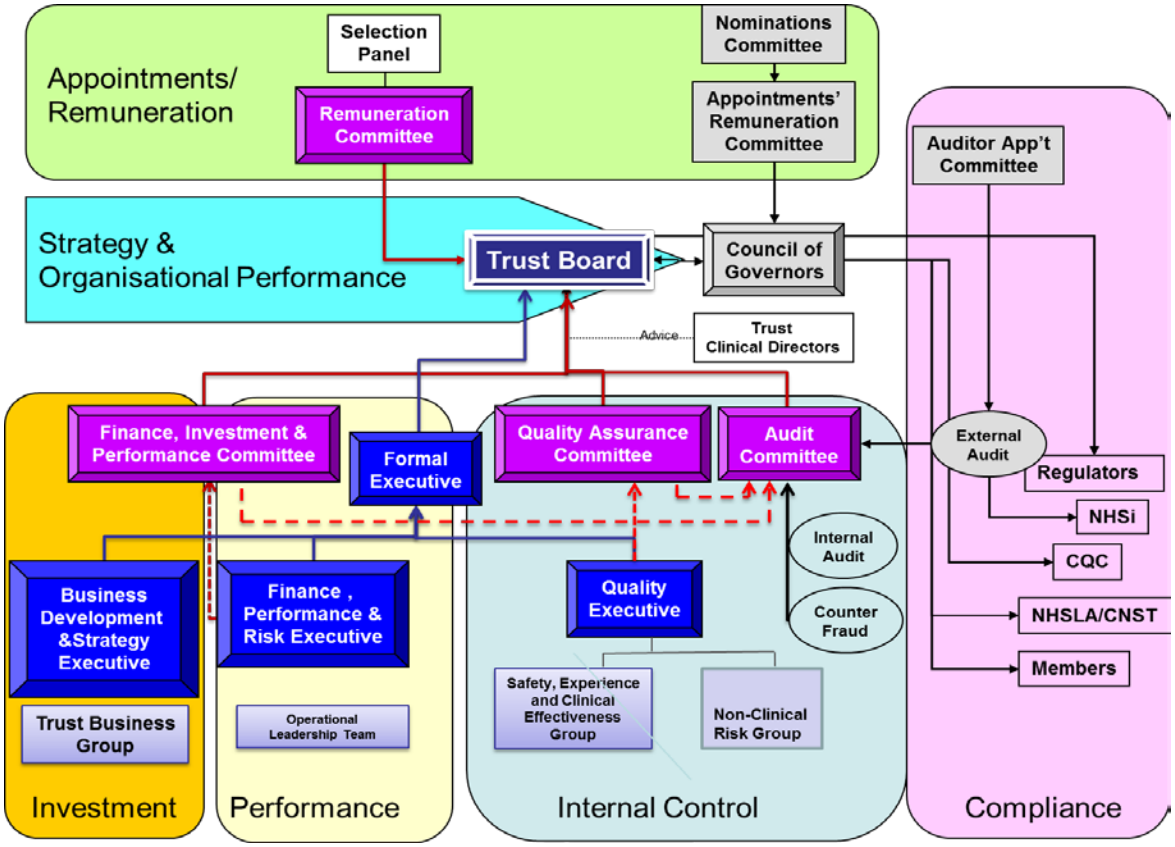
Our Performance Indicators

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 Care Quality Commission 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 arrangements in place and by 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 an 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 findings from the annual audit of the mortality review processes 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 (Vice Chair from 1 September 2016	8/9
Ruth Lysons	Non-Executive Director (Senior Independent Director from 1 September 2016)	8/9
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

In addition to the Public Trust Board meetings, the Trust Board also held two private discursive meetings in January and March 2017.

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 Royal College of General Practitioners 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 the Hospital Saving Association (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 Non-Executive Director 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 and 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 and as part of those responsibilities he chaired the Provider Services sector of the Primary Care Trust.

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 Chief Executive Officer 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 Chief Executive Officer 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.

Mehmuda is currently a Non-Executive Director on the Independent Press Standards Organisation (IPSO) and a member of the Disciplinary Committee of the Royal College of Veterinary Surgeons.

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 2005, 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 2012 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 NHS Improvement 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 IM&T 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.

No members of the Trust Board received an annual or long-term performance related bonus in 2016/17 or 2015/16.

Pension Related Benefits are caclulated in accordance with the Finance Act 2004. This is commonly referred to as the "HMRC method". The amount included is based on the increase in the director's accrued pension in the year. This will generally take into account an additional year of service together with any increases in pensionable pay. This amont is then multiplied by 20 to calculate the amount to be included in the Remuneration Report.

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

Name	Title	From	To	Real increase in pension at pensionable age	(a) Real increase in pension at pensionable age (bands of £2,500) £,000s	(b) Real increase in pension lump sum at aged 60 (bands of £2,500) £,000s	(c) Total accrued pension at pensionable age at 31 March 2017 (bands of £5,000) £,000s	(d) Lump sum at pensionable age related to accrued pension at 31 March 2017 (bands of £,000s	(e) Cash Equivalent Transfer Value at 1 April 2017 £,000s	(f) Real increase in Cash Equivalent Transfer Value £,000s	(g) Cash Equivalent Transfer Value at 31 March 2017 £,000s	(h) 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
24 May 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 organisation's 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**	**1,286**
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**	**4,097**

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 the previous 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
24 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 July 2016 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 Authority 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:

- 8-12 May 2017 Mental Health Awareness Week (events across Berkshire)
- 3 June 2017 Royal Berkshire Hospital League of Friends Fete
- 25 June 2017 East Reading Festival
- 2 September 2017 Reading Pride
- 16-17 September 2017 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.

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.

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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.**

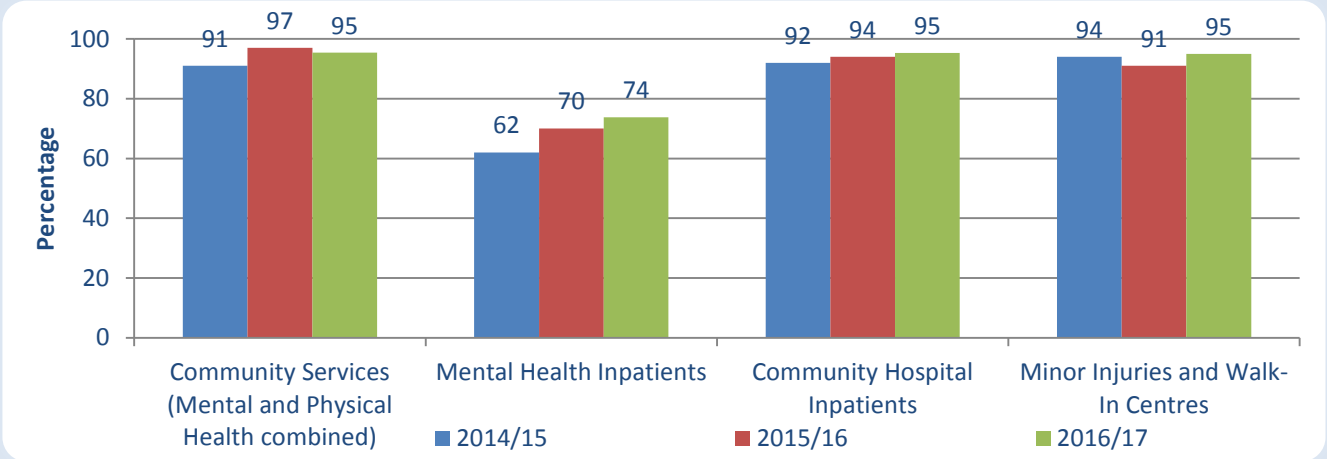
Patient Friends and Family Test (FFT)

ⓘ 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.

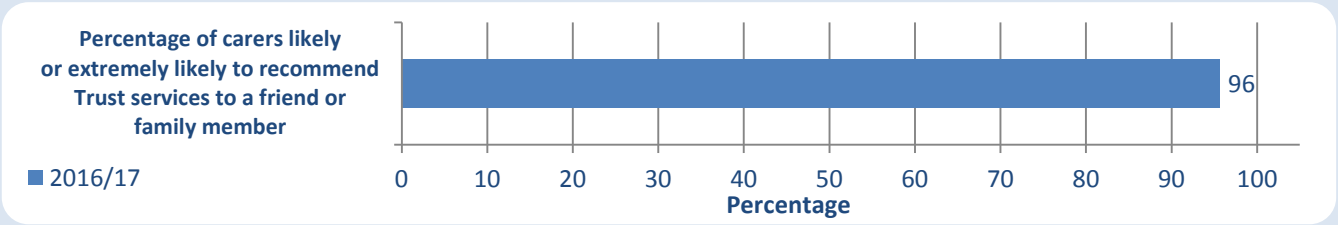
Carer Friends and Family Test (FFT)

ⓘ 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.

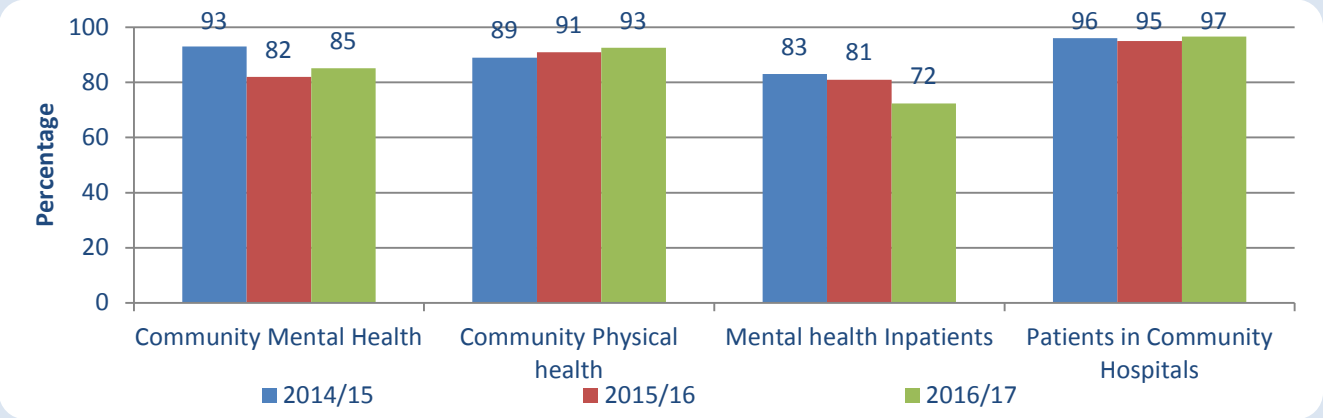
Trust Patient Satisfaction Survey

ⓘ 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.

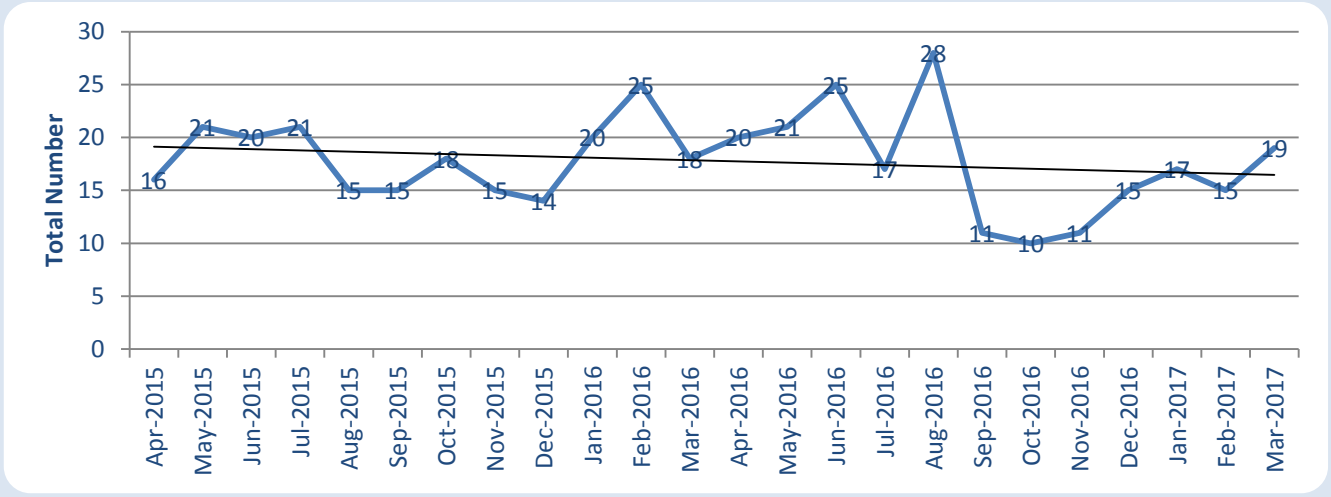
Child and Adolescent Mental Health Services have seen an increase in formal complaints in Quarter 4 2016/17 (5), compared to 2 in quarter three. This is in comparison to 5 in quarter two and 6 in quarter one. There was no specific theme to the complaints received during quarter four.
It is encouraging 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.

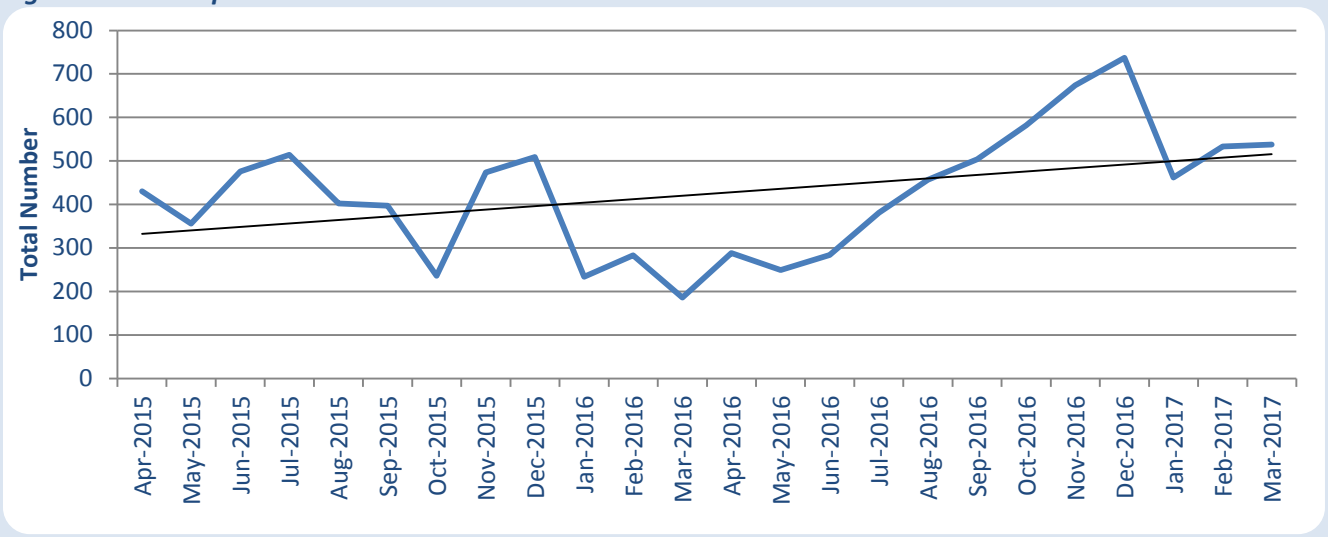
Please also note that the number of complaints, together with response and resolution times is included within section 3 of this report as they are core indicators.

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.

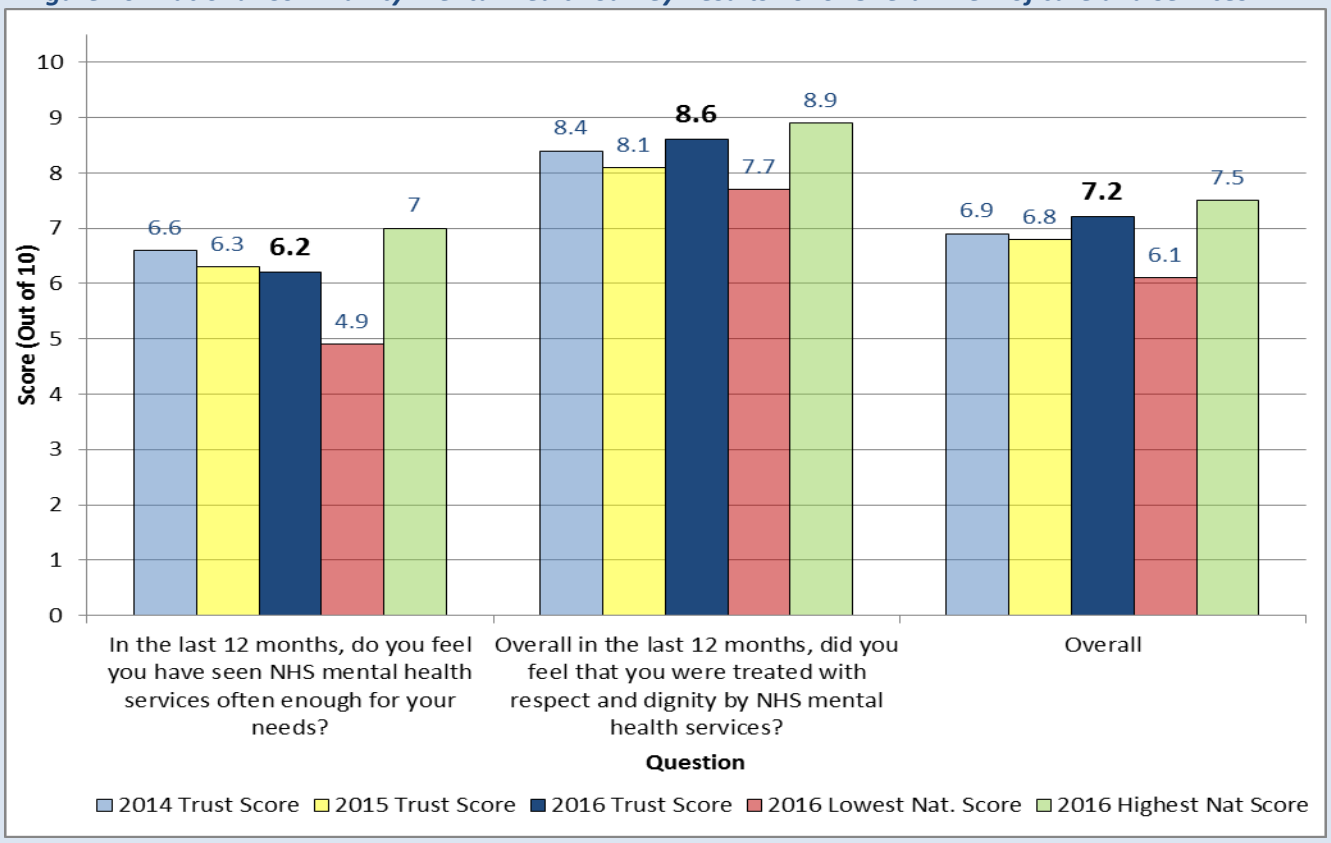
The Trust has undertaken an externally facilitated 'deep dive' into our crisis resolution/home treatment team. Next steps to be taken as a result of this work are to review the findings and recommendations of the project with the CRHTT service, and to collaborate with people who use the service and those 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 relating 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.

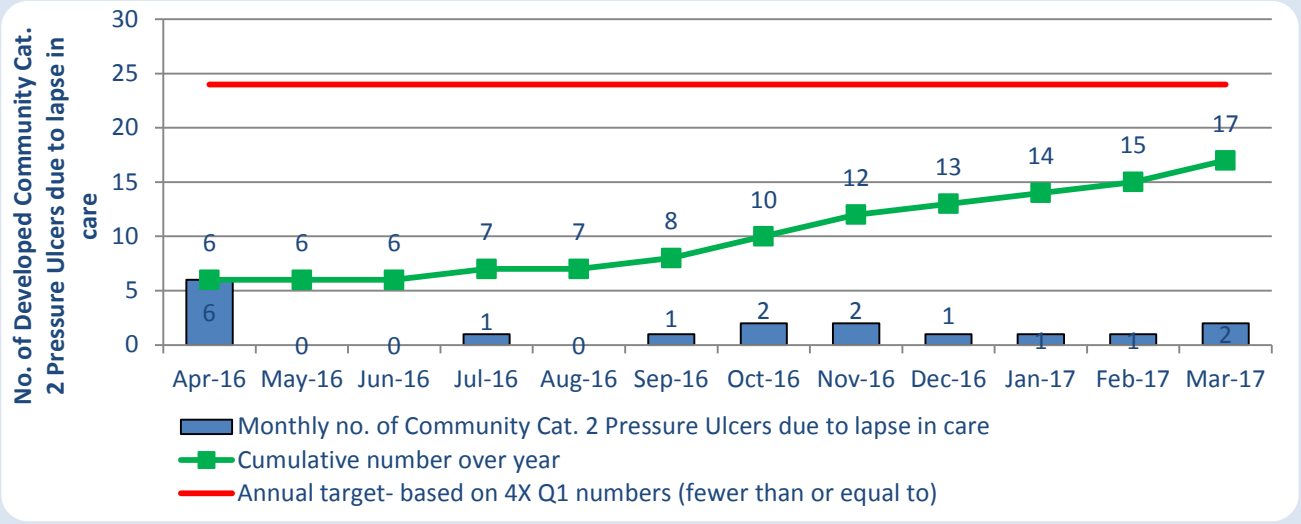
Progress against this priority has been monitored throughout 2016/17 using the following metrics, the results of which are detailed in figures 13 to 16 below:

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)

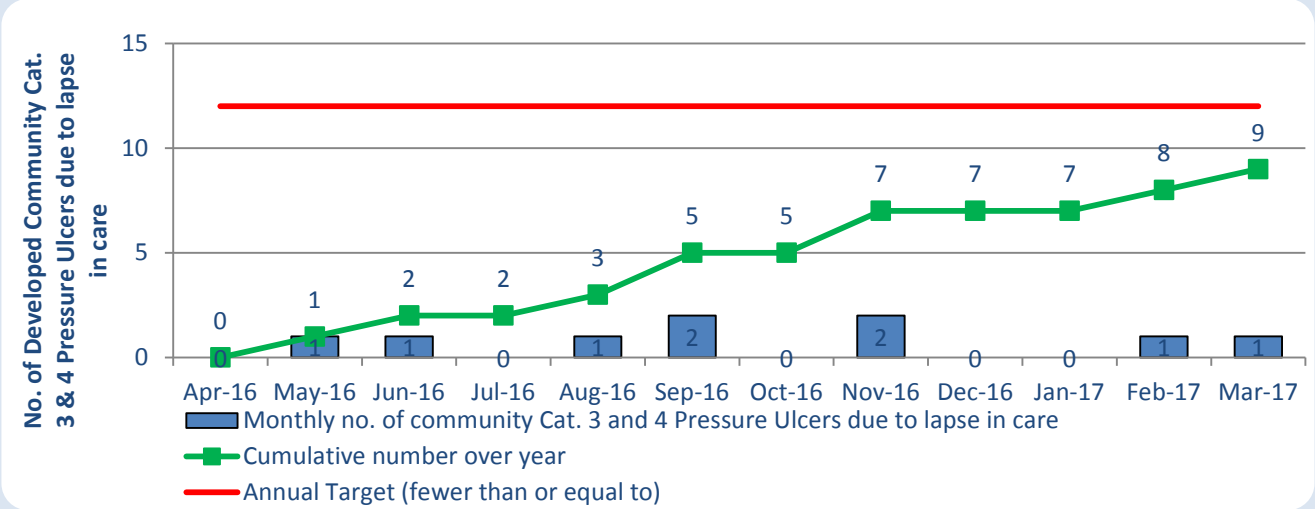
The charts below show that in 2016/17, the Trust met all of the targets detailed above. Of particular note is the finding that there was only one inpatient acquired category 2, 3 or 4 pressure ulcer during 2016/17 that were due to a lapse in care by the Trust.

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



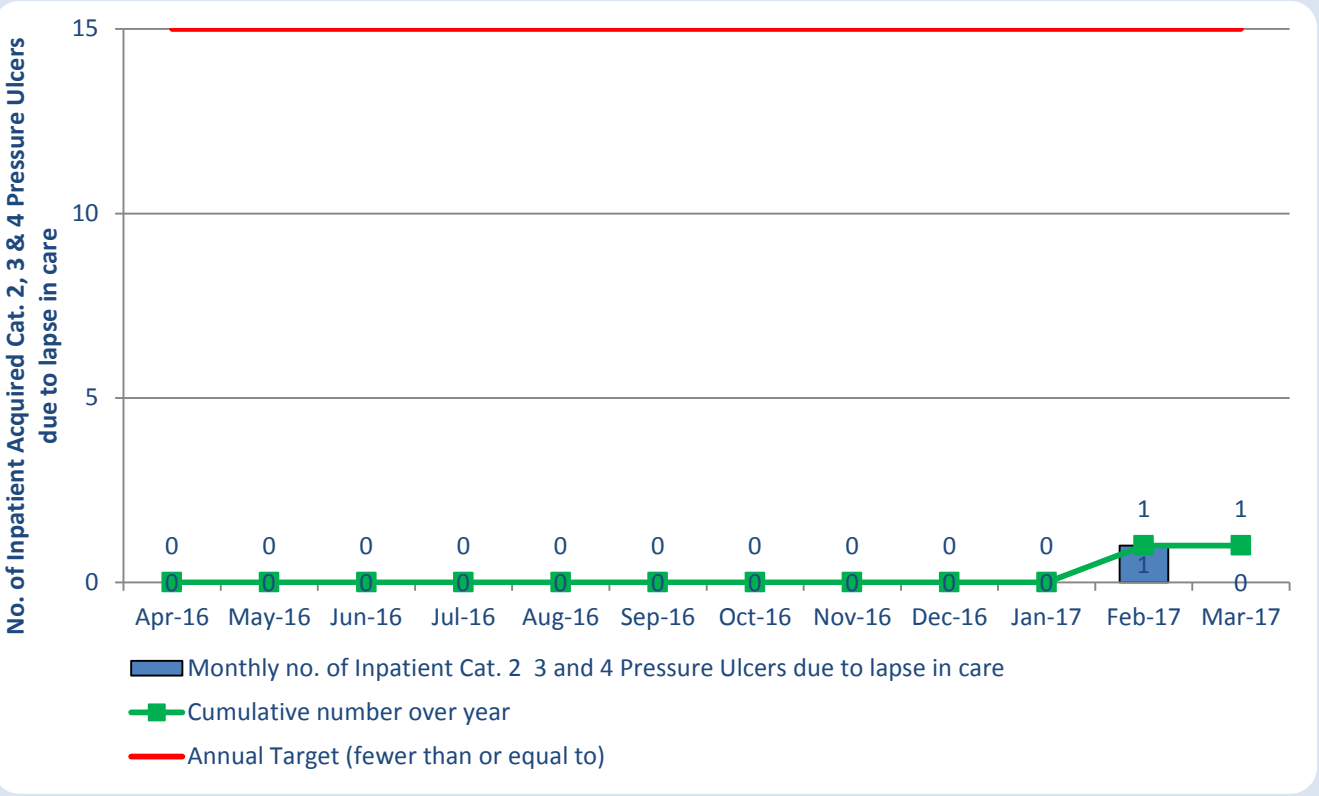
Source: Trust incident data (Datix) based on finally approved incidents

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



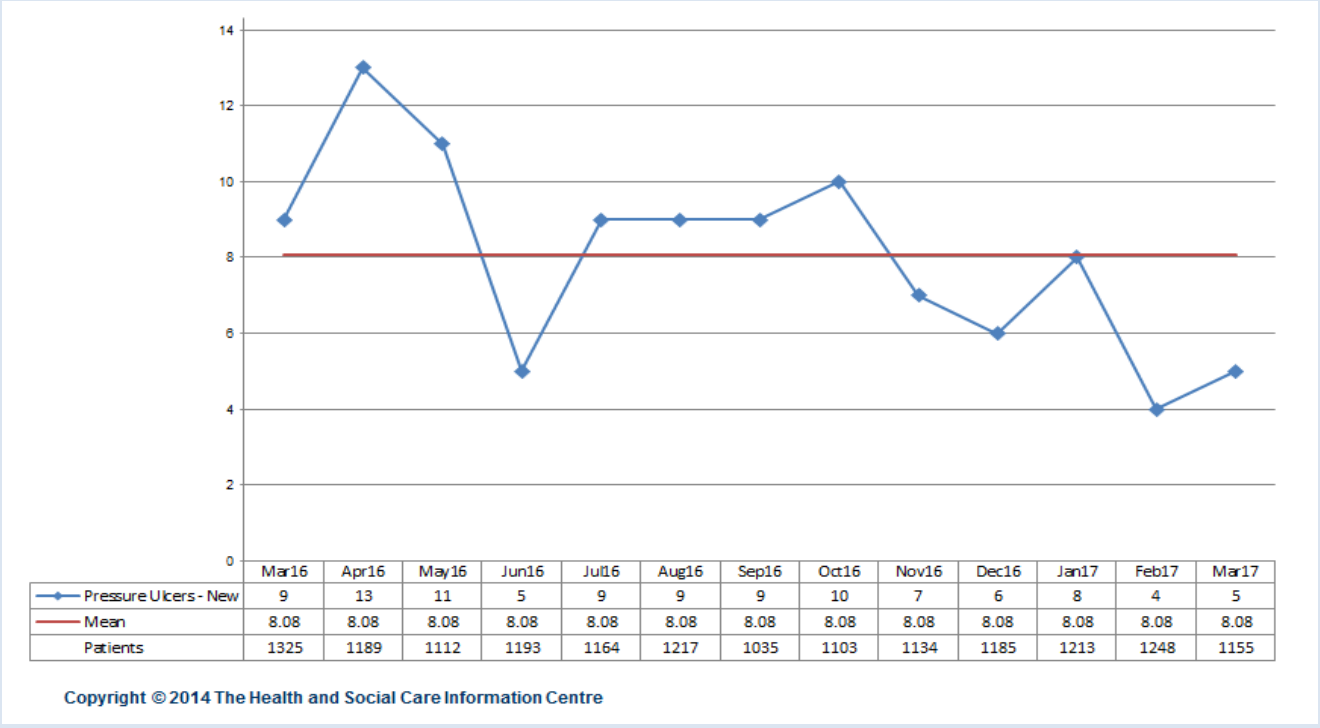
Source: Trust incident data (Datix) based on finally approved incidents

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

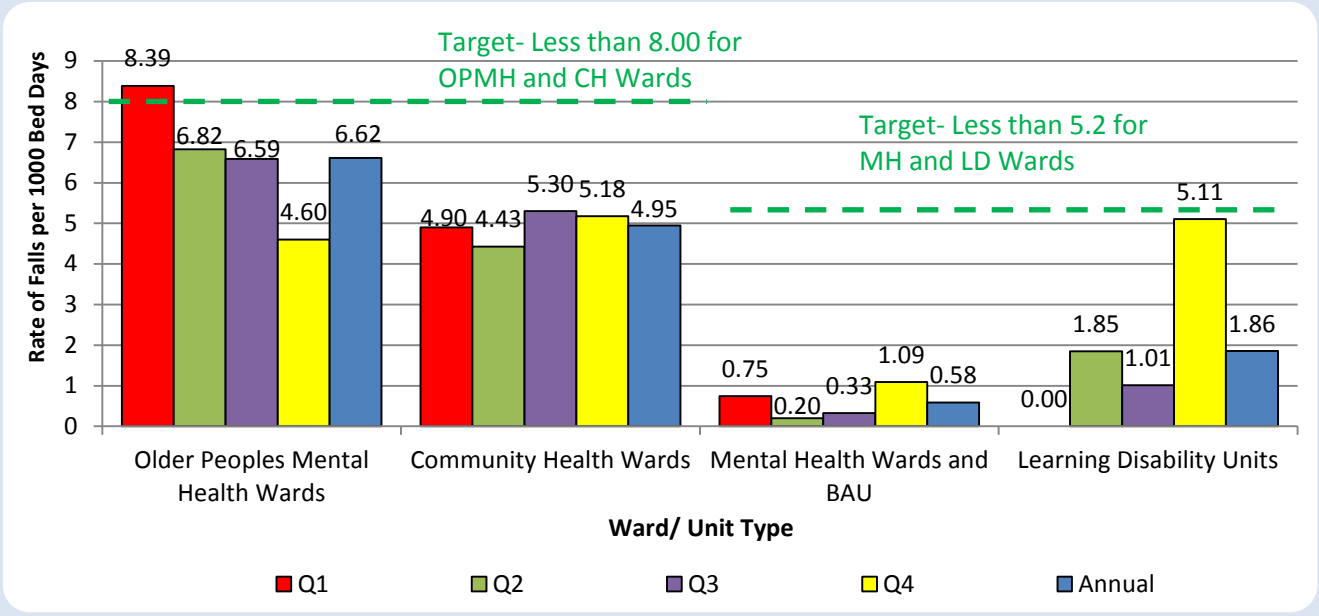
During 2016/17, the trust aimed to reduce the number of falls experienced by inpatients. The Trust Falls Strategy was written and ratified in the autumn of 2015 in response to the recognition that our falls focus and assessments were not standardised across all our wards and that numbers were at times 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

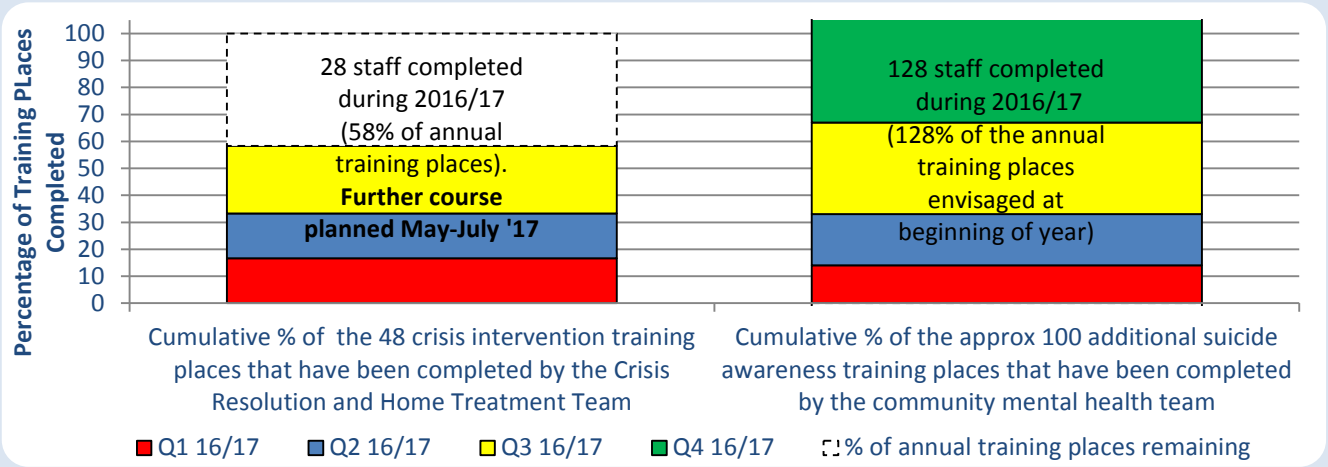
Figure 19 below details current progress against the training metrics for 2016/17. As can be seen, 58% of the available annual training places for the crisis intervention training and 128% of the additional suicide awareness training places envisaged at the beginning of the year have been taken up by 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.

2.1.5. 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.

2.1.6. 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.

2.1.7. 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.

2.1.8. 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

2.1.9. 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.

2.1.10. 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.

2.1.11. 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.

2.1.12. 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.

2.2. 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

2.2.1. 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

2.2.2. Patient Safety Priorities

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

2.2.3. 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

2.2.4. 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

2.2.5. 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.

2.3. 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)	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
b) Suicide, Homicide & Sudden Unexplained Death c) The management and risk of patients with personality disorder prior to suicide and homicide	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)

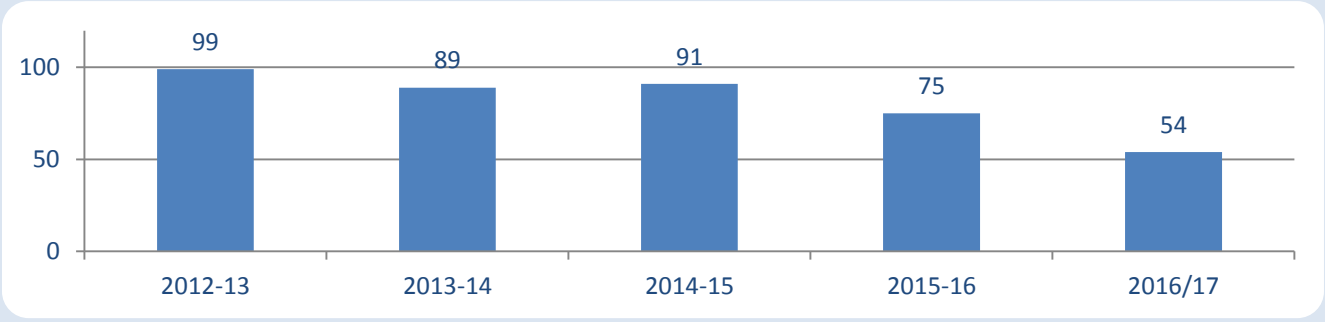
ⓘ An incident is any unintended or unexpected event which could have or did lead to harm for one or more people. Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that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

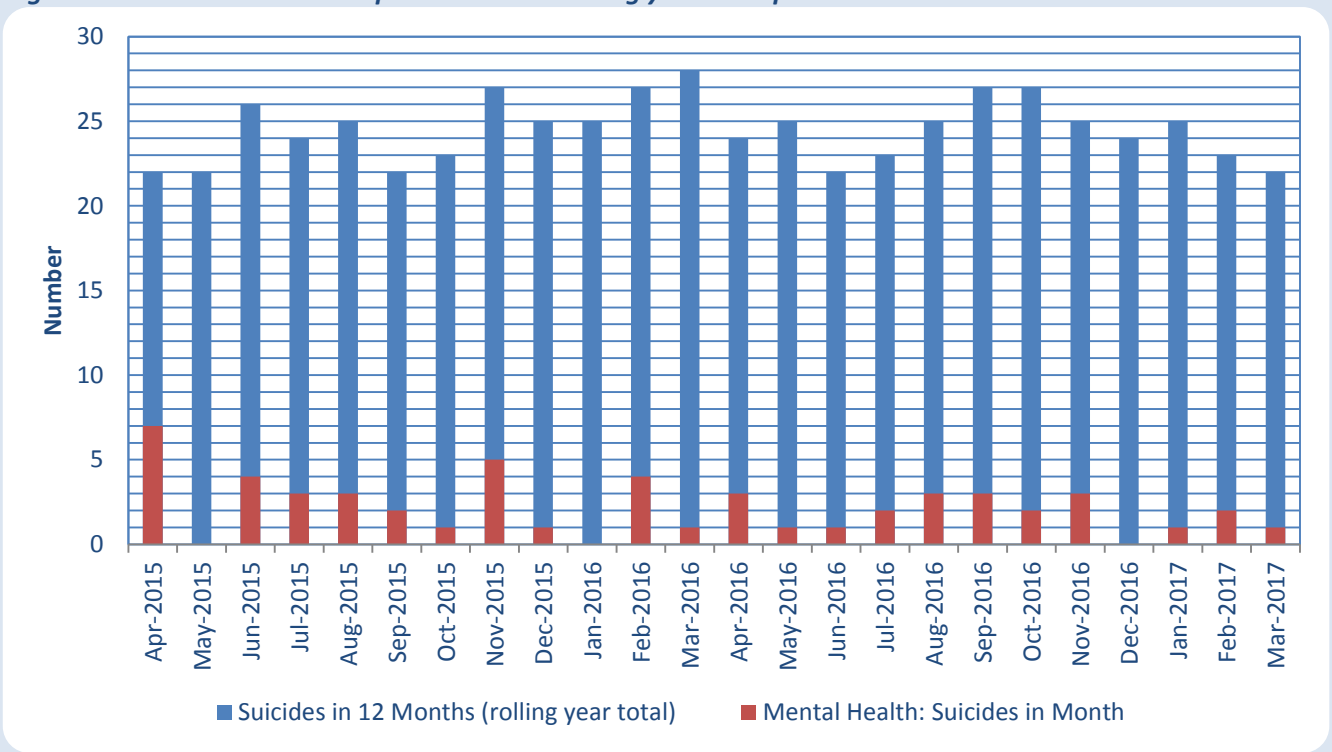
Alongside the new RiO Risk Assessment tool which was launched after these incidents happened, the Trust has made significant improvements to the risk training and supervision to equip staff with skills and competence (measured with the zero suicide surveys) to practice recovery focused, compassionate 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



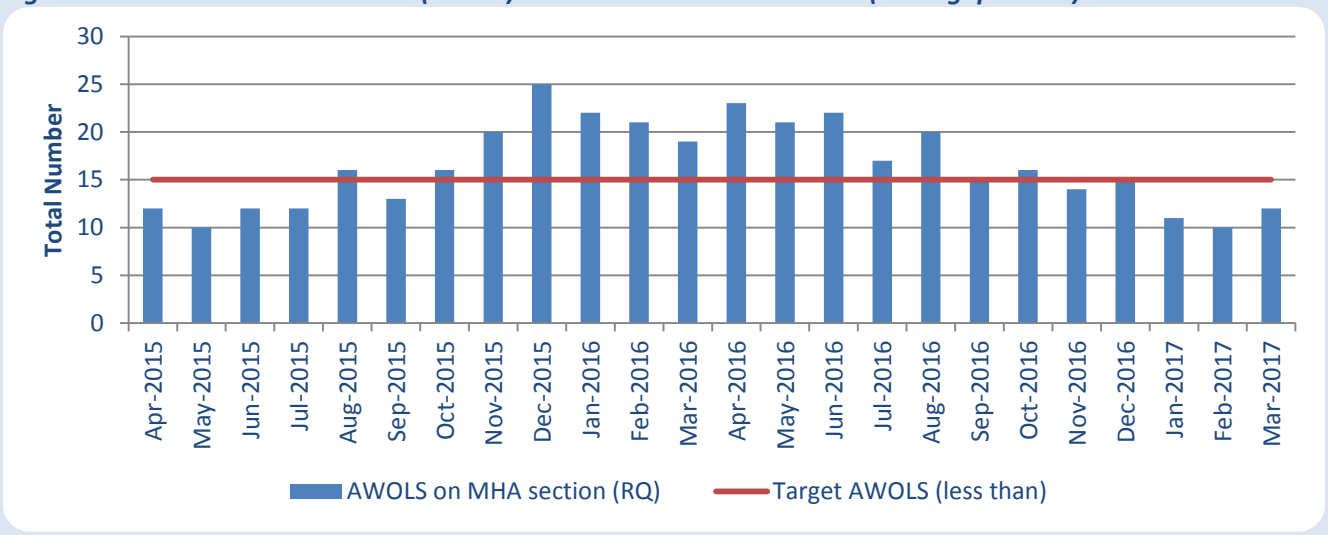
Source: Trust Performance Assurance Framework

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.

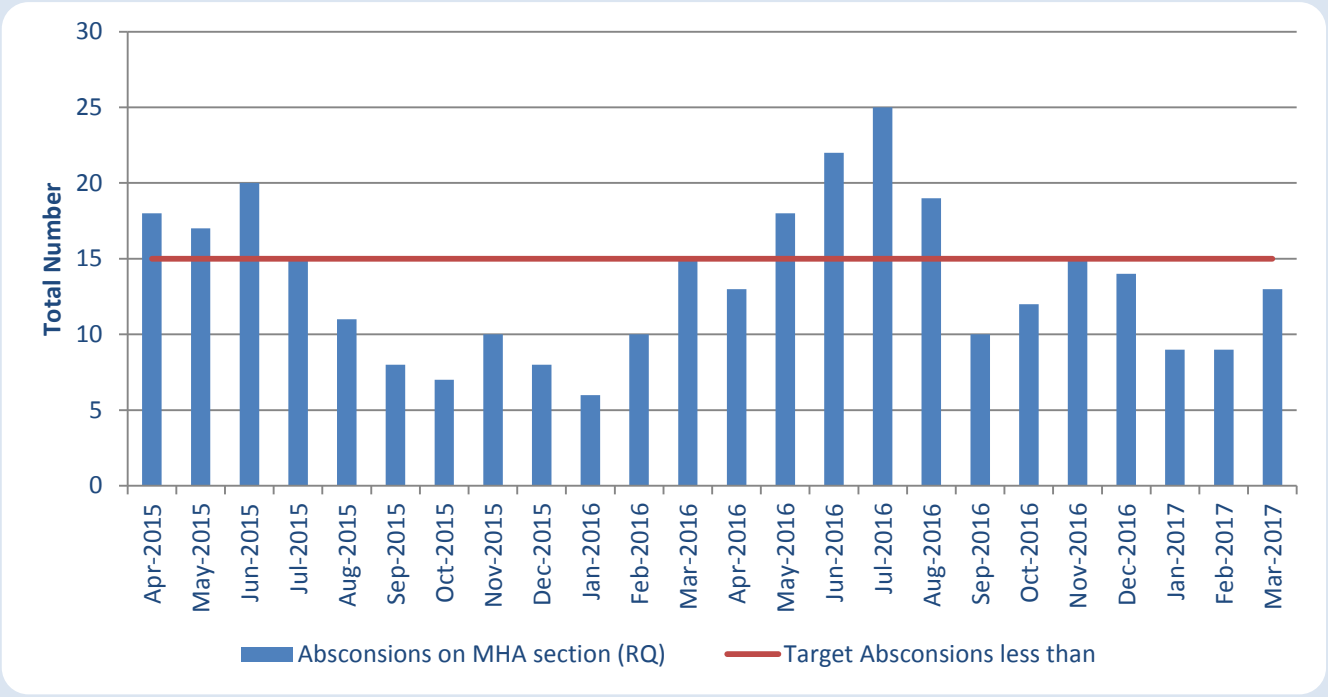
Figures 26 and 27 below detail the number of absconsions on a Mental Health Act Section and the number of patients absent without leave on a Mental Health section.

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.

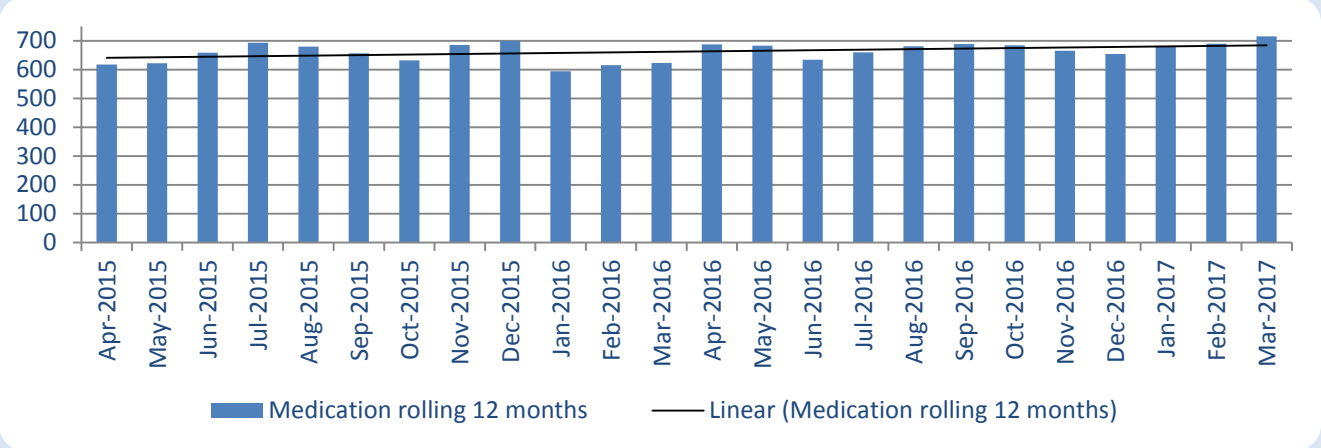
Moderate, major and severe medication incidents reported by, but not attributable to the Trust

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)



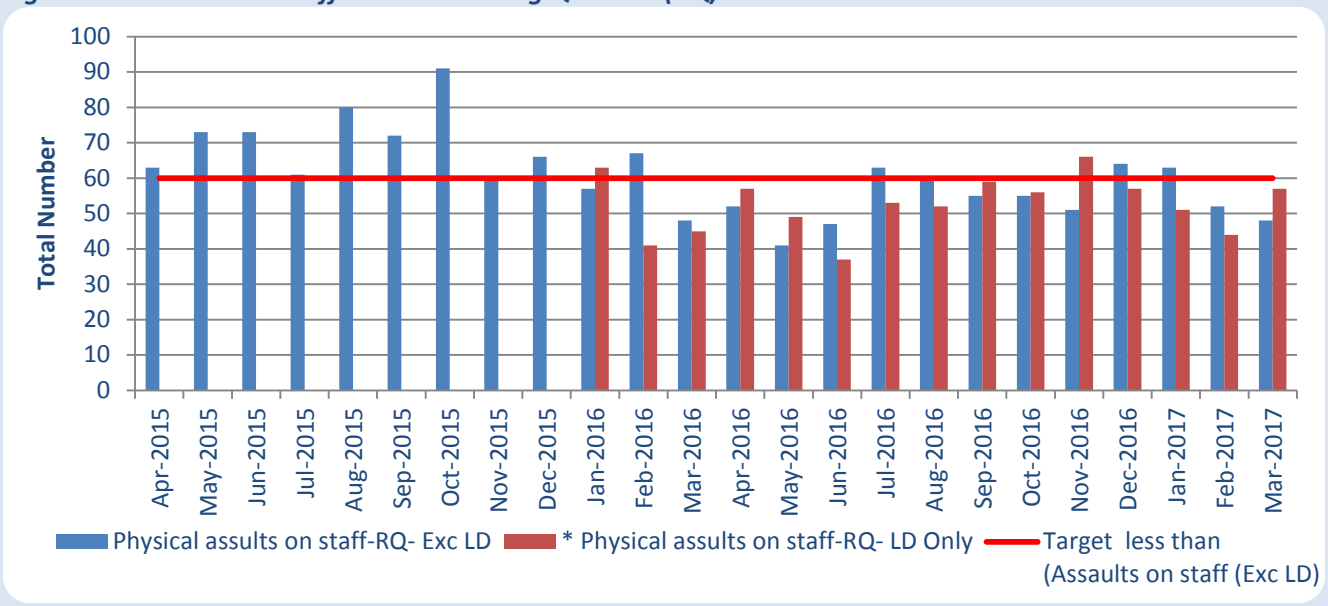
Source: Trust Incident Database (Datix)

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*

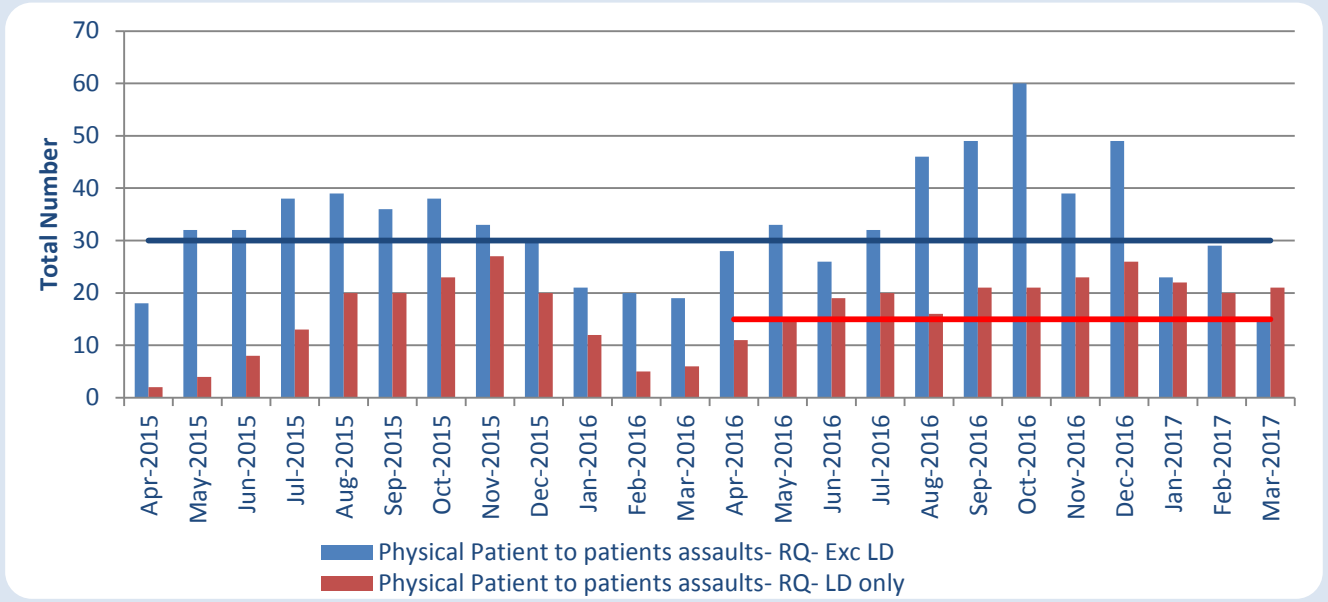
Source: Trust Performance Assurance Framework

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%	**97.8%** **(12M Average Percentage)**	**96.7%** (for Q4 2016/17)	**84.6%-99.4%** (for Q4 2016/17)
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)**	**98.8%** (for Q4 2016/17)	**90%-100%** (for Q4 2016/17)
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 gatekeepers 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%	**12.38%**	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.

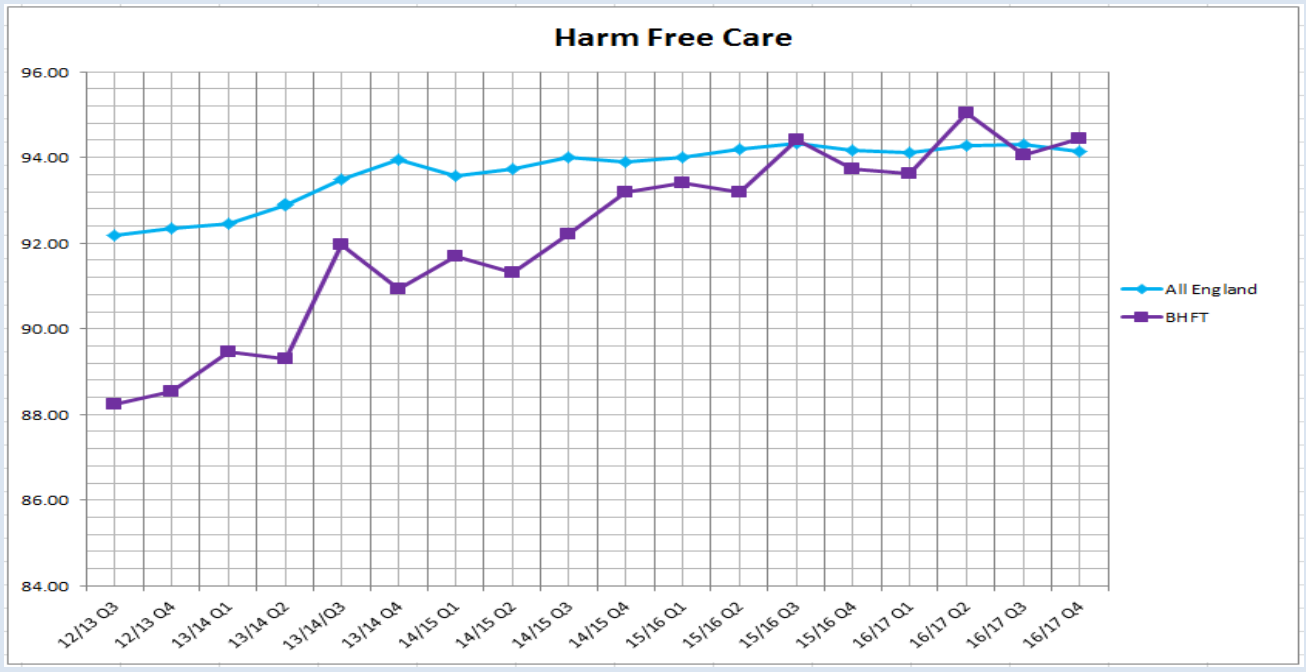
	Audit Title	Conclusion/Actions
56	JD/QIP - MDT documentation in Prospect Park Hospital acute ward (3290)	This audit was completed by a junior doctor as part of their training programme. MDT documentation forms an integral part of patient care and management and it's therefore vital that it's accurate 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

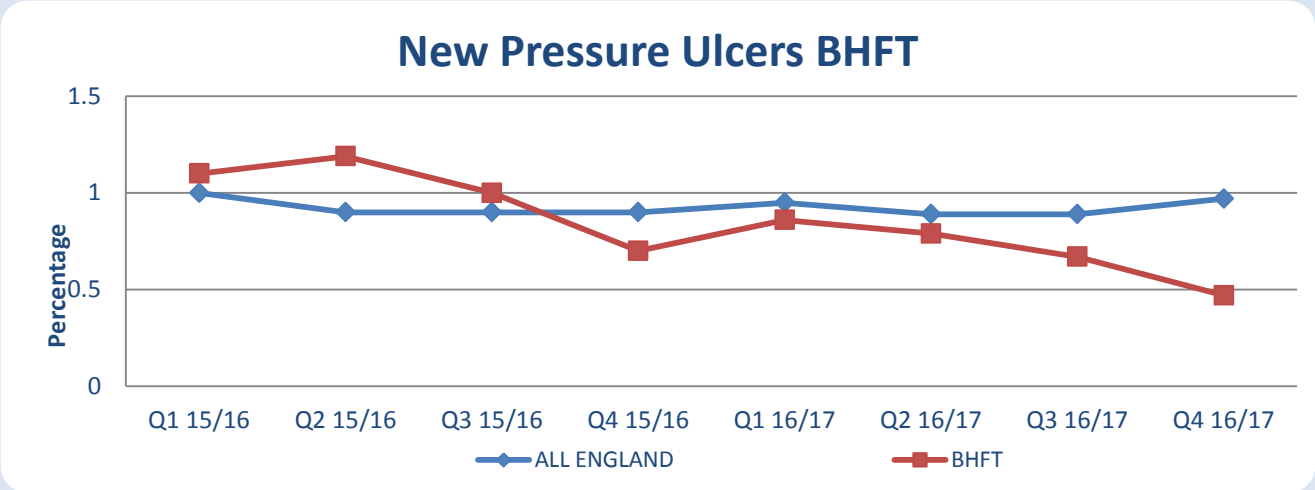
ⓘ Developed for the NHS by the NHS as a point of care survey instrument, the NHS Safety Thermometer provides a 'temperature check' on harm, that can be used alongside other measures of harm to measure local and system progress in providing a care environment free of harm for our patients. It allows teams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



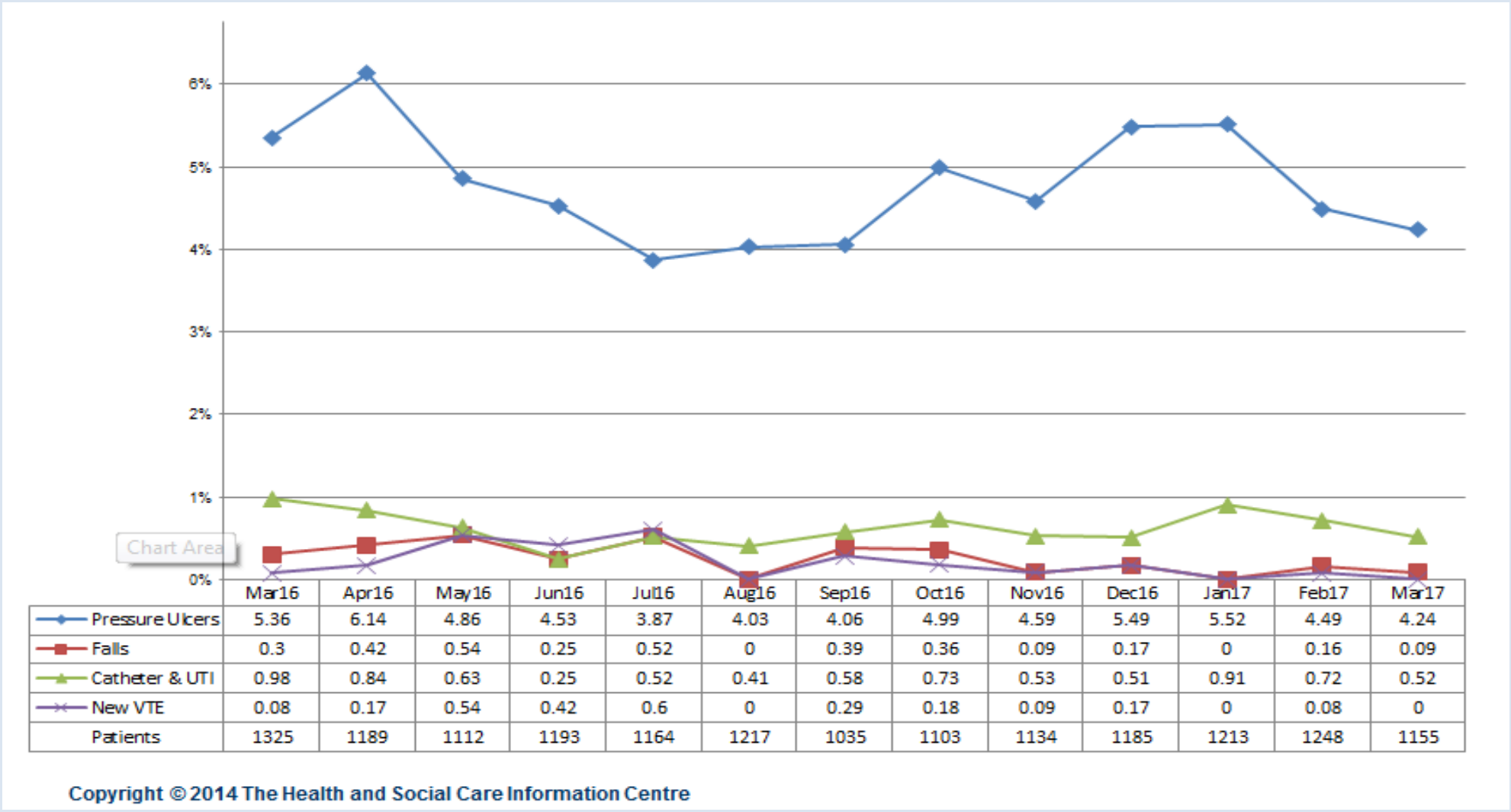
Source: Trust Safety Thermometer Reports



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 within 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 1

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

We have been engaged by the Council of Governors of Berkshire Healthcare NHS Foundation Trust to perform an independent assurance engagement in respect of Berkshire Healthcare NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following two national priority indicators (the indicators):

- 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital; and
- admissions to inpatient services had access to crisis resolution home treatment teams.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 201617* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the *Detailed Requirements for external assurance for quality reports for foundation trusts 201617.*

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- 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 March 2017;
- feedback from local Healthwatch organisations, dated May 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;
- the latest national patient survey, dated 7 July 2016;

- the latest national staff survey, dated 7 March 2017;
- Care Quality Commission Inspection, dated 27 March 2017;
- the 2016/17 Head of Internal Audit's annual opinion over the trust's control environment, dated 31 March 2017; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Berkshire Healthcare NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Berkshire Healthcare NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- makig enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the

selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Berkshire Healthcare NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicator in the Quality Report subject to limited assurance has not be.en reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
15 Canada Square
London
E14 5GL

26 May 2017

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
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

Acronym	Full Name
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

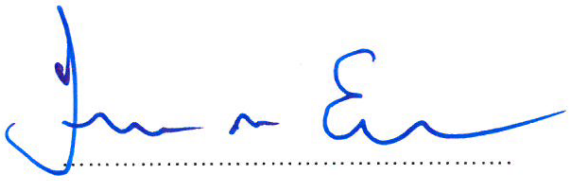
Berkshire Healthcare NHS Foundation Trust

Annual accounts for the year ended 31 March 2017

Foreword to the accounts

Berkshire Healthcare NHS Foundation Trust

These accounts, for the year ended 31 March 2017, have been prepared by Berkshire Healthcare NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006

Signed 

Name	**Julian Emms**
Job title	**Chief Executive**
Date	**24th May 2017**

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Statement of accounting officer's responsibilities

Statement of the chief executive's responsibilities as the Accounting Officer of Berkshire Healthcare NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Berkshire Healthcare NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Berkshire Healthcare NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Julian Emms, Chief Executive

Date: 24th May 2017

Berkshire Healthcare NHS Foundation Trust

Annual Governance Statement for 2016/17

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Berkshire Healthcare NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Berkshire Healthcare NHS Foundation Trust for the year ended 31 March 2017 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The existing comprehensive Risk Management Strategy has been reviewed and approved by the Executive and the Board. It has been disseminated through the Trust. The Director of Nursing and Governance provides overall leadership for integrated governance at Board level.

The Chief Executive chairs the Executive Finance, Performance and Risk (FPR) Committee the Executive Committee responsible for oversight of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR). The FPR Executive Committee comprises the Chief Financial Officer in their role as Chair of the Non-Clinical Risk Management Committee, the Director of Nursing and Governance in their role as Chair of the Safety, Experience & Clinical Effectiveness Group together with the rest of the Executive Directors and senior management representatives. The Committee meets monthly and reviews the BAF and entire CRR as standing items every two months. The Executive routinely oversees the effectiveness of all other Committees within the governance structure through the receipt of minutes and reports via each of the three Formal Executive Committees (FPR, Quality and Business & Strategy). The Medical Director is the Caldecott Guardian. The Chief Financial Officer is the Senior Information Risk Owner.

The Trust operates in a complex environment with many services dispersed around the county. Each service has its own Risk Register regularly reviewed through line management arrangements. The Trust's Operational Leadership Team (chaired by Chief Operating Officer) has responsibility for ensuring that all locality Risk Registers are up to date and show a true reflection of the risks that may face that service. Directors leading corporate services have the responsibility for ensuring similar Risk Registers are in place for support services. Escalation of appropriate local service level risks to the CRR is undertaken if necessary following review by the relevant Executive Director.

Risk management training is part of the corporate induction for all staff. In addition all staff are expected to undertake all mandatory training requirements in the year to comply with the CQC's essential standards of care; this training includes Fire, Lifting and Handling and Health and Safety. Clinical staff have to undertake a clinical mandatory training each year which includes an update on clinical risk management.

The Trust maintains a database of all Policies and Procedures available on the Trust intranet. All staff have access to the intranet and can read the relevant Policy at any time. Relevant Policies include as example, Serious Untoward Incidents, Health and Safety, Infection Control, and Information Governance.

The Trust Audit Committee as the senior Board Sub Committee responsible for corporate governance assurance continues to review risk reporting and risk management and has done so during 2016/17. An internal audit of Board Assurance and Risk Management resulted in a green / amber risk rating during the year providing a reasonable assurance opinion on the robustness of relevant systems and procedures. The Audit Committee continues to seek best practice guidance with which to inform it. The Audit Committee further tests the resilience of risk mitigation activity by conducting 'deep dive' reviews of individual risks through the year.

The risk and control framework

The Trust's Risk Strategy seeks to minimise risk to the Trust's stakeholders through a comprehensive system of internal controls, risk management and assurance processes, whilst maximising the potential for flexibility, innovation and best practice in the delivery of its strategic objectives. It seeks to deliver high quality, safe services for service users and secure the health, safety and welfare at work of all employees and others on the Trust premises.

The Trust uses a standardised risk assessment tool that enables risks to be graded and scored. The tool requires the individual reporting the risk to determine the risk level at the time of detection and to forecast the risk level that will be achieved following implementation of a risk mitigation plan. The risks to delivery of corporate objectives on the BAF and relevant risks on CRR have been reviewed in detail by the Board and Audit Committee during the year, with a new format BAF produced enhancing the oversight and review of risks for Board and Executive committees. The BAF risks are now routinely reviewed at Board sub-committees (quality and finance), alongside quarterly review at the Audit Committee.

The Trust recognises that it is not possible or always desirable to eliminate all risks and that systems should not stifle innovation. When all reasonable control mechanisms have been put in place some residual risk will inevitably remain in many Trust processes and this level of risk must be accepted. Risk acceptance within the Trust is systematic, explicit and transparent. Where residual risk remains the risk will remain on the BAF, CRR or local risk register. This ensures that it is reviewed through the control systems rather than having been removed from the register and therefore out of sight.

The Safety, Experience & Clinical Effectiveness Group chaired by the Executive Director of Nursing & Governance provides service reporting oversight for quality governance arrangements within the Trust's clinical services. The Group reports to the Quality Executive Committee chaired by the CEO the lead Executive committee for assuring the quality and safety of services, through to the Board Quality Assurance Committee and the Audit Committee, with the Audit Committee providing overall governance assurance and scrutiny.

Routine assurance of compliance with CQC registration requirements and fundamental standards of care is undertaken by the Locality Patient Safety and Quality Groups. Clinical services review their compliance with CQC standards annually with assurance provided to the Executive (through receipt of reports at the Quality Executive Committee) and Board (through the work of the Quality Assurance Committee) of the quality of care and compliance with regulations. Where recommendations for improvement arise from the internal inspections, service level action plans are developed and followed up to ensure continuous improvement.

The Trust was subject to a Comprehensive Inspection by the CQC in December 2015 which resulted in a "Good" overall rating for the organisation and its services ("Good" ratings were given for four of the five individual inspection domains, aside from "Safety" which was rated "Requires Improvement" in relation to specific compliance risks in mental health and learning disability inpatient services). A follow up inspection during the year found that all services with compliance actions had improved since the Comprehensive Inspection, and as such the CQC will uprate the Safety domain for the Trust's overall rating from "Requires Improvement" to "Good". The Trust is now rated "Good" across all CQC inspection domains.

Performance information related to quality and patient safety metrics are reviewed and cross referenced with other intelligence available to the governance team prior to inclusion in Trust performance and quality reporting. The metrics are regularly reviewed with the governance and performance team. Governance of data quality in relation to quality metrics is overseen by the Audit Committee through review of the Trust's Information Assurance Framework.

The Trust completes the Information Governance Tool Kit each year and in this year has achieved a "satisfactory" green rating, with an improvement in overall tool kit % score compared to 2015/16.

Ultimate responsibility for Information Security rests with the Chief Executive of the Trust. This responsibility is delegated to the Chief Financial Officer as SIRO. Responsibility is further delegated to all staff developing, introducing, managing and using information and information technology systems through the medium of the Information Governance policy.

The Trust IT Compliance & Audit Manager is responsible for the co-ordination of all aspects of computer security and for ensuring that the Trust Information Governance Policy and practice is consistent with those defined and published by the NHS.

Service managers are responsible for the protection of all information and information technology assets within their department.

Line Managers are responsible for ensuring that their permanent and temporary staff and contractors are aware of the following:

- The information security policies applicable in their work areas.
- Their personal responsibilities for information security.
- How to access advice on information security matters.

All staff must comply with Information Governance security procedures including the maintenance of data confidentiality and data integrity. Failure to do so may result in disciplinary action. The Information Security Policy is maintained, reviewed and updated by the Trust. This review takes place annually.

Contracts with external contractors that allow access to the Trust's information systems must always be in operation before access is allowed. These contracts will ensure that the staff or sub-contractors of the external organisation will comply with all appropriate security and confidentiality policies.

Cyber security arrangements have been reviewed by the Audit Committee during the year and reasonable assurance taken on the security and protection arrangements in place. The Trust was not affected by the global Cyber attack on Friday 12th May 2017, as it had "patched" its systems against a possible "ransom-ware" attack soon after the specific risk was highlighted and patch issued by Microsoft in March 2017.

The BAF contains the following key business and operating risks (in year and future):

Workforce (severe risk): failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost could impact on our ability to meet our commitment to providing safe, compassionate, high quality care to our service users

- A comprehensive workforce development strategy with targeted actions has been agreed by the Board to mitigate this risk as far as possible, however workforce availability is a severe risk to the NHS not just the Trust, and is likely to
- Early progress has been made in Prospect Park Hospital (mental health inpatient services) by changing the skill mix of some elements of the workforce, in turn supporting a successful recruitment campaign and significantly reducing vacancy levels

Efficiency (high risk): failure to achieve national efficiency benchmarks could impact on the Trust's future sustainability and lead to increased regulatory scrutiny.

- Linked to the system transformation / STP risk above the Trust is formalising existing strong collaborative partnership relationships through memorandums of understanding, and by influencing emerging system leadership governance. The CEO and individual Executive Directors are key members of the Berkshire West ACS leadership group and management teams. The CEO is a key partner on the Frimley system leadership reference group and a member of the East Berkshire system leaders group, through which STP development is reviewed and signed-off.
- Local authority partners are engaged through system leadership governance in each STP area.

Local health and care system transformation (high risk): failure of the Sustainability and Transformation Plans (STPs) to deliver transformational change and required investment in mandated national priorities, including in the mental health five year forward view, could result in the local health economy not being able to safely keep pace with the rising costs and demand for services.

- As mitigating action the Trust is working closely with health and care partners to influence and design emerging transformation plans and system wide governance within the two STPs that cover the Trust's service and population
- Both the Frimley STP and the Berkshire West ACS have been selected by NHS England as two of nine emerging Accountable Care Systems that will be provided with funding, support and performance oversight to develop transformation plans on behalf of their populations.

Maintaining clinical service quality (high risk): failure to maintain clinical standards could put patients at risk of poor quality care and could lead to reputational damage and a loss of commissioner and public confidence in the quality of the Trust's services

- The Trust needs to maintain and improve its "Good" overall rating with the CQC as the NHS provider sector moves into a new CQC inspection regime.
- Mitigating actions taken include the April 2017 start of an 18 month programme to enable and embed a quality improvement system and culture within the organisation. The Trust has partnered with KPMG, Thedacare (United States healthcare provider) and Western Sussex Hospitals NHS Foundation Trust to train our workforce in lean management systems to drive quality improvement as part of everyday business.
- Other actions including the development of a "zero suicide" programme incorporating service development in risk management, training, care planning and treatment within our mental health services. The Board has agreed a metric that requires a % improvement in suicide rates benchmarked to population level and in scope of mental health services, aligning with the target reduction by 2020 in the Five Year Forward View for Mental Health.

Strategic relationships (severe risk): failure to develop collaborative working relationships with key strategic partners could result in the Trust losing influence in key decisions leading to less effective services for local people

- Staff shortages in certain skills areas and impact of turnover – mitigation via improved workforce planning, service level action plans to minimise turnover and to seek innovative solutions to support improved recruitment to vacancies. Temporary staff bank being expanded to reduce reliance on agency staffing.
- Staff shortages in certain skills areas and impact of turnover – mitigation via improved workforce planning, service level action plans to minimise turnover and to seek innovative solutions to support improved recruitment to vacancies. Temporary staff bank being expanded to reduce reliance on agency staffing.

The above BAF risks can also be deemed to be "principal" risks to maintaining the NHS Foundation Trust licence condition 4 (FT governance). Further risk control and mitigation assurance is described throughout this Annual Governance Statement in terms of the governance structures and processes (Board and Executive and local level) that the Trust operates to minimise risk against this operating licence condition.

Risk management is embedded in the organisation through for example a locality represented environment, health & safety committee reporting into the Executive non-clinical risk committee. Local risk registers are directly managed at business unit and service level with local risks and mitigation overseen by and reported up through the Operational and Senior Leadership Teams for escalation through to an Executive Director and the BAF / Corporate Risk Register. Local risk registers are used as a key business planning tool supporting service delivery.

Incident reporting enables the Trust to understand and manage risks associated with patients and staff. Incidents, investigation outcomes and trends are reviewed and discussed at business unit and service level and reported to the Quality Executive Committee with Board level scrutiny undertaken by the Finance, Audit and Quality Assurance Committees. Reporting trends are monitored to ensure all services in the Trust are reporting and if concerns are raised staff are reminded of their responsibility to report. As learning outcomes are shared across the organisation staff are able to see the value of reporting and the resulting change.

As a Foundation Trust the Board of Directors is accountable to the Council of Governors. The Trust's Council comprises a mix of appointed and publicly elected Governors. The Board provides the Council with information on key strategic risks and performance at each Council meeting. In addition the Trust reports all Serious Incidents to the Commissioners as part of the contractual arrangements and works with Local Authority Health Overview and Scrutiny Committees and Health and Wellbeing Boards to address issues raised by the public and/or local councillors.

The Trust Board and Audit Committee were provided with additional positive assurance during 2015/16 (referenced in last year's statement) in undertaking an external "well led" Board governance review (a review required of all NHS Foundation Trusts). The review undertaken by Ernst Young found the Trust Board to benchmark very positively against all aspects of Board governance, including regular scrutiny and review of appropriate performance information.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Board of Directors receives a high level summary of agreed key performance indicators at its formal meeting every two months. These indicators cover service activity, quality, patient safety and cost as well as the patient experience. In addition there are indicators that monitor the utilisation of the workforce and key assets.

The Finance, Investment & Performance sub-committee of the Board scrutinises this financial and performance information in detail on a monthly basis, providing further assurance to the Board of Directors.

The Formal Executive Committee review and scrutinises monthly performance and signals where further work needs to be undertaken to understand the data and/or improve performance. The Operational Leadership Team's locality performance review meetings chaired by the Chief Operating Officer, review service performance routinely and drill down to individual service lines.

The above system ensures that the Trust performs within the agreed parameters of economy, efficiency and effectiveness and should those parameters be breached, is able to quickly identify issues and put in place plans to improve performance..

Through the audit programme internal and external audit provide further external assurance to the Board on economy, efficiency and effectiveness of use of resources.

Information governance

Four information governance incidents were reported to the Information Commissioners Office in the year, these incidents were categorised on the amount of data involved, the nature of the data (for example if it included sensitive personal data) and the level of risk to the data. The incidents were as follows:

Title	Details	Information	Actions
Insecure transfer of information to a partner organisation	The information was not sent using secure email (NHS.net) as per Trust policy	No data loss, no confidentiality breach. Categorised as level 2 for a repeated failure to follow technical and procedural guidelines.	Securely sending patient information has been included in the IG training material, articles added to the Team Brief and a screen saver introduced to remind employees how to send data securely.
Insecure transfer of information to a partner organisation	The information was not sent using secure email (NHS.net) as per Trust policy	No data loss, no confidentiality breach. Categorised as level 2 for a repeated failure to follow technical and procedural guidelines.	Securely sending patient information has been included in the IG training material, articles added to the Team Brief and a screen saver introduced to remind employees how to send data securely.
Information disclosed in error	A spread sheet containing patient information was emailed to health professionals in error.	The data was disclosed in error but deemed low risk as it was sent to health professionals in the same field (School nursing)	Procedures within the service immediately reviewed and data relocated to a different area.
Patient record merged in error	A patient record was merged with a patient with the same name and Dob; this caused errors on the patient record.	The merge caused a confidentiality breach as health information of each patient was disclosed to the other.	Procedures for merging patient records immediately reviewed and additional training was given to staff.

For each of the four incidents the Information Commissioner took no further action as they were confident that the Trust had the policies and procedures in place to ensure a good level of data protection.

The biggest information governance risk for the Trust remains employees disclosing information in error such as via email or sending letters to the wrong patients. There is an on-going awareness programme for Trust staff that highlights these risks through Team Brief articles, IG refresher training and screensavers, all supported by Trust policies.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. *NHS Improvement (in exercise of the powers conferred on Monitor)* has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual.*

The steps which have been put in place to assure the Board that the Quality Report presents a balanced view and that there are appropriate controls in place to ensure the accuracy of data are as follows:

- The production of a balanced Quality Report is the responsibility of the Executive Medical Director supported by the Head of Clinical Effectiveness.
- A Trust framework for quality reporting has been designed and agreed by the Board.
- The Quality Executive Committee (with representation by clinical directors and through them all clinical professionals within the Trust) has been consulted and influenced the design and content of the Quality Report.
- Clinical audit and research groups have been consulted and influenced the design and content of the Quality Report.
- The Quality Report draws on a number of quality performance indicators as reported to the Board through the monthly integrated performance report. These include patient safety and service user feedback indicators.
- The Trust engaged with members of the Council of Governors to select a local quality performance indicator to supplement the two nationally mandated indicators for the Quality Report.
- The joint Board and Council of Governors meeting identified, debated and agreed the Quality Account priorities for 2016/17
- The integrated performance report and specific quality indicators feeding the Quality Report are underpinned by data recording and monitoring systems. The governance of data quality is overseen by the Audit Committee which reviews the Trust's Information Assurance Framework.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control has been supported by:

- Regular review of strategic-level risks and the BAF by the Executive, Audit and Board sub Committees, and the Board of Directors;
- The Audit Committee in delivering its agreed Audit plan and maintaining a senior oversight of the activity of Board sub committees within the Trust's governance structure;
- The Executive Finance, Performance & Risk Committee and Executive oversight of the Governance structure;
- Executive responsibility for the delivery of effectiveness, efficiency and economy;
- Detailed processes undertaken by the Executive to verify compliance with CQC registration and NHS Foundation Trust Licence Conditions (positive assurance licence condition certifications provided by the Board at its meeting in May 2017).

The Trust's internal auditors, RSM have provided the following head of internal audit opinion for the 12 months ended 31st March 2017:

"The organisation has an adequate and effective framework for risk management, governance and internal control.

However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective."

The following "amber / red" (partial assurance opinion) internal audit reviews are noted alongside the formal overall positive assurance opinion above:

- Temporary staffing
- Bed management
- Location visits
- Travel and Expenses

For the purposes of this Annual Governance Statement it is confirmed that the Audit Committee is assured as to the nature and expanse of the internal control weakness identified in these reviews and that the subsequently agreed management actions have been completed thereby reducing risk.

The Trust and RSM have undertaken a range of reviews of financial, clinical and operational issues during the year including CQC compliance assurance, assurance framework & corporate risk register and mandatory Information governance audits.

The Trust and RSM have undertaken a range of reviews of financial, clinical and operational issues during the year including CQC compliance assurance, assurance framework & corporate risk register and mandatory Information governance audits.

Audit recommendations are reviewed by the Audit Committee and are implemented according to an agreed timescale. Regular reviews are undertaken by the internal auditors to ensure any actions have been delivered as agreed.

Conclusion

No significant internal control issues have been identified by the Trust in 2016/17 and the Trust's Annual Governance Statement is a balanced reflection of the management position throughout the year.

Signed.....

Chief Executive Date: 24th May 2017

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

Opinions and conclusions arising from our audit

1. *Our opinion on the financial statements is unmodified*

We have audited the financial statements of Berkshire Healthcare NHS Foundation Trust for the year ended 31 March 2017 set out on pages 165 to 224. In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2017 and of the Trust's income and expenditure for the year then ended; and
- the Trust's financial statements have been properly prepared in accordance with the Department of Health's Group Accounting Manual 2016/17.

2. *Our assessment of risks of material misstatement*

In arriving at our audit opinion above on the financial statements, the risks of material misstatement that had the greatest effect on our audit, in decreasing order of audit significance, were as follows (unchanged from 2015/16):

Land and Buildings (£79.8 million; 2015/16: £80.8 million)

Refer to pages 34 to 35 (Audit Committee Report), pages 188 to 191 (accounting policy) and pages 209 to 210 (financial disclosures).

The risk: Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with an equivalent asset.

When considering the cost to build a replacement asset the Trust may consider whether the asset would be built to the same specification or in the same location. Assumptions about changes to the asset must be realistic.

It is also necessary to consider whether there is any indication of impairment. Impairment could occur as a result of loss of market value due to conditions in the market or due to deterioration in the value in use of the asset, either because of its condition or because of obsolescence

Valuation is completed by DVS, an external expert engaged by the Trust using construction indices and so accurate records of the current estate are required. Full valuations are completed every five years, with interim desktop valuations completed in interim periods.
Valuations are inherently judgmental, therefore our work focused on whether the valuer's methodology, assumptions and underlying data, are appropriate and correctly applied.

Berkshire Healthcare NHS Foundation Trust had a full valuation undertaken at the 31 March 2016, and a desktop valuation performed at the 31 March 2017. This resulted in a net gross increase in the valuation of land of £7k and a net decrease in the valuation of buildings of £1.55m. There were also additions of buildings of £483k. Therefore, this resulted in a £1m decrease in the gross value of land and buildings overall

Our Response: Our procedures included:

- **Review of asset records:** We assessed the accuracy of the estate base data provided to the valuer to complete the desktop valuation to ensure it accurately reflected the Trust estate;
- **Completeness of instructions to external valuer:** We obtained the instructions provided to the external valuer and assessed that the list of properties to be valued was complete and in line with our knowledge of the Trust. We compared the provided list to the fixed asset register and ensured that any additions during the year have been included in the instructions;

- **Review of the Trust's valuer:** We assessed the scope, qualifications and experience of Berkshire Healthcare NHS Foundation Trust's valuer and the overall methodology of the valuation performed to identify whether the approach was in line with industry practice and the valuer was appropriately experienced and qualified to undertake the valuation.

- **Review of valuation:** We critically assessed the assumptions used in preparing the desktop valuation completed of the Trust's land and buildings to ensure they were appropriate in relation to the condition of the assets, the basis of ownership and the basis of their use;

- **Impairment review:** We assessed how management and the valuer had assessed the need for an impairment across its asset base either due to loss of value or reduction in future benefits that would be achieved; and

- **Additions to assets:** For a sample of assets added during the year we assessed whether an appropriate valuation basis had been adopted when they became operational and that the Trust would receive future benefits.

NHS and non-NHS income and receivables

Refer to pages 34 to 35 (Audit Committee Report), page 186 (accounting policy) and pages 199 to 200 (financial disclosures).

The risk: Of the Trust's reported total income, £199.5 million (2015/16, £197.1m) came from commissioners (Clinical Commissioning Groups (CCG) and NHS England). The majority of this income is contracted on an annual basis; however actual achievement is based on completing the planned level of activity and achieving key performance indicators (KPIs). If the Trust does not meet its contracted KPIs then commissioners are able to impose fines, reducing the level of income achievement.

An agreement of balances exercise is undertaken between all NHS bodies to agree the value of transactions during the year and the amounts owed at the year end. 'Mismatch' reports are available setting out discrepancies between the submitted balances from each party in transactions and variances over £250,000 are required to be reported to the National Audit Office to inform the audit of the Department of Health consolidated accounts.

Mismatches can occur for a number of reasons, but the most significant arise where the Trust and commissioners are yet to validate the level of estimated accruals for completed healthcare spells which have not yet been invoiced, accruals for non- contracted out-of-area treatments are not recognised by commissioners or potential contract penalties for non-performance are yet to be finalised. Where there is a lack of agreement, mismatches can be classified as formal disputes and referred to NHS England Area Teams for resolution.

The Trust reported total income of £21.9m (2015/16: £20.3 million) from other activities. Much of this £21.9m income is contracted from NHS and non-NHS bodies under contracts that indicate when income will be received; on delivery, milestones, or periodically.
Some sources of income require independent confirmations which can impact the amount of the income the Trust will actually receive.

Our Response: Our procedures included:

- **Contract agreement:** For the seven largest commissioners of the Trust's activity we assessed whether signed contracts were in place. We also inspected and assessed the signed contract with the largest Local Authority regarding Trust's activities.

- **CCG contract variations:** We investigated and assessed a sample of contract variations and sought explanations as to the cause of these variances;

- **Income billing (NHS and Non – NHS income):** We assessed whether invoices had been issued in line with the contracts signed with the three largest commissioners. We considered and tested the recognised income to assess whether it had been received by agreeing the corresponding payments back to the Trust's bank statements;

- **Agreement of balances:** We assessed the outcome of the agreement of balances exercise with CCGs and other NHS providers. Where there were mismatches we challenged management's assessment of the level of income they were entitled to and the receipts that could be collected. In doing so we examined supporting correspondence for any formal disputes or arbitration for consistency with the accounting treatment within the financial statements;

- **Sustainability and Transformation and performance funding:** We assessed the Trust's calculation of performance against the financial and operational targets used in determining receipt of Sustainability and Transformation Funding to determine the amount the Trust qualified to receive. We agreed the amounts recorded in the accounts to our calculation. We also considered the accuracy of the accounting treatment applied to CQUIN performance income;

- **Provision for impaired receivables**: We confirmed the basis upon which provisions for non-NHS debt have been made. We tested the assumptions taking into account both past performance and circumstances specific to the financial year end;

- **Credit note provision:** We assessed how credit note provisions had been recorded to ensure they were accounted for against NHS bodies for the Department of Health consolidated accounts; and

- **Timing of receipts:** We tested a sample of receipts and assessed if the income has been recorded in the correct accounting period

3. Our application of materiality and an overview of the scope of our audit

The materiality for the financial statements was set at £4.75 million (2015/16: £4.5 million), determined with reference to a benchmark of income from operations (of which it represents approximately 2%). We consider income from operations to be more stable than a surplus-related benchmark. We report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £235,000 (2015/16: £220,000), in addition to other identified misstatements that warrant reporting on qualitative grounds.

4. Our opinion on other matters prescribed by the Code of Audit Practice is unmodified

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2016/17; and
- the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

5. We have nothing to report in respect of the matters on which we are required to report by exception

We are required to report to you if, based on the knowledge we acquired during our audit, we have identified information in the Annual Report that contains a material inconsistency with either that knowledge or the financial statements, a material misstatement of fact, or that is otherwise misleading.

In particular, we are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our audit and the directors' statement that they consider that the Annual Report and financial statements taken as a whole is fair, balanced and understandable; or
- the Audit Committee's commentary on pages 34 to 35 of the Annual Report does not appropriately address matters communicated by us to the Audit Committee.

Under the Code of Audit Practice we are required to report to you if, in our opinion:

- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016/17, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.
- the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources.
-

In addition we are required to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in respect of the above responsibilities.

6. We have completed our audit

We certify that we have completed the audit of the accounts of Berkshire Healthcare NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Scope and responsibilities

As described more fully in the Statement of Accounting Officer's Responsibilities on page 167 the accounting officer is responsible for the preparation of financial statements that give a true and fair view. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the UK Ethical Standards for Auditors. A description of the scope of an audit of financial statements is provided on our website at www.kpmg.com/uk/auditscopeother2014. This report is made subject to important explanations regarding our responsibilities, as published on that website, which are incorporated into this report as if set out in full and should be read to provide an understanding of the purpose of this report, the work we have undertaken and the basis of our opinions.

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General, as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body, for our audit work, for this report or for the opinions we have formed.

Fleur Nieboer,
for and on behalf of KPMG LLP
Chartered Accountants and Statutory Auditor
15 Canada Square
Canary Wharf
London
E14 5GL

26 May 2017

Statement of Comprehensive Income

	Note	2016/17 £000	2015/16 £000
Operating income from patient care activities	3	222,703	217,011
Other operating income	4	21,890	20,313
Total operating income from continuing operations		**244,593**	**237,324**
Operating expenses	5, 7	(238,001)	(234,796)
Operating surplus/(deficit) from continuing operations		**6,592**	**2,528**
Finance income	9	81	89
Finance expenses	10	(3,655)	(3,597)
PDC dividends payable		(1,410)	(1,432)
Net finance costs		**(4,984)**	**(4,940)**
Gains/(losses) of disposal of non-current assets*		-	(19)
Surplus/(deficit) for the year from continuing operations		**1,608**	**(2,431)**
Surplus/(deficit) on discontinued operations and the gain/(loss) on disposal of discontinued operations	11	**-**	**-**
Surplus/(deficit) for the year		**1,608**	**(2,431)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(189)	(1,209)
Revaluations	13	1,138	6,978
Other reserve movements		(1)	(1)
Total comprehensive income/(expense) for the period		**2,556**	**3,337**

Statement of Financial Position

	Note	31 March 2017 £000	31 March 2016 £000
Non-current assets			
Intangible assets	12	4,169	4,496
Property, plant and equipment	13	84,314	86,249
Total non-current assets		**88,483**	**90,745**
Current assets			
Inventories	14	113	91
Trade and other receivables	15	11,977	10,151
Cash and cash equivalents	16	20,698	16,653
Total current assets		**32,788**	**26,895**
Current liabilities			
Trade and other payables	17	(26,049)	(24,742)
Other liabilities	18	(2,012)	(1,842)
Borrowings	19	(951)	(889)
Provisions	20	(324)	(270)
Total current liabilities		**(29,336)**	**(27,743)**
Total assets less current liabilities		**91,935**	**89,897**
Non-current liabilities			
Borrowings	19	(30,753)	(31,703)
Provisions	20	(1,774)	(1,342)
Total non-current liabilities		**(32,527)**	**(33,045)**
Total assets employed		**59,408**	**56,852**
Financed by			
Public dividend capital		14,210	14,210
Revaluation reserve		31,243	30,294
Income and expenditure reserve		13,955	12,348
Total taxpayers' equity		**59,408**	**56,852**

The notes on pages 185 to 224 form part of these accounts.

Name Julian Emms
Position Chief Executive
Date **24th May 2017**

Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2016 - brought forward	**14,210**	**30,294**	**12,348**	**56,852**
Surplus/(deficit) for the year			1,608	**1,608**
Impairments		(189)	-	**(189)**
Revaluations		1,138		**1,138**
Transfer to retained earnings on disposal of assets		-	-	**-**
Other reserve movements			(1)	**(1)**
Taxpayers' and others' equity at 31 March 2017	**14,210**	**31,243**	**13,954**	**59,408**

Statement of Changes in Equity for the year ended 31 March 2016

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2015 - brought forward	**14,210**	**24,633**	**14,672**	**53,515**
Surplus/(deficit) for the year			(2,431)	**(2,431)**
Impairments		(1,209)		**(1,209)**
Revaluations		6,978		**6,978**
Transfer to retained earnings on disposal of assets		(108)	108	**-**
Other reserve movements			(1)	**(1)**
Taxpayers' and others' equity at 31 March 2016	**14,210**	**30,294**	**12,348**	**56,852**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. Additional PDC may also be issued to NHS foundation trusts by the Department of Health. A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the dowward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the NHS foundation trust.

Statement of Cash Flows

	Note	2016/17 £000	2015/16 £000
Cash flows from operating activities			
Operating surplus/(deficit)		6,592	2,528
Non-cash income and expense:			
Depreciation and amortisation	5.1	6,489	6,972
Net impairments	6	54	616
Non-cash donations/grants credited to income	4	(196)	(102)
(Increase)/decrease in receivables and other assets		(1,826)	(3,355)
(Increase)/decrease in inventories		(22)	(21)
Increase/(decrease) in payables and other liabilities		1,078	5,682
Increase/(decrease) in provisions		372	(778)
Tax (paid)/received		(4)	116
Other movements in operating cash flows		(1)	(1)
Net cash generated from/(used in) operating activities		**12,536**	**11,657**
Cash flows from investing activities			
Interest received		81	89
Purchase of intangible assets		(974)	(2,672)
Purchase of property, plant, equipment and investment property		(1,908)	(4,379)
Sales of property, plant, equipment and investment property		-	631
Receipt of cash donations to purchase capital assets		188	
Net cash generated from/(used in) investing activities		**(2,613)**	**(6,331)**
Cash flows from financing activities			
Capital element of PFI, LIFT and other service concession payments		(889)	(831)
Interest paid on PFI, LIFT and other service concession obligations		(3,541)	(3,490)
PDC dividend paid		(1,448)	(1,183)
Net cash generated from/(used in) financing activities		**(5,878)**	**(5,504)**
Increase/(decrease) in cash and cash equivalents		**4,045**	**(178)**
Cash and cash equivalents at 1 April		**16,653**	**16,831**
Cash and cash equivalents at 31 March	16.1	**20,698**	**16,653**

NOTES TO THE ACCOUNTS

1.1 Accounting Policies and Other Information

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual (DH GAM) which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the DH GAM 2016/17 issued by the Department of Health. The accounting policies contained in that manual follow IFRS and HM Treasury's FReM 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.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Future changes in accounting policy

Accounting standards that have been issued but have not yet been adopted.

The DH GAM does not require the following Standards and Interpretations to be applied in 2016/17. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018/19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

● IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted

● IFRS 15 Revenue from Contracts with Customers — Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted

● IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

● IFRIC 22 Foreign Currency Transactions and Advance Consideration – Application required for accounting periods beginning on or after 1 January 2018.

No new accounting standards or revisions to existing standards have been early adopted in 2016/17.

1.3 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The judgements and key sources of estimation uncertainty that have a significant effect on the material amounts recognised in the financial statements in the current or next financial year are detailed below:

Assets valuations are provided by District Valuation office on annual basis. Valuations are subject to general price changes in the property values across the UK. Asset values might vary from the real market value when assets are disposed.

Determination of useful lives for property, plant and equipment - estimated useful lives for Trust's assets are based on common, widely used assumptions for each asset type except where specialist information is available from professional bodies. The Trust reviews these lives on a regular basis as part of the process to assess whether assets have been impaired.

Accruals are based on estimates and judgements of historical trends and anticipated outcomes. At the end of each accounting period, management review items that are outstanding and estimate the amount to be accrued in the closing financial statements of the foundation trust. Any variation between the estimate and the actual is recorded under the relevant heading within the accounts in the subsequent financial period.

Provisions for pension and legal liabilities are based on the information provided from NHS Pension Agency, NHS Litigation Agency and the Trust's own sources. Pension provision is based on the life expectancy of the individual pensioner as stated in the UK Actuarial Department most recent life tables which change annually. All provisions are estimates of the actual costs of future cash flows and are dependent on future events. Any differences between expectations and the actual future liability will be accounted for in the period when such determination is made.

Restructuring provisions are based on estimates and judgements on the financial impact of a reorganisation, taking into account the cost of termination benefits that are available to employees under negotiated national or local employment contracts. The restructuring provision may include the cost of terminating contracts and leases directly as a result of the reorganisation. Restructuring provisions reflect that there has been a detailed formal plan put in place and there is a valid expectation that a reorganisation will be carried out. A public announcement detailing the main features of the plan has been communicated to the affected parties, or the restructure has already commenced before the end of the financial period.

Impairments for receivables are based on estimates and judgements of historical trends and anticipated outcomes. At the end of each accounting period, management review items that are outstanding and estimate the amount to be provided in the closing financial statements of the foundation trust. The Trust considers debt over 90 days and not under a payment plan or arrangement to be impaired.

1.4 Going Concern

These accounts have been prepared on a going concern basis following the definition provided in The Treasury's Financial Reporting Manual (FReM).

The directors have a reasonable expectation that the NHS foundation trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

1.4 Income Recognition

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of healthcare services.
Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred. Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.5 Expenditure on Employee Benefits

Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees.

Annual Leave Entitlement

The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period. The permitted carry forward is five days except in exceptional circumstances where an employee is on maternity or long term sickness absence.

Maternity and Paternity Leave Entitlements

The cost of the entitlement for employees on maternity or paternity at the end of the period is recognised in the financial statements. The carry forward is based on statutory maternity pay entitlement applicable at the end of the period.

Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Scheme. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both schemes are unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017 is based on valuation data as 31 March 2016, updated to 31 March 2017 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

c) Scheme provisions

In 2008-09 the NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

- The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service. With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

- Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI).

- Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

- For early retirements other than those due to ill health the additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

- Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

National Employment Savings Trust ('NEST')

In 2014/15, the Trust implemented auto-enrolment for eligible employees in the National Employment Savings Trust ('NEST'), which is a scheme set up under the Pensions Act 2008. NEST is regulated by The Pensions Regulator the UK regulator of workplace pension schemes.

NEST is a defined contribution, off Statement of Financial Position scheme. The number of employee's auto enrolling into NEST in 2016/17 is negligible. The value of employer contributions in 2016/17 was £12,441.36

1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.7 Property, Plant and Equipment

Recognition

Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.

In addition, for Property, Plant and Equipment to be capitalised must:

- individually have a cost of at least £5,000, or
- form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial setting-up cost of a new building or refurbishment, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any accumulated depreciation and impairment losses.

Valuations are carried out primarily on the basis of depreciated replacement cost on a modern equivalent asset basis for specialised operational property and existing use value for non-specialised operational property.

The value of land for existing use purposes is assessed at existing use value. For non-operational properties including surplus land, the valuations are carried out at open market value.

Operational equipment is valued at depreciated historic cost as this is not considered to be materially different from fair value. Equipment surplus to requirements is valued at net recoverable amount.

Assets in the course of construction are valued at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately. Assets are revalued and depreciation commences when they are brought into use.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Revaluation and impairment

Land and buildings are fully revalued every five years with an interim revaluation every financial year. All revaluations are performed by a professional qualified valuer who is a member of the Royal Institute of Chartered Surveyors.

Further revaluations may be done at any other time particularly where there have been additions, dilapidation or part disposal of an asset or on the occurrence of an event likely to cause impairment.
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, in which case they are recognised in operating income.

Decreases in asset values and impairments are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.
Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Depreciation

Items of Property, Plant and Equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

The standard useful life for Property, Plant and Equipment held by the NHS foundation trust is:

- Buildings (excluding dwellings): 35 years
- Furniture & Fittings: 7 years
- Transport Equipment: 7 years
- Plant & Machinery: 5 years
- Information Technology: 3 years
- Software and Licenses: 3 years

Property, Plant and Equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

De-recognition

Assets intended for disposal is reclassified as 'Held for Sale' once all of the following criteria are met:

- The asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e. management are committed to a plan to sell the asset;
- a programme has begun to find a buyer and complete the sale;
- the asset is being actively marketed at a reasonable price;
- the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the assets on the revaluation reserve is transferred to Income and Expenditure reserve. For donated assets, a transfer is made to or from the relevant reserve to the profit/loss on disposal amount so that no profit or loss is recognised in income and expenses. The remaining surplus or deficit in the donated asset reserve is then transferred to Income and Expenditure reserve.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.8 Donated assets

Donated fixed assets are capitalised at their current value on receipt and this value is treated as income, and is credited to the Statement of Comprehensive Income. Donated fixed assets are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations are taken though the asset revaluation reserve and, each year, a depreciation charge on the asset is to the income and expenditure account. On sale of donated assets, the net book value of the donated asset is transferred from the revaluation reserve to the Income and Expenditure Reserve.

1.9 Government grants

Government grants are grants from government bodies other than revenue from NHS bodies for the provision of services. Revenue grants are treated as deferred income initially and credited to income to match the expenditure to which they relate. Capital grants are treated as income and the receipt credited to the Statement of Comprehensive Income, The associated asset is treated in a manner consistent with the depreciation and impairment charges for that asset. Assets purchased from government grants are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations and impairments are taken to the revaluation reserve and, each year, an amount equal to the depreciation charge on the asset charged to the Statement of Compressive Income.

A grant for an asset may be received subject to a condition that it is to be returned to the grantor if a specified future event does or does not occur. For example, a grant may need to be returned if the foundation trust ceases to use the asset purchased with that grant for a purpose specified by the grantor. In these cases, a return obligation does not arise until such time as it is expected that the condition will be breached and a liability is not recognised until that time. Such a condition would not therefore require the grant to be treated as deferred.

1.10 Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-balance sheet' by the Trust. The underlying assets are recognised as Property, Plant and Equipment at their fair value. An equivalent financial liability is recognised in accordance with IAS 17.
The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- Payment for the fair value of services received;
- Payment for the PFI asset, including finance costs; and
- Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

The PFI assets are recognised as a property, plant and equipment when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacements

Components of the assets replaced by the operator during the contract are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator

Assets contributed (e.g. cash payments, surplus property) by the trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.11 Intangible Assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets.
Expenditure on research is not capitalised.

- Expenditure on internally generated assets is capitalised only where all of the following can be demonstrated:
- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;

- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. The expected useful life for sotware is 3 years.

1.12 Inventories

Inventories are valued at the lower of cost and net realisable value using the weighted average cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management.

1.14 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS foundation trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the Statement of Comprehensive Income.

Operating leases

Where a lessor retains substantially all the risks and rewards of ownership the leases are regarded as being operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

1.15 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at note 20.2.

Non-clinical risk pooling

The NHS foundation trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 21 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 21, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
Present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.17 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32. A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.18 Corporation Tax

The Trust is a Health Service body within the meaning of s519A Income and Corporation Taxes Act (ICTA) 1988 and accordingly is exempt from taxation in respect of income and capital gains within the categories covered by this. There is a power for the Treasury to dis-apply the exemption in relation to specified activities of a Foundation trust (s519A (3) to (8) ICTA 1988). Accordingly, the Trust is potentially within the scope of corporation tax in respect of activities which are not related to the provision of health care. Where trading activities are undertaken that are commercial in nature the profits per activity are below the £50,000 corporation tax threshold as per the HMRC 'Guidance on the Tax Treatment of Non-Core Healthcare Commercial Activities of NHS Foundation Trusts.

1.19 Value Added Tax

Most of the activities of the NHS foundation trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS foundation trust has no beneficial interest in them. However, they are disclosed in note 16.2 in accordance with the requirements of HM Treasury's Financial Reporting Manual.

1.21 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non- financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described above. All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cashflows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Financial assets are categorised as 'Loans and receivables' or 'Available-for-sale financial assets'.

Financial liabilities are classified as 'Other financial liabilities'.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: current investments, cash at bank and in hand, NHS debtors, accrued income and 'other debtors'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the income and expenditure account.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets which are either designated in this category or not classified in any of the other categories. They are included in long-term assets unless the Trust intends to dispose of them within 12 months of the Statement of Financial Position date.

Available-for-sale financial assets are recognised initially at fair value, including transaction costs, and measured subsequently at fair value, with gains or losses recognised in reserves and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'. When items classified as 'available-for-sale' are sold or impaired, the accumulated fair value adjustments recognised are transferred from reserves and recognised in 'Finance Costs' in the Statement of Comprehensive Income.
Other financial liabilities

All financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.
They are included in current liabilities except for amounts payable more than 12 months after the balance sheet date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' is impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cashflows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of the bad debt provision.

1.22 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 2 Operating Segments

IFRS 8 'Operating Segments' requires disclosure of the results of the significant operating segments. A business or operating segment is a group of assets and operations engaged in providing core or non core services that are subject to risks and returns that are different from those of other business or operating segments. In line with the standard, based on the internally reported activities, the foundation trust identifies that all activity is healthcare related and a large majority of the foundation trust's revenue is received from within UK government departments.

The Trust operates as a single operating segment. The board of directors, led by the chief executive is the chief operating decision maker within the Trust. It is only at this level that revenues are fully reported and the overall financial and operational performance of the Trust is assessed.

As all decisions affecting the foundation trust's future direction and viability are made based on the overall total presented to the board, the foundation trust is satisfied that the single segment of healthcare is appropriate and consistent with the principles of IFRS 8.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2016/17	2015/16
	£000	£000
Mental health services		
Block contract income	94,069	89,681
Clinical income for the secondary commissioning of mandatory services	547	606
Other clinical income from mandatory services	2,669	2,575
Community services		
Community services income from CCGs and NHS England	97,459	104,981
Community services income from other commissioners	26,020	17,561
All services		
Other clinical income	1,939	1,607
Total income from activities	**222,703**	**217,011**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	**2016/17**	**2015/16**
	£000	**£000**
CCGs and NHS England	199,483	197,135
Local Authorities	19,995	16,179
Department of Health	104	-
Other NHS foundation trusts	2,210	2,247
NHS Trusts	82	105
NHS Other	48	67
Non-NHS: private patients	0	0
Non-NHS: overseas patients (chargeable to patient)	30	-
NHS injury scheme (was RTA)	170	163
Non NHS: other	580	1,115
Total income from activities	**222,703**	**217,011**
Of which:		
Related to continuing operations	222,703	217,011
Related to discontinued operations	-	-

Note 4 Other operating income

	2016/17	2015/16
	£000	£000
Research and development	725	764
Education and training	4,626	4,779
Receipt of capital grants and donations	196	102
Charitable and other contributions to expenditure	47	-
Estates Design and Technical Services	468	595
Sustainability and Transformation Fund income	2,752	-
Creche Services	1,706	1,895
Catering	161	162
Property Rental	2,158	432
Managed Estates Services	6,882	7,121
Other income	2,169	4,463
Total other operating income	**21,890**	**20,313**
Of which:		
Related to continuing operations	21,890	20,313
Related to discontinued operations	-	-

Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its Provider License, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2016/17	2015/16
	£000	£000
Income from services designated (or grandfathered) as commissioner requested services	217,990	213,040
Income from services not designated as commissioner requested services	26,603	24,284
Total	**244,593**	**237,324**

Note 5.1 Operating expenses

	2016/17	2015/16
	£000	£000
Services from NHS foundation trusts	1,844	1,700
Services from CCGs and NHS England	-	13
Purchase of healthcare from non NHS bodies	11,163	10,683
Employee expenses - executive directors	1,473	1,482
Employee expenses - non-executive directors	131	131
Employee expenses - staff	170,103	167,110
Supplies and services - clinical	5,311	5,791
Supplies and services - general	1,360	1,149
Establishment	4,054	3,474
Research and development	80	409
Transport	3,072	3,282
Premises	13,897	13,396
Increase/(decrease) in provision for impairment of receivables	279	(83)
Increase/(decrease) in other provisions	-	162
Change in provisions discount rate(s)	70	(14)
Drug costs	3,078	2,450
Drug Inventories consumed	1,828	2,005
Rentals under operating leases	2,467	2,572
Depreciation on property, plant and equipment	5,188	5,921
Amortisation on intangible assets	1,301	1,051
Impairments	54	616
Audit fees payable to the external auditor:		
audit services- statutory audit	66	66
audit related assurance services	10	12
non-audit services - tax advice	3	-
Internal Audit Fees	58	56
Clinical negligence	341	291
Legal fees	505	459
Consultancy costs	327	1,403
Training, courses and conferences	846	899
Patient travel	101	94
Redundancy	202	337
Early retirements	88	0
Hospitality	4	4
Other services, eg external payroll	6,086	5,919
Losses, ex gratia & special payments	89	(331)
Other	2,522	2,287
Total	**238,001**	**234,796**
Of which:		
Related to continuing operations	238,001	234,796
Related to discontinued operations	-	-

Note 5.2 Other auditor remuneration

The other remuneration paid to the auditor included audit related assurance services of £10,555 (2015/16 £12,555) and tax advice of £2,500 (2015/16 £0). The fees have been disclosed VAT exclusive.

Note 5.3 Limitation on auditor's liability

The limitation on auditors' liability for external audit work is £0.5m (2015/16: £0.5m).

Note 6 Impairment of assets

	2016/17 £000	2015/16 £000
Net impairments charged to operating surplus / deficit resulting from:		
Over specification of assets	22	-
Unforeseen obsolescence	28	-
Changes in market price	4	-
Other		616
Total net impairments charged to operating surplus / deficit	**54**	**616**
Impairments charged to the revaluation reserve	189	1,209
Total net impairments	**243**	**1,825**

Note 7 Employee benefits

	Permanent	Other	2016/17 Total	2015/16 Total
	£000	£000	£000	£000
Salaries and wages	120,872	1,412	**122,284**	**118,559**
Social security costs	11,123	-	**11,123**	**8,327**
Employer's contributions to NHS pensions	15,956	-	**15,956**	**15,713**
Pension cost - other	12	-	**12**	**9**
Termination benefits	237	-	**237**	**269**
External Bank Staff	-	5,684	**5,684**	**4,937**
Agency/contract staff	-	16,288	**16,288**	**21,047**
Total gross staff costs	**148,200**	**23,384**	**171,584**	**168,861**
Recoveries in respect of seconded staff	(8)	-	**(8)**	-
Total staff costs	**148,192**	**23,384**	**171,576**	**168,861**
Included within:				
Costs capitalised as part of assets	-	-	**-**	-

Note 7.2 Retirements due to ill-health

During 2016/17 there were 3 early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2016). The estimated additional pension liabilities of these ill-health retirements is £220K (£28K in 2015/16).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 7.3 Directors' remuneration

The aggregate amounts payable to directors were:

	2016/17	2015/16
	£000	£000
Salary	1,028	996
Taxable benefits	0	0
Employer's pension contributions	138	124
Total	**1,166**	**1,120**

Further details of directors' remuneration can be found in the remuneration report.

Note 8 Operating leases

Note 8.1 Berkshire Healthcare NHS Foundation Trust as a lessee

	2016/17	2015/16
	£000	£000
Operating lease expense		
Minimum lease payments	2,467	2,572
Contingent rents	-	-
Less sublease payments received	-	-
Total	**2,467**	**2,572**

	31 March 2017	31 March 2016
	£000	£000
Future minimum lease payments due:		
- not later than one year;	357	406
- later than one year and not later than five years;	1,531	1,322
- later than five years.	149	227
Total	**2,037**	**1,955**
Future minimum sublease payments to be received	-	-

Operating leases are charged to operating expenses on a straight-line basis over the term of the lease.

Note 9 Finance income

	2016/17	2015/16
	£000	£000
Interest on bank accounts	81	89
Total	**81**	**89**

Note 10 Finance expenditure

	2016/17	2015/16
	£000	£000
Interest expense:		
Main finance costs on PFI	2,268	2,325
Contingent finance costs on PFI	1,273	1,165
Total interest expense	**3,541**	**3,490**
Other finance costs	114	107
Total	**3,655**	**3,597**

Note 10.1 The late payment of commercial debts (interest) Act 1998

	2016/17	2015/16
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 11 Discontinued operations

	2016/17	2015/16
	£000	£000
Operating income of discontinued operations	-	-
Operating expenses of discontinued operations	-	-
Total	**-**	**-**

Note 12.1 Intangible assets - 2016/17

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation/gross cost at 1 April 2016 - brought forward	**7,200**	**-**	**7,200**
Additions	379	595	**974**
Gross cost at 31 March 2017	**7,579**	**595**	**8,174**
Amortisation at 1 April 2016 - brought forward	**2,704**	**-**	**2,704**
Provided during the year	1,301	-	**1,301**
Amortisation at 31 March 2017	**4,005**	**-**	**4,005**
Net book value at 31 March 2017	**3,574**	**595**	**4,169**
Net book value at 1 April 2016	**4,496**	**-**	**4,496**

Note 12.2 Intangible assets - 2015/16

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation/gross cost at 1 April 2015 - as previously stated	**3,125**	**-**	**3,125**
Additions	2,672	-	**2,672**
Additions - donations of physical assets (non-cash)	102		**102**
Impairments	(102)	-	**(102)**
Reclassifications	1,403	-	**1,403**
Valuation/gross cost at 31 March 2016	**7,200**	**-**	**7,200**
Amortisation at 1 April 2015 - as previously stated	**1,653**	**-**	**1,653**
Provided during the year	1,051	-	**1,051**
Amortisation at 31 March 2016	**2,704**	**-**	**2,704**
Net book value at 31 March 2016	**4,496**	**-**	**4,496**
Net book value at 1 April 2015	**1,472**	**-**	**1,472**

Note 12.3 Intangible assets financing 2016/17

	Software licences	Intangible assets under construction	Total
	£000	£0	£000
Net book value at 31 March 2017			
Purchased	3,574	595	**4,169**
Finance leased	-	-	**-**
Donated and government grant funded	-	-	**-**
NBV total at 31 March 2017	**3,574**	**595**	**4,169**

Note 12.4 Intangible assets financing 2015/16

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Net book value 31 March 2016			
Purchased	4,496	-	**4,496**
Finance leased	-	-	**-**
Donated and government grant funded	-	-	**-**
NBV total at 31 March 2016	**4,496**	**-**	**4,496**

Note 13.1 Property, plant and equipment - 2016/17

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2016 - brought forward	**14,049**	**66,812**	**1**	**2,024**	**65**	**15,258**	**1,628**	**99,837**
Valuation/gross cost at start of period as FT	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions - purchased	-	483	345	92	-	1,074	167	**2,161**
Additions - donations of physical assets (non-cash)	-	-	-	-	-	-	8	**8**
Additions - assets purchased from cash donations / grants	-	-	188	-	-	-	-	**188**
Impairments	(34)	(193)	-	-	-	(16)	-	**(243)**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	**-**
Revaluations	41	(1,361)	-	-	-	-	-	**(1,320)**
Transfers to/ from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	-	-	-	**-**
Valuation/gross cost at 31 March 2017	**14,056**	**65,740**	**534**	**2,116**	**65**	**16,316**	**1,802**	**100,632**
Accumulated depreciation at 1 April 2016 - brought forward	**-**	**0**	**-**	**1,542**	**60**	**10,797**	**1,189**	**13,588**
Provided during the year	-	2,458	-	119	3	2,511	96	**5,188**
Impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	(2,458)	-	-	-	-	-	**(2,458)**
Accumulated depreciation at 31 March 2017	**0**	**0**	**0**	**1,662**	**63**	**13,307**	**1,285**	**16,317**
Net book value at 31 March 2017	**14,056**	**65,740**	**534**	**454**	**2**	**3,008**	**517**	**84,315**
Net book value at 1 April 2016	**14,049**	**66,812**	**1**	**482**	**5**	**4,460**	**439**	**86,249**

Note 13.2 Property, plant and equipment - 2015/16

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2015 - as previously stated	**13,077**	**64,105**	**1,467**	**1,756**	**65**	**13,466**	**1,436**	**95,372**
Additions	-	1,552	-	268	-	1,792	192	**3,804**
Impairments	(103)	(1,193)	-	-	-	-	-	**(1,296)**
Reclassifications	-	63	(1,466)	-	-	-	-	**(1,403)**
Revaluations	1,375	2,636	-	-	-	-	-	**4,011**
Disposals / derecognition	(300)	(350)	-	-	-	-	-	**(650)**
Valuation/gross cost at 31 March 2016	**14,049**	**66,812**	**1**	**2,024**	**65**	**15,258**	**1,628**	**99,837**
Accumulated depreciation at 1 April 2015 - as previously stated	**-**	**0**	**-**	**1,446**	**57**	**7,604**	**1,099**	**10,206**
Provided during the year	-	2,539	-	96	3	3,193	90	**5,921**
Impairments	-	428	-	-	-	-	-	**428**
Revaluations	-	(2,967)	-	-	-	-	-	**(2,967)**
Disposals / derecognition	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 31 March 2016	**0**	**0**	**0**	**1,542**	**60**	**10,797**	**1,189**	**13,588**
Net book value at 31 March 2016	**14,049**	**66,812**	**1**	**482**	**5**	**4,461**	**439**	**86,249**
Net book value at 1 April 2015	**13,077**	**64,105**	**1,467**	**310**	**8**	**5,861**	**337**	**85,165**

Note 13.3 Property, plant and equipment financing - 2016/17

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2017								
Owned	14,056	9,101	346	454	2	3,008	496	**27,462**
On-SoFP PFI contracts and other service concession arrangements	-	56,193	-	-	-	-	-	**56,193**
Donated	-	449	188	-	-	-	21	**658**
NBV total at 31 March 2017	**14,056**	**65,743**	**534**	**454**	**2**	**3,008**	**517**	**84,313**

Note 13.4 Property, plant and equipment financing - 2015/16

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2016								
Owned	14,049	8,774	1	482	5	4,461	418	**28,190**
On-SoFP PFI contracts and other service concession arrangements	-	57,576	-	-	-	-	-	**57,576**
Donated	-	462	-	-	-	-	21	**483**
NBV total at 31 March 2016	**14,049**	**66,812**	**1**	**482**	**5**	**4,461**	**439**	**86,249**

Note 14 Inventories

	31 March 2017 £000	31 March 2016 £000
Drugs	113	91
Total inventories	**113**	**91**

Inventories recognised in expenses for the year were £1,828K (2015/16: £2,005K). Write-down of inventories recognised as expenses for the year were £0K (2015/16: £0K).

Note 15.1 Trade receivables and other receivables

	31 March 2017 £000	31 March 2016 £000
Current		
Trade receivables due from NHS bodies	3,682	3,899
Other receivables due from related parties	688	1,174
Provision for impaired receivables	(279)	-
Prepayments	2,154	1,525
Accrued income	3,784	1,873
VAT receivable	1,338	881
Other receivables	610	799
Total current trade and other receivables	**11,977**	**10,151**

Note 15.2 Provision for impairment of receivables

	2016/17	2015/16
	£000	£000
At 1 April as previously stated	**-**	**83**
Increase in provision	279	-
Unused amounts reversed	-	(83)
At 31 March	**279**	**-**

The Trust considers debt over 90 days and not under a payment plan or arrangement to be impaired.

Note 15.3 Analysis of impaired receivables

	31 March 2017		31 March 2016	
	Trade receivables	Other receivables	Trade receivables	Other receivables
Ageing of impaired receivables	£000	£000	£000	£000
0 - 30 days	59	-	-	-
30-60 Days	33	-	-	-
60-90 days	76	-	-	-
90- 180 days	94	-	-	-
Over 180 days	17	-	-	-
Total	**279**	**-**	**-**	**-**
Ageing of non-impaired receivables past their due date				
0 - 30 days	2,900	-	3,766	-
30-60 Days	936	-	638	-
60-90 days	113	-	627	-
90- 180 days	416	-	463	-
Over 180 days	92	-	84	-
Total	**4,457**	**-**	**5,578**	**-**

Note 16.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2016/17	2015/16
	£000	£000
At 1 April	**16,653**	**16,831**
Net change in year	4,045	(178)
At 31 March	**20,698**	**16,653**
Broken down into:		
Cash at commercial banks and in hand	4,552	5,921
Cash with the Government Banking Service	16,146	10,732
Total cash and cash equivalents as in SoFP	**20,698**	**16,653**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**20,698**	**16,653**

Note 16.2 Third party assets held by the NHS foundation trust

Berkshire Healthcare NHS Foundation Trust held cash and cash equivalents which relate to monies held by the the foundation trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2017	31 March 2016
	£000	£000
Bank balances	148	156
Monies on deposit	-	-
Total third party assets	**148**	**156**

Note 17.1 Trade and other payables

	31 March 2017 £000	31 March 2016 £000
Current		
NHS trade payables	1,884	3,343
Amounts due to other related parties	2,639	2,655
Other trade payables	6,909	4,175
Capital payables	570	129
Social security costs	1,833	1,576
VAT payable	182	137
Other taxes payable	1,248	1,252
Other payables	227	195
Accruals	10,363	11,048
PDC dividend payable	194	232
Total current trade and other payables	**26,049**	**24,742**

Note 18 Other liabilities

	31 March 2017 £000	31 March 2016 £000
Current		
Deferred goods and services income	2,012	1,842
Total other current liabilities	**2,012**	**1,842**

Note 19 Borrowings

	31 March 2017 £000	31 March 2016 £000
Current		
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	951	889
Total current borrowings	**951**	**889**
Non-current		
Obligations under PFI, LIFT or other service concession contracts	30,753	31,703
Total non-current borrowings	**30,753**	**31,703**

Note 20.1 Provisions for liabilities and charges analysis

	Pensions - other staff	Other legal claims	Other	Total
	£000	£000	£000	£000
At 1 April 2016	**1,082**	**19**	**511**	**1,612**
Change in the discount rate	85	-	(15)	**70**
Arising during the year	11	346	251	**608**
Utilised during the year	(106)	(3)	-	**(109)**
Reversed unused	(69)	-	(128)	**(197)**
Unwinding of discount	106	-	8	**114**
At 31 March 2017	**1,109**	**362**	**627**	**2,098**
Expected timing of cash flows:				
- not later than one year;	106	18	200	**324**
- later than one year and not later than five years;	424	72	241	**737**
- later than five years.	579	272	186	**1,037**
Total	**1,109**	**362**	**627**	**2,098**

Pensions - Other Staff

This relates to former NHS employees whose contract of employment was terminated prior to their normal retirement age, with the effect that the employing authority became responsible for making up any shortfall in pension conributions as a result of that termination up until the death of either the former employee or any remaining survivor. The provision is adjusted annually, taking into Government Actuarial Department changes to life expectancy for England and Wales. Where the pension is no longer payable, then this is reversed unused.

Other Legal Claims

This relates to injury benefits arising to individuals as a result of an accident at work, which is paid by the NHS Pensions Agency and then reimbused by the foundation trust.

Other

This relates to the following items

- Provisions in respect of claims against the Trust handled by NHS Litigation Authority where the foundation trusts maximum exposure is £10,000 per claim
- Dilapidation provisions in respect of leased and rented property;
- Redundancy provisions

Note 20.2 Clinical negligence liabilities

At 31 March 2017, £10,059K was included in provisions of the NHSLA in respect of clinical negligence liabilities of Berkshire Healthcare NHS Foundation Trust (31 March 2016: £12,077K).

Note 21 Contingent assets and liabilities

	31 March 2017 £000	31 March 2016 £000
Value of contingent liabilities		
NHS Litigation Authority legal claims	(36)	(46)
Gross value of contingent liabilities	**(36)**	**(46)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(36)**	**(46)**

Note 22 Contractual capital commitments

	31 March 2017 £000	31 March 2016 £000
Property, plant and equipment	-	-
Intangible assets	-	-
Total	**-**	**-**

As at 31 March 2017 the Trust had no contractual commitments to purchase property, plant and equipment and intangible assets.

Note 23 On-SoFP PFI, LIFT or other service concession arrangements

The foundation trust operates two PFI schemes:

Prospect Park Hospital, Reading Berkshire

This PFI scheme is to design, build, maintain and operate (through facilities management and related services) a 120 bed mental health inpatient hospital facility. The hospital became operational in March 2003. At the end of the contract the hospital buildings will revert to the Trust's ownership.

The contract has a 32 year term, ending in 2033, and sees the Trust making a minimum unitary base payment that totals £4.02m annually. It is charged monthly and adjusted for RPI and according to any adverse performance against output measures describing all relevant aspects of the contract. Rates and utilities are borne separately by the Trust.

West Berkshire Community Hospital, Newbury, Berkshire

This PFI was originally managed by the former Berkshire West PCT prior to its dissolution on the 31st March 2013, when the PFI contract was transferred to the foundation trust. This facility operates services such as day case surgery and outpatient facilities. There are also a number of inpatient wards At the end of the PFI contract the hospital building will revert to the Trust's ownership.

The contract has a 32 year term, ending in 2033. The Trust makes a minimum unitary base payment that totals £1.46m annual. It is charged monthly adjusted for RPI, and according to any adverse performance against output measures describing all relevant aspects of the contracts. Rates and utilities are borne seperately by the Trust.

Both PFI contracts were deemed as off-balance sheet when the Full Business Cases were approved prior to their design and construction. Following adoption of IFRS the Trust considers the contracts under IFRIC 4 Determining Whether an Arrangement Contains a Lease and IFRIC 12 Service Concession Arrangements and recognised the schemes as 'on-Statement of Financial Position'.

The substance of the two contracts is that the trust has a finance lease and annual payments comprise three elements - finance lease rental, service charges and replacements of the asset components (lifecycle replacements). The element of annual finance lease rental is further split into three components: repayment of the finance lease principal, a finance cost and contingent rental representing the inflation increases. An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period. The implicit rate of interest for Prospect Park Hospital is 7.31%, whilst for West Berkshire Community Hospital it is 6.61%.

Total obligations for on-statement of financial position PFI contracts due:

Note 23.1 Imputed finance lease obligations

	31 March 2017 £000	31 March 2016 £000
Gross PFI, LIFT or other service concession liabilities	**93,497**	**98,471**
Of which liabilities are due		
- not later than one year;	4,541	4,361
- later than one year and not later than five years;	20,450	19,231
- later than five years.	68,506	74,879
Finance charges allocated to future periods	(61,793)	(65,879)
Net PFI, LIFT or other service concession arrangement obligation	**31,704**	**32,592**
- not later than one year;	951	889
- later than one year and not later than five years;	5,288	4,667
- later than five years.	25,465	27,036

Note 23.2 Total On-SoFP PFI, LIFT and other service concession arrangement commitments

	31 March 2017	31 March 2016
Total future payments committed in respect of PFI, LIFT or other service concession arrangements	**£000**	**£000**
	203,110	**217,738**
of which due:		
- not later than one year;	10,719	10,436
- later than one year and not later than five years;	45,625	44,418
- later than five years.	146,766	162,884
	203,110	**217,738**

Note 23.3 Analysis of amounts payable to service concession operator

	31 March 2017	31 March 2016
	£000	**£000**
Unitary payment payable to service concession operator (total of all schemes)	**10,448**	**10,181**
Consisting of:		
- Interest charge	2,268	2,325
- Repayment of finance lease liability	889	831
- Service element	6,018	5,860
- Contingent rent	1,273	1,165
Total amount paid to service concession operator	**10,448**	**10,181**

Note 24 Financial instruments

Note 24.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS trust has with primary care trusts and the way those primary care trusts are financed, the NHS trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS trust in undertaking its activities.

The Foundation Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Foundation Trust's Standing Financial Instructions and policies agreed by the Board of Directors. Foundation Trust treasury activity is subject to review by the Trust's internal auditors.

The Trust's financial instruments, other than those used for treasury risk management purposes, comprise cash and liquid resources and various items such as trade debtors and creditors that arise directly from its operations. The Trust does not undertake speculative treasury transactions.

Liquidity risk

The Foundation Trust's net operating costs are mainly incurred under legally binding contracts with local Clinical Commissioning Groups, NHS England and local authorities, which are financed from resources voted annually by Parliament. Under Payment by Results, the Foundation Trust is paid for activity on the basis of nationally set tariffs. For contracted activity, the Foundation Trust is paid in 12 monthly instalments throughout the year, which significantly reduces the Foundation Trust's liquidity risk. Performance in excess of contracted levels is paid in accordance with the terms of the legally binding contracts. The Foundation Trust finances its capital programme through internally generated resources and external borrowing where appropriate.

Foreign currency risk

The Foundation Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The Trust has no overseas operations therefore the exposure to currency rate fluctuations is low.

Interest-Rate Risk

None of the Foundation Trust's financial assets or liabilities carry any real exposure to interest-rate risk. The Foundation Trust's assets are funded entirely by public dividend capital, which is non-interest bearing and of unlimited term.

Credit Risk

Due to the fact that the majority of the trust's income comes from legally binding contracts with other government departments and other NHS Bodies the trust does not believe that it is exposed to significant credit risk. The maximum exposures as at 31st March 2017 are in receivables from customers, as disclosed in the **Note 15.1 Trade and other receivables.**

Note 24.2 Financial assets

	Loans and receivables £000	Total £000
Assets as per SoFP as at 31 March 2017		
Trade and other receivables excluding non financial assets	8,764	**8,764**
Cash and cash equivalents at bank and in hand	20,698	**20,698**
Total at 31 March 2017	**29,462**	**29,462**

	Loans and receivables £000	Total £000
Assets as per SoFP as at 31 March 2016		
Trade and other receivables excluding non financial assets	8,626	**8,626**
Cash and cash equivalents at bank and in hand	16,653	**16,653**
Total at 31 March 2016	**25,279**	**25,279**

Note 24.3 Financial liabilities

	Other financial liabilities £000	Total £000
Liabilities as per SoFP as at 31 March 2017		
Obligations under PFI, LIFT and other service concession contracts	31,704	**31,704**
Trade and other payables excluding non financial liabilities	22,592	**22,592**
Provisions under contract	2,098	**2,098**
Total at 31 March 2017	**56,394**	**56,394**

	Other financial liabilities £000	Total £000
Liabilities as per SoFP as at 31 March 2016		
Obligations under PFI, LIFT and other service concession contracts	32,592	**32,592**
Trade and other payables excluding non financial liabilities	21,545	**21,545**
Provisions under contract	1,612	**1,612**
Total at 31 March 2016	**55,749**	**55,749**

Note 24.4 Maturity of financial liabilities

	31 March 2017 £000	31 March 2016 £000
In one year or less	23,867	22,705
In more than one year but not more than two years	1,138	1,063
In more than two years but not more than five years	4,887	4,299
In more than five years	26,502	27,682
Total	**56,394**	**55,749**

Note 24.5 Fair values of financial assets at 31 March 2017

	Book value £000	Fair value £000
Cash and cash equivalents at bank and in hand	20,698	20,698
Other	8,764	8,764
Total	**29,462**	**29,462**

Note 24.6 Fair values of financial liabilities at 31 March 2017

	Book value £000	Fair value £000
Provisions under contract	2,098	2,098
Obligations under PFI, LIFT and other service concession contracts	31,704	31,704
Other	22,592	22,592
Total	**56,394**	**56,394**

Note 25 Losses and special payments

	2016/17		2015/16	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	4	2	4	1
Fruitless payments	1	1	5	4
Bad debts and claims abandoned	9	45	1	2
Stores losses and damage to property	2	4	1	36
Total losses	**16**	**52**	**11**	**44**
Special payments				
Extra-contractual payments	-	-	3	147
Extra-statutory and extra-regulatory payments	-	-	1	187
Compensation payments	5	46	7	31
Special severence payments	-	-	-	-
Ex-gratia payments	4	1	17	16
Total special payments	**9**	**47**	**28**	**380**
Total losses and special payments	**25**	**99**	**39**	**424**

Note 26 Related parties

Berkshire Healthcare NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Berkshire Healthcare NHS Foundation

The foundation trust considers material transactions as those being where the income or expenditure is over £250,000 per annum.

The Department of Health is regarded as a related party. During the year Berkshire Healthcare NHS Foundation Trust had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

	Income		Expenditure		Receivables		Payables	
	2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000	31 March 2017 £000	31 March 2016 £000	31 March 2017 £000	31 March 2016 £000
NHS Foundation Trusts								
2Gether NHS Foundation Trust	-	-	741	733	-	-	124	61
Frimley Health NHS Foundation Trust	656	993	944	1,139	80	388	598	773
Oxford Health NHS Foundation Trust	107	66	336	267	3	-	133	-
Oxford University Hospitals NHS Foundation Trust	418	353	-	-	-	42	43	150
Royal Berkshire Hospital NHS Foundation Trust	3,777	3,662	2,180	2,197	570	1,108	469	371
South Central Ambulance Service NHS Foundation Trust	3	75	483	1,132	-	17	41	5
NHS Trusts								
Oxford University Hospitals NHS Trust	-	238	-	-	-	-	-	-
Clinical Commissioning Groups								
NHS Bracknell And Ascot CCG	23,430	21,252	-	38	1,593	133	184	38
NHS Chiltern CCG	2,093	1,620	-	-	116	24	-	111
NHS Newbury And District CCG	27,387	24,540	-	-	72	167	289	265
NHS North & West Reading CCG	23,025	22,405	-	-	52	100	230	144
NHS Slough CCG	25,653	25,202	-	-	839	399	890	292
NHS South Reading CCG	25,058	25,362	-	-	67	117	266	276
NHS Windsor, Ascot And Maidenhead CCG	25,486	24,429	-	-	998	464	376	-
NHS Wokingham CCG	31,512	28,773	-	-	174	136	379	315
NHS England and other associated organisations								
NHS England - Core	3,080	307	-	5	1,399	2	-	85
NHS England - South Central Local Office	8,338	17,694	-	-	74	574	55	270
Wessex Area Team	5,975	5,576	-	-	-	-	-	-
Other NHS Bodies								
Health Education England	4,169	4,133	-	10	52	331	871	573
NHS Litigation Authority	-	-	620	551	-	-	-	-
NHS Property Services Ltd	7,140	7,201	6,200	6,183	196	788	46	1,787
Local and Unitary Authorities								
Bracknell Forest Borough Council	15,595	12,440	260	433	65	81	119	136
Buckinghamshire County Council	227	227	-	-	-	-	-	-
Reading Borough Council	817	1,153	98	397	336	670	118	107
Slough Borough Council	611	527	208	384	129	182	198	100
West Berkshire Council	1,478	704	28	397	101	100	127	122
Windsor and Maidenhead (Royal Borough of)	848	726	12	218	53	28	65	57
Wokingham Council	1,059	817	268	644	118	174	120	344
Other Whole of Government Account Organisations								
HM Revenue & Customs	-	-	11,123	8,327	1,338	881	3,263	2,964
NHS Pension Scheme	-	-	16,118	15,713	-	-	2,252	2,267
Total	**237,941**	**230,474**	**39,620**	**38,768**	**8,425**	**6,906**	**11,256**	**11,613**