Berkshire Healthcare NHS

NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING HELD IN PUBLIC

10:00am on Tuesday 14 November 2017
Boardroom, Fitzwilliam House,
Skimped Hill Lane, Bracknell, RG12 1BQ

AGENDA

No	Item	Presenter	Enc.
OPENING BUSINESS			
1.	Chairman's Welcome	Mark Lejman, Vice Chair	Verbal
2.	Apologies	Mark Lejman, Vice Chair	Verbal
3.	Declaration of Any Other Business	Mark Lejman, Vice Chair	Verbal
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Mark Lejman, Vice Chair	Verbal
5.1	Minutes of Meeting held on 12 September 2017	Mark Lejman, Vice Chair	Enc.
5.2	Action Log and Matters Arising	Mark Lejman, Vice Chair	Enc.
QUALITY			
6.1	Patient Story	Helen Mackenzie, Director of Nursing and Governance	Verbal
6.2	Patient Experience Quarter 2 Report	Helen Mackenzie, Director of Nursing and Governance	Enc.
6.3	Annual Research and Development Report	Dr Minoo Irani, Medical Director	Enc.
EXECUTIVE UPDATE			
7.1	Executive Report	Julian Emms, Chief Executive	Enc.
7.2	Compassionate Leadership Programme: Progress and Evaluation	Bev Searle, Director of Corporate Affairs	Enc.
PERFORMANCE			
8.1	Month 06 2017/18 Finance Report	Alex Gild, Chief Financial Officer	Enc.
8.2	Month 06 2017/18 Performance Report	Alex Gild, Chief Financial Officer	Enc.
8.3	Finance, Investment and Performance Committee Meeting on 27 September 2017 and 25 October 2017	Mark Lejman, Chair of the Finance, Investment and Performance Committee	Verbal
STRATEGY			
9.1	Strategy Implementation Plan Update Report	Bev Searle, Director of Corporate Affairs	Enc.
9.2	Mental Health Strategy Implementation Update Report	Bev Searle, Director of Corporate Affairs	Enc.
CORPORATE GOVERNANCE			

No	Item	Presenter	Enc.
10.1	Audit Committee Minutes – 25 October 2017	Chris Fisher, Chair of the Audit Committee	Enc.
10.2	Corporate Risk Register – New Severe Risk – Cyber Security and Malware	Alex Gild, Chief Financial Officer	Enc.
10.3	Council of Governors Update	Julie Hill, Company Secretary	Verbal
Closing Business			
11.	Any Other Business	Mark Lejman, Vice Chair	Verbal
12.	Date of the Next Public Trust Board Meeting – 12 December 2017	Mark Lejman, Vice Chair	Verbal
13.	**CONFIDENTIAL ISSUES:** To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Mark Lejman, Vice Chair	Verbal

Berkshire Healthcare **NHS**

NHS Foundation Trust

AGENDA ITEM 5.1

Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday 12 September 2017

Boardroom, Fitzwilliam House

Present:	Martin Earwicker	Chairman
	Mark Day	Non-Executive Director
	Julian Emms	Chief Executive
	Chris Fisher	Non-Executive Director
	Alex Gild	Chief Financial Officer
	Dr Minoo Irani	Medical Director
	Mark Lejman	Non-Executive Director
	Ruth Lysons	Non-Executive Director
	Helen Mackenzie	Director of Nursing and Governance
	Bev Searle	Director of Corporate Affairs
	David Townsend	Chief Operating Officer
	David Buckle	Non-Executive Director
In attendance:	Julie Hill	Company Secretary

17/144	**Welcome** (agenda item 1)
	The Chair welcomed everyone to the meeting, including Tom O'Kane, Public Governor, Iona Wood, Trainee Speech and Language Therapist and Sarah Hewetson-Grubb, Head of Integrated Care.
	The Chair also welcomed Katie Karpenaros who was on Gatenby Sanderson's (Recruitment Consultants) Insight Programme which aimed at encouraging more women and BAME candidates to apply for NHS Non-Executive Director roles.
17/145	**Apologies** (agenda item 2)
	Apologies were received from: Mehmuda Mian, Non-Executive Director
17/146	**Declaration of Any Other Business** (agenda item 3)
	There was no other business declared.
17/147	**Declarations of Interest** (agenda item 4)
	i. Amendments to Register – none
	ii. **Agenda Items** - none
17/148	**Minutes of the previous meeting – 11 July 2017** (agenda item 5.1)

	The Minutes of the Trust Board meeting held in public on Tuesday 11 July 2017 were approved after the following amendment had been made to minute 17/118: The following to be added: "David Buckle, Non-Executive Director commented that he was assured by the high standard of the revalidation process".
17/149	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. The following action was discussed further: **Night Visits to Prospect Park Hospital** The Director of Nursing and Governance reported that a programme of night visits to Prospect Park Hospital was being developed. Non-Executive Directors would be invited to accompany Executive Directors. The action was closed. **The Trust Board**: noted the schedule of actions.
17/150	**Quality Board Visit Report – Hazelwood Unit, Prospect Park Hospital** (agenda item 6.1)
	Chris Fisher, Non-Executive Director, reported that he had visited the Hazelwood Unit which was a standalone unit at Prospect Park Hospital on 11 August 2017. Chris Fisher said that the service was housed in good quality accommodation and was client centred with a strong team ethos and a focus on quality. It was noted that the Unit was due to move from the Prospect Park Hospital site and would probably re-locate to the Reading University campus site. Mr Fisher commented that there was a concern that such a move may make it difficult for some clients to travel to the new location. It was also noted that staff valued the links with inpatient services. Mr Fisher said that he had enjoyed his visit and was very impressed by the service provided at the Hazelwood Unit. Chris Fisher commented that Reading Borough Council's decision to remove two Social Workers from the Hazelwood Unit was likely to make it harder to provide an integrated service for patients and may result in additional work for BHFT staff. The Chief Operating Officer said that he would contact Reading Borough Council to discuss the impact of their decision to remove the Social Worker posts. **Action: Chief Operating Officer** David Buckle. Non-Executive Director referred to section 6 of the report (page 18 of the agenda pack) and asked why the location of the new site for the service had not been confirmed to staff. The Chief Operating Officer said that there were a number of services which would be suitable to re-locate to the Reading University campus site but the final decision on service re-locations had not yet been made. The Chief Operating Officer said that the Hazelwood Unit had to re-locate because the site was needed for the new Tier 4 CAMHS inpatient beds. The Chief Operating Officer said that the Trust's Estate Strategy for the Prospect Park Hospital site was only to house inpatient services. It was noted that accommodation designed for inpatient services was significantly more expensive than for Community Services.

	The Chief Financial Officer said that the Trust was investing in Skype and that this would provide the means by which staff could continue to have close links with inpatient services.

The Director of Nursing and Governance referred to section 3 of the report (page 18 of the agenda pack) and said that she would discuss the issues raised about the risk assessment process with the Older Peoples' Mental Health Service Development Manager.
Action: Director of Nursing and Governance

The Trust Board: Thanked Chris Fisher, Non-Executive Director for sharing his reflections about his Quality Board Visit to the Hazelwood Unit, Prospect Park Hospital. |
| **17/151** | **Quality Assurance Committee –15 August 2017** (agenda item 6.2) |
| | Ruth Lysons, Chair of the Quality Assurance Committee reminded the meeting that the February 2017 Trust Board meeting had requested that the Director of Nursing and Governance conduct a review into the Trust's use of prone restraint after benchmarking data had indicated that the Trust was an outlier in its use of prone restraint.

Ms Lysons reported that the Quality Assurance Committee meeting on 15 August 2017 had discussed the outcome of the review which had recommended changes to staff training and better recording of incidents involving prone restraint. It was noted that the use of prone restraint would continue to be monitored part of the Trust Board's Performance Assurance Framework report.

Mark Day, Non-Executive Director asked whether the review had made any recommendations in addition to training. The Director of Nursing and Governance said that staff were being trained in how to use supine restraint rather than prone restraint and how to safely exit the Seclusion Room by using a bean bag rather than using prone restraint.

Ms Lysons reported that the Committee had received the Annual Mental Health Act Report which had highlighted that for 2016-17 there was a 41% increase in the number of patients on a section order when they were admitted to Prospect Park Hospital in comparison with the previous year.

It was noted that the Committee had also received the Learning from Deaths Policy and the quarter 1 Learning from Deaths report which were also on the Trust Board agenda.

Mark Lejman. Non-Executive Director referred to minute 7.5, 4th paragraph and commented that he was unaware of the national policy to re-locate Walk In Centres to Accident and Emergency Departments.

The Chief Executive said that it was it was statement of intention rather than national policy to have GP Walk in Centre facilities co-located with Accident and Emergency Departments.

David Buckle, Non-Executive Director and a member of the Quality Assurance Committee suggested that the unconfirmed minutes of the meeting in relation to the Diabetic Eye Screening Service should be amended to make it clear that it was the Trust's view that the service could not be provided safely for the contract value.

The Trust Board agreed to recommend to the next Quality Assurance Committee that the unconfirmed minutes of the meeting held on 15 August 2017 be amended as follows: |

	Minute 7.5, paragraph 4 to read:
	"The Chief Operating Officer said that nationally, the direction of travel was for Out of Hours GP services to be co-located with Accident and Emergency Services at acute hospitals. It was noted that the decision to serve notice on the Diabetic Eye Screening Service was taken because in the opinion of the Trust, the funding from NHS England was insufficient to run the service safely."
	The Chair referred to page 24 of the agenda pack and asked what support NHS Improvement was providing to improve staff retention.
	The Director of Nursing and Governance reported that the Trust was in the first wave of Trusts identified by NHS Improvement as outliers in terms of staff turnover. The Director of Nursing and Governance said that NHS Improvement had recently visited the Trust to discuss staff turnover and retention but had not identified any further actions that could be taken over and above what the Trust was already doing.
	Ruth Lysons reported that the Committee had identified the strategic sizing of services and the Clinical Commissioning Groups national mandate to reduce demand as topics for future reports.
	The Trust Board: Thanked Ruth Lysons for her report back and noted the minutes of the meeting held on 15 August 2017.
17/152	**Learning from Deaths Policy and Quarter 1 Report** (agenda item 6.3)
	The Medical Director presented the paper and highlighted the following points:
	• The National Quality Board's "Learning from Deaths" policy published in March 2017 in response to the Care Quality Commission's "Learning, Candour and Accountability" report set out a number of recommendations, including a requirement to collect quarterly information on deaths and to publish this information. NHS provider organisations were also required to publish an updated policy on how they responded to and learnt from the deaths of patients in their care.
	• The Trust had started to produce quarterly learning from deaths reports ahead of the national guidance which required reporting from quarter 3;
	• The Trust had also developed a Learning from Deaths Policy which had been discussed at the August 2017 meeting of the Quality Assurance Committee meeting;
	• The Learning from Deaths Policy included the different review processes for deaths involving mental health patients and people with learning disabilities.
	Chris Fisher, Non-Executive Director said that in future reports, it would be helpful if there was a summary which set the key themes and areas of learning from the deaths that occurred during the quarter. The Medical Director agreed to bear this in mind for future reports.
	David Buckle, Non-Executive Director said that unlike in the acute sector, there was not a well-established process for undertaking mortality reviews in respect of mental health and community services and commented that he thought the Trust had developed a robust process.

	The Chief Executive confirmed that the governance arrangements and said that Medical Director was responsible for overseeing the Trust's mortality review processes and that the Director of Nursing and Governance remained responsible for the serious incident investigation process. **The Trust Board**: Noted the Learning from Deaths Policy and the Quarter 1 report.
17/153	**Patient Experience Quarter 1 Report** (agenda item 6.4)
	The Director of Nursing and Corporate Governance presented the paper and highlighted the following points: - The formal complaint response rate, including those with a timescale re-negotiated with complainants was 100% for the quarter which continued to represent exceptional performance. - Just over 72% of complaints closed in quarter 1 were upheld or partially upheld. - In quarter 1, the Trust received 42 complaints across a range of services. - Based on trend information over the last three years, the following services received more complaints than others: Community Mental Health Teams, Crisis Resolution Home Treatment Team, Child and Adolescent Mental Health Services, Acute Mental Health Inpatients and Community Health Inpatients. These services will continue to be monitored closely in 2017-18. - The top reasons for complaints being made during quarter 1 were: care and treatment; attitude of staff; and communication. - Assurance on the robustness of the Trust's complaints investigation process was provided by the Parliamentary and Health Service Ombudsman who did not uphold the majority of complaints made against the Trust. Mark Lejman, Non-Executive Director asked why the Campion Unit and Sorrell Ward was not included in the friends and family test chart. The Director of Nursing and Governance said that the Campion Unit was not included because it was a Unit for people with learning disabilities and they may not understand the nature of the question and Sorrell Ward was excluded because the friends and family test was undertaken at the point of discharge and patients on Sorrell Ward were transferred onto an acute ward pending their discharge. The Director of Nursing and Governance agreed to review whether it was possible to include patient feedback from the Campion Unit in the next quarter's report. **Action: Director of Nursing and Governance** The Chair referred to page 72 of the agenda pack and asked why the Reading locality had significantly more complaints than other localities. The Chief Executive pointed out that the whole of the Trust's Crisis Resolution Home Treatment Service was included within the Reading Locality. Ruth Lysons, Non-Executive Director noted that the response rate for the friends and family test had improved but was still below the 15% response rate target. Ms Lysons asked whether it would be possible to include the number of patients who were eligible to complete the friends and family test in future reports. **Action: Director of Nursing and Governance** **The Trust Board**: noted the report.
17/154	**Feedback from Training Doctors and Student Nurses Report** (agenda item 6.5)
	The Director of Nursing and Governance apologised that the feedback from Allied Health

	Care Professional Trainees had not been circulated in the agenda pack and would be emailed to the Board. **Action: Company Secretary** The Director of Nursing and Governance said that overall the feedback from students and trainees was very positive. The Director of Nursing and Governance said that the Trust particularly valued students as new "pairs of eyes" and had a strong track record in recruiting students and trainees when they qualified. The Director of Nursing and Governance reported that the Trust had been particularly successful in recruiting students this year because of the decision to change the shift patterns at Prospect Park Hospital which provided the option of working long days in return for a day off in the week. Mark Day, Non-Executive Director commented that unlike the private sector, the Trust was constrained by national pay scales and asked whether there was more the Trust could do to attract and retain staff by offering more flexible working whilst not negatively impacting on the operational needs of the Trust. The Chief Executive said that providing flexible working in order to attract and retain staff whilst not compromising patient safety was challenging but confirmed that the Trust was doing what it could to safely change working practices. Chris Fisher, Non-Executive Director and Chair of the Assurance Committee of Health Education Thames Valley said that the Trust's record of employing students and trainees after they had qualified was impressive. The Medical Director reported that the Trust had around 35 trainee doctors at any one time with the majority of trainee doctors working in Psychiatry. The Medical Director reported that the General Medical Council conducted an annual national trainee survey and formal feedback was requested by Health Education England (Thames Valley). It was noted that the Health Education England Thames Valley Quality Review visit to the Trust on 12 June 207 was very positive (the report of the visit was attached as an appendix to the report). Ruth Lysons, Non-Executive Director referred to the table on page 121 of the agenda pack and commented that satisfaction with clinical supervision out of hours performance had deteriorated from 86.66% in 2016 to 84.58% in 2017 and asked whether this was a cause for concern. The Medical Director said that the deterioration in performance was not statistically significant because of the small numbers of trainee doctors. **The Trust Board**: noted the report.
17/155	**Slough Health Visiting and School Nursing Position Statement** (agenda item 6.6)
	The Trust's position statement about the transfer of the service to a provider who had no track record in delivering Health Visiting and School Nursing Services had been circulated. It was noted that the Director of Nursing and Governance and the Chief Operating Officer had formally raised patient safety and quality concerns associated with the new contract at a meeting with Slough Borough Council who had commissioned the service.

	The Chair said that there would be an opportunity for the Trust Board to discuss the Slough Health Visiting and School Nursing transfer to Solutions 4 Health in the private "In Committee" meeting after the Public Trust Board meeting.

On behalf of the Trust Board, the Chief Executive thanked the Director of Nursing and Governance and the Chief Operating Officer for raising their professional concerns about the new contract.

The Trust Board: noted the position statement. |
| **17/156** | **Executive Report** (agenda item 7.1) |
| | The Executive Report had been circulated. The following issues were discussed further:

Care Quality Commission's Focussed Inspections
The Chief Executive expressed disappointment about the outcome of the Care Quality Commission's focused inspections of Bluebell Ward and Willow House and said that the Director of Nursing and Governance, the Chief Operating Officer and the Medical Director were working together to address the issues.

The Chair commented that the Care Quality Commission had identified a number of issues which needed to be addressed on Bluebell Ward.

The Director of Nursing and Governance said that the Trust had concerns about Bluebell Ward which had recently experienced a high turnover of senior staff. The Director of Nursing and Governance said that she had asked one of her Deputies to review the monthly infection control audits on the ward and had discovered that staff were not looking into cupboards as part of the audit. It was noted that a number of actions had been put in place to address the Care Quality Commission's concerns and that the delivery of the action plan would be monitored by the Quality Executive Committee and the Quality Assurance Committee.

The Chief Operating Officer pointed out that Bluebell Ward was a large ward by modern standards and that the Trust had taken the decision to close five beds for quality reasons.

Chris Fisher, Non-Executive Director asked whether the Care Quality Commission was likely to do an unannounced follow-up inspection of Bluebell Ward. The Director of Nursing and Governance said that she thought that this would be unlikely and that the ward would be inspected again as part of the Trust's next comprehensive inspection.

Mark Day, Non-Executive Director said that he was due to make a Quality Board Visit of Orchid Ward but he would be happy to Visit of Bluebell Ward instead if this would be helpful. The Director of Nursing and Governance thanked Mr Day for this offer but said that Bluebell Ward had received a lot of Executive Director visits recently and that staff may find it stressful to have a Non-Executive Director visiting at the current time.

Ruth Lysons, Non-Executive Director said that she had undertaken a Quality Board Visit of Bluebell Ward but had failed to identify any of the issues highlighted by the Care Quality Commission.

The Chief Executive stressed that Non-Executive Director Quality Board visits were not inspections and that he would not expect a Non-Executive Director to identify the issues picked up by the Care Quality Commission. The Director of Nursing and Governance agreed to circulate guidance to Non-Executive Directors on how to conduct a Quality Board Visit. |

Improving Patient Safety on Prospect Park Hospital Site

The Chief Executive reported that the Trust was installing anti-climb, anti-ligature and anti-contraband three metre fencing around Daisy, Bluebell and Rose Ward courtyards to prevent patients absconding and injuring themselves. In addition, drainpipes and gutters were being protected with guards that were anti-climb so that patients could not use them to climb onto the single storey areas, for example, Snowdrop Ward.

The Trust Board: noted the report.

17/157	**Month 4 2017-18 Finance Report** (agenda item 8.1)

The Month 4 financial summary report had been circulated.

The Chief Financial Officer reported that the Finance, Investment and Performance Committee did not meet during August and therefore had not had an opportunity to review the Month 4 finance reports.

The Chief Financial Officer presented the finance report and highlighted the following points:

- The Month 4 position was positive and delivery was ahead of plan;
- The continued high use of Out of Area Placements was a concern and the decision to close beds on Bluebell Ward and the de-canting of Sorrell Ward ahead of refurbishment works would result in additional pressure on beds;
- The reduction of Out of Area Placements, in particular adult acute beds, was mission critical if the Trust was going to meet the end of year control total.

Mark Lejman, Non-Executive Director and Chair of the Finance, Investment and Performance Committee said that it was helpful to highlight the risk to the delivery of the financial plan at an early stage.

Chris Fisher, Non-Executive Director and Chair of the Audit Committee asked whether the Finance Team were planning to review the forecast position at month 5. The Chief Financial Officer confirmed that this was the case.

Action: Chief Financial Officer

Mark Lejman, Non-Executive Director asked whether the decision to close beds on Bluebell Ward was permanent. The Chief Executive said that the decision was taken for quality reasons because of staffing vacancies. The Chief Executive said that the Trust would review the decision when there was stable leadership in place on the ward.

Mark Day, Non-Executive Director said that the Chief Operating Officer had kept the Finance, Investment and Performance Committee appraised of the work of the Bed Optimisation Programme and asked whether the increasing demand for beds meant that the Trust needed to develop a new plan.

The Chief Financial Officer said that the current position was a continuation of the pressure on beds that the Trust had experienced over the last 12 months and the issue would be whether the Bed Optimisation Programme would be able to deliver the required reduction in Out of Area Placements quick enough to enable the Trust to deliver its financial plan.

The Trust Board noted: the following summary of financial performance and results for

Month 4 2017/18 (July 2017):

Year To Date (Use of Resource) metric:

- Overall rating 1 (plan 1)
  - Capital Service Cover 2.0 (rating 2)
  - Liquidity days 8.4 (rating 1)
  - Income and Expenditure Margin 0.60% (rating 2)
  - Income and Expenditure Variance 0.40% (rating 1)
  - Agency -29.1% (rating 1)

Year To Date Income and Expenditure (including Sustainability and transformation funding):

- Plan: £196k net surplus
- Actual: £506k net surplus
- Variance: £311k favourable

Month 4: £94k surplus (including Sustainability and Transformation funding), -£5k variance from plan:

Key variances:

- District Nursing underspend +£182k due to high vacancy levels;
- IAPT underspend of +£98k due to the net vacancy position inclusive of non-recurrent investment benefit.
- Acute overspill overspend of -£234k, principally due to 32 acute/PICU placements required in month resulting from bed pressures.

Cash: Month 4: £22.3m (plan £18.6m)

The variance to plan was primarily due to:
- Year to Date capital underspend due to IM&T re-phasing of the Estates and IM&T expenditure +£2.6m
- NHS Property changes not yet received +£1.5m

Capital expenditure Year To Date: Month 4 £410k (plan £3m)

The variance to plan was primarily due to:

- Estates, extended timescales regarding ward configuration at Prospect Park Hospital (PFI),the majority of the budget was likely to be spent in the next financial year

- IM&T, re-phasing of IT replacement programme £1.3m

The variances were due to timing of spend rather than a reduction in the overall requirement.

The Trust Board: noted the report.

17/158	**Month 4 2017-18 Performance Report** (agenda item 8.2)
	The Month 4 2017-18 Performance Summary Scorecard and detailed Trust Performance Report had been circulated.
	It was noted that service efficiency and effectiveness was RAG rated red and contractual performance and people were RAG rated amber for month 4 (July).

	The Chief Financial Officer reported that the Finance, Investment and Performance did not meet during August and therefore had not had an opportunity to review the month 4 performance report.
	Mark Lejman, Non-Executive Director and Chair of the Finance, Investment and Performance Committee commented that the Trust's average length of stay for both community and mental health patients had increased in month 4.
	The Chief Executive said that this reflected the national length of stay benchmark which was increasing.
	The Chair asked about the proposed changes to NHS Improvement's Single Oversight Framework.
	The Chief Executive said that NHS Improvement was currently consulting a range of changes including a greater focus on the quality of data. The Chief Financial Officer said that the Trust was already implementing change to improve the quality and accuracy of its data as part of the Connected Care programme.
	The Trust Board: noted the report.
17/159	**Finance, Investment and Performance Committee –26 July 2017** (agenda item 8.3)
	Mark Lejman, Chair of the Finance, Investment and Performance Committee reported that in addition to the standing items, the Finance, Investment and Performance Committee meeting in July 2017 had discussed the following key issues: • The Reading University Whiteknights campus estate plan; • Update on the Bed Optimisation Plan; and • Update on the Recurrent Cost Improvement Plan. The Chief Financial Officer reported that the Committee had agreed up to £4m of investment for the Whiteknights estates programme. The Chief Executive reported that relocating some services to the Whiteknights site would mean that the Trust could dispose of some buildings and this would finance the capital costs of the refurbishment. The Chief Executive said that the accommodation at Whiteknights was of high quality and the Trust had secured a long term lease at a favourable rate. The Chair thanked the Chair of the Finance, Investment and Performance Committee for his update.
17/160	**Strategy Implementation Plan Report** (agenda item 9.1)
	The Director of Corporate Affairs presented the report and said that there were no material risks to the delivery of the main elements of the strategy implementation plan. **The Trust Board**: noted the progress made against the plan and the revised target dates as set out in the report.
17/161	**Workforce Race Equality Standard 2017 and Action Plan** (agenda item 9.2)
	The Director of Corporate Affairs presented the report and highlighted the following points:

- The Workforce Race Equality Standard (WRES) 2017 results were mixed. There had been encouraging improvement in two of the nine WRES indicators: Black, Asian and Minority ethnic (BAME) representation in the clinical and non-clinical workforces at bands 7 and 8A; and fairness in recruitment.
- The Trust had also continued to improve its performance in terms of the likelihood of BAME staff accessing continuous professional development.
- There was a one per cent improvement in the experience of bullying and harassment from staff; however, the Trust needed to improve further to achieve above national averages.
- The results for four indicators were worse than in 2016.

The Chair asked for more information about the four indicators which had deteriorated since 2016.

The Director of Corporate Affairs said that the indicators which had deteriorated reflected the national Staff Survey results which had highlighted that BAME staff's perception of their work experience was less favourable than their white counterparts and BAME staff reported more bullying and harassment and more difficulty in accessing training and development opportunities. BAME staff were also more likely to be disciplined.

The Director of Corporate Affairs reported that the Trust's Equality Employment Programme had six workstreams to achieve objectives under the Equality Strategy, the WRES and the Equality Service Delivery 2 requirements:

- Workstream 1 – Make recruitment fairer
- Workstream 2 – Support and enable career progression
- Workstream 3 – Reduce bullying and harassment
- Workstream 4 – Reduce unconscious bias in disciplinary case management
- Workstream 5 – Improve the harassment and bullying experience of disabled staff
- Workstream 6 – Promote inclusivity; value diversity through organisational policies.

The Chair reported that he would be attending the WRES Conference. It was noted that Mehmuda Mian, Non-Executive Director was a member of Diversity Steering Group.

The Trust Board:

- Noted the 2017 WRES findings and the progress in implementing the Equality Employment Programme;
- Approved the WRES template report and action plan (appendix 1 of the report) and the recommendations set out in section 4 of the report
- Authorised the Director of Corporate Affairs to sign off the WRES template report and action plan on behalf of the Trust for submission to NHS England and the WRES Team by the deadline of 30 September 2017.

17/162	**Audit Committee Minutes – 26 July 2017 (agenda item 10.1)**
	The minutes of the Audit Committee held on 26 July 2017 had been circulated along with a "deep dive" report into risks 4 and 7 on the Board Assurance Framework and a presentation on how the Trust learnt from incidents. Chris Fisher, Chair of the Audit Committee reported that the Audit Committee was varying its approach to how it reviewed the Board Assurance Framework and commented that at the next meeting there would be a report setting out more information about the gaps in

	controls or assurance in respect of the individual risks.

Mr Fisher reported that he had requested a presentation on how the Trust learnt from incidents because he was not been clear about the process.

The Chair asked whether the Trust Board had an opportunity to see the Internal Audit Plan. Chris Fisher said that the Audit Committee approved the Internal Audit Plan on behalf of the Trust Board and agreed that in future the Trust Board would receive a summary of the Internal Audit Plan.

Action: Company Secretary

The Trust Board: thanked Chris Fisher for his update. |
17/163	**Trust Seal Update Report (agenda item 10.2)**
	The Trust Board noted this item.
17/164	**Council of Governors Update** (agenda item 10.3)
	The Chair reported that the Council of Governors had agreed to disband the Strategy Group meetings. Strategic updates were now included as part of the Joint Meetings with the Trust Board. The Chair reported that the Council of Governors' Appointments and Remuneration Committee had interviewed candidates to replace Mark Lejman, Non-Executive Director when his term of office ended in December 2017. The Chair said that the interview panel would make a recommendation for the appointment of the new Non-Executive Director at the meeting of the full Council on 13 September 2017.

Chris Fisher, Non-Executive Director said that he thought the Non-Executive Director "speed dating" session at the last Joint Meeting had worked very well because it enabled Non-Executive Directors interact with the Governors in a more informal setting.

The Chair said that the Governors were giving some thought to how best to engage with the wider public.

The Trust Board: noted the update. |
| **17/165** | **Schedule of Meetings** (agenda item 10.4) |
| | The schedule of meetings for 2018 had been circulated.

The Trust Board: noted the schedule of meetings for 2018. |
17/166	**Any Other Business** (agenda item 11)
	There was no other business.
	The Chair concluded the meeting and thanked the observers for attending.
17/167	**Date of Next Meeting** (agenda item 12)
	Tuesday, 14 November 2017
17/168	**CONFIDENTIAL ISSUES:** (agenda item 13)
	The Board resolved to exclude press and public from the remainder of the meeting on the

| | basis that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted. |

I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the Trust Board meeting held on 12 September 2017.

Signed……………………………………………………….Date 14 November 2017
　　　　　　　(Martin Earwicker, Chair)

BOARD OF DIRECTORS MEETING: 14/11/2017

Board Meeting Matters Arising Log – 2017 – Public Meetings

Key:

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

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
11.04.17	17/057	Workforce Implementation Plan	The next update report to identify the initiatives aimed at specific staff groups together with the impact of the actions taken.	12.12.17	**BS**	
09.05.17	17/087	Month 12 Performance Report	The use of the Place of Safety to be monitored over the next six months and a report to be presented to the Trust Board if there was a significant increase in its use.	14.11.17	**DT**	The use of the Place of Safety room is being monitored and there has been no increase in its use in the latest monitoring report.
09.05.17	17/090	Mental Health Strategy	Future reports to include an estimate of the Trust's contribution to meeting national	14.11.17	**BS**	Included in the Mental Health

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
			targets, eg reducing the number of suicides and providing perinatal services based on its population size.			Strategy Update report on the agenda.
11.07.17	17/119	Freedom to Speak Up Guardian Report	Non-Executive Directors to be invited to accompany Executive Directors on night visits to Prospect Park Hospital.	12.09.17	**HM**	Non-Executive Directors were invited to accompany the Director of Nursing and Governance on three evening visits to Prospect Park Hospital during October/November.
12.09.17	17/150	Quality Board Visit to the Hazelwood Unit	The Chief Operating Officer to contact Reading Borough Council to discuss the impact of their decision to remove Social Workers posts at Prospect Park Hospital.	14.11.17	**DT**	The Locality Director Reading, has formally raised the concerns with the Interim Head of Adult Social Care, Reading Borough Council.
12.09.17	17/150	Quality Board Visit to the Hazelwood Unit	The Director of Nursing and Governance to discuss the issues raised about the risk assessment process with the Older People's Mental Health Service	14.11.17	**HM**	Older Persons Mental Health have a bespoke risk assessment process

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
			Development Manager			for those patients who are seen infrequently. Staff are being reminded.
12.09.17	17/153	Patient Experience Quarter 1 Report	The Director of Nursing and Governance to consider ways of obtaining feedback from patients on Campion Unit for inclusion in future reports.	14.11.17	**HM**	Included in Q2 report
12.09.17	17/153	Patient Experience Quarter 1 Report	The Director of Nursing and Governance to include the number of patients who were eligible to complete the friends and family test in future reports.	14.11.17	**HM**	Included in Q2 report
12.09.17	17/154	Feedback from Training Doctors and Student Nurses	The Company Secretary to circulate feedback from trainee Allied Health Professionals	14.11.17	**JH**	Completed
12.09.17	17/156	Executive Report	The Director of Nursing and Governance to circulate guidance to Non-Executive Directors about how to conduct a Board visit.	14.11.17	**HM**	Guidance has been circulated to members of the Trust Board
12/09/17	17/157	Month 4 Finance Report	The Finance Team to review the forecast position at month 5.	14.11.17	**AG**	Forecast issued at month 5 indicating risk to control total due to Out of Area

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
						Placements run rate trend year to date month 5. FIP committee review and assurance regarding executive action to confirm range forecast for month 6 with mitigating action to ensure delivery control total, if necessary.
12.09.17	17/162	Audit Committee minutes	A summary of the internal audit plan to be presented to the Trust Board along with the relevant meeting of the Audit Committee which approved the audit plan.	Feb 2018	**JH**	

Trust Board Paper

Board Meeting Date	14th November 2017
Title	Patient Experience Quarter 2 report
Purpose	The purpose of this report is to provide the Board with information on patient experience within the trust
Business Area	Nursing & Governance
Author	Liz Daly, Head of Engagement and Service User Experience Jayne Reynolds, Deputy Director of Nursing Helen Mackenzie, Director of Nursing and Governance
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and supports maintaining good patient experience
Resource Impacts	N/A
Legal Implications	N/A
Equality and Diversity Implications	Patient experience has equality and diversity implications and this information is used to consider and address these.
SUMMARY	Boards are required to review patient feedback in detail. The Director of Nursing and Governance has provided an overview at the beginning of the paper. In quarter two, the Trust received 59 formal complaints. The top reasons for complaints being made during quarter two continue to be: • care and treatment • attitude of staff • communication The formal complaint response rate, including those within a timescale re-negotiated with complainants was 100% for the quarter which continues to be exceptional performance. **Patient and Public Involvement** 94% of patients rated our services as good or better in the trust's internal patient survey.

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

Overview

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

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

During quarter two, the trust continued to sustain a complaint response rate of 100%.
The average number of days taken to resolve a complaint was 25 with five complaints taking longer than 40 days because of complexity. Days taken to respond are an important indicator for the responsiveness CQC key line of enquiry. Just under 64% of complaints closed in quarter two were upheld or partially upheld.

In quarter two the trust received 59 complaints across a range of services, an increase of 17 compared to quarter one. The increase in complaints related to the same services which have previously received higher numbers of complaints so it will be important to consider why this has happened and monitor effects going forward. The services involved are all monitored by the board. When considering which services to monitor other quality indicators are also considered:

- Community Mental Health Teams (CMHTs) – The theme of the complaints were associated with care and treatment with Reading CMHT receiving the most complaints over quarter one and two. Leadership and staffing concerns exist in the Reading team, the locality director and clinical director continue to work with the local authority and team leaders to address this issue. Bracknell CMHT has seen an increased number of complaints; the team leaders in this locality are new and there has been staffing issues which are resolving. All CMHTs are under pressure however work is underway to review caseloads and discharge processes.

- Crisis Resolution Home Treatment Team (CRHTT) six complaints received. The west hub continues to receive more complaints than the east hub. As a larger telephone based services the complaints continue to be about attitude of staff. The nurse consultant works with the teams after each complaint to address learning. A bespoke communication and telephone skills training is in place.

- Child and Adolescent Mental Health Services – Slough received the highest number of complaints however there are no emerging trends for the service.

- Acute Mental Health Inpatients – a further increase in complaints this quarter with the main theme being care and treatment. Rose Ward receives the least complaints. The level of bed occupancy remains high and the acute wards have seen a significant increase in the number of patients detained under the Mental Health Act. Although recruitment has been successful the number of band 5 qualified nursing staff vacancies continues to result in higher levels of temporary staff on the wards which is not optimal.

These services will continue to be monitored closely in 2017/18, as will the trend/trends of overall complaints.

MP enquiries during quarter two continued to relate predominantly to mental health services.

The top reasons for complaints being made during quarter two continue to be:

- Care and treatment
- Attitude of staff
- Communication

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

The trust has received notification from the Parliamentary Health Ombudsman Service (PHSO) that they have not upheld complaints referred to them associated with CMHT and CAMHs. This is evidence that the PHSO believes that the trust had objectively investigated the complaint and that they agree with our response.

The overall Friends and Family Test response rate for the trust in quarter two was disappointing achieving 9% for community health services and 4% for mental health services. The total number of eligible patients has been included for the first time in the report. This is level of response rate means the results are not valid. The national benchmarking for the Friends and Family Test (FFT) with local similar trusts indicates all are struggling to achieve a 15% response rate and that each quarter performance varies. Actions continue to try and increase our response rate.

The patient and public involvement information collection is our long standing internal patient survey which asks patients how they rate their experience, 94% reported the service they received as good or better.

Conclusion

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

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

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

Helen Mackenzie, Director of Nursing and Governance

Introduction

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

This report details feedback from a number of sources including complaints, Patient Advice and Liaison Service (PALS), compliments, NHS choices and the Friends and Family Test data received during quarter two (July to September 2017). The report also compares this data with that of previous quarters allowing trends and themes to be identified.

Complaints

1. **Formal complaints received**

There has been an increase in the number of formal complaints received into the Trust during quarter two, notably this is the highest number of complaints during a three month period since quarter one 2016/17, but is very similar to Q2 2016/17, with the Windsor Ascot and Maidenhead and Mental Health Inpatients localities seeing the sharpest quarterly increase at 5 and 6 respectively.

Within Mental Health Inpatients locality, the majority of the complaints were about adult acute admissions (9 out of the 10 complaints) with one complaint about an older persons ward. 70% of the complaints were about care and treatment.

Within the Windsor Ascot and Maidenhead locality, the majority of complaints were about CAMHS (8 out of the 13). For reporting purposes Trust wide Children, Young People and Families (CYPF) services are collated under one locality. The Health Visiting Service received two complaints, one of these was about communication and the other was about attitude of staff. As with the Mental Health Inpatients locality, the majority of complaints were about care and treatment. Following this, communication and attitude of staff were the next highest themes.

Care and treatment appears to be the key cause of complaints received during quarter two.

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

There were two new complaints received during quarter two, one about Health Visiting led by Wexham Park Hospital which was not upheld the other about community nursing which is still underway and is being led by the Commissioning Support Unit.

Table One: Formal complaints received by Locality

	2017/18		2016/17						
	Q2 17/18	Q1 17/18	Q4 16/17	Q3 16/17	Q2 16/17	Q1 16/17	17/18 YTD	16/17 Annual	15/16 Annual
Mental Health Inpatients	10	4	4	5	11	10	14	30	36
Bracknell	9	4	6	6	7	4	13	23	28
West Berkshire	5	4	7	8	2	5	9	22	18
Reading	11	10	9	7	12	13	21	41	46
Slough	4	3	4	4	4	7	7	19	14
Windsor, Ascot & Maidenhead	13	8	8	2	10	9	21	29	35
Wokingham	7	9	10	4	10	17	16	41	40
Other Inc. Corporate	0	0	3	0	0	1	0	4	1
Total	59	42	51	36	56	66	101	209	218

Table Two: Number of formal complaints received by individual services

Service	2017/18			2016/17					
	Q2	Q1	% of received	Q4	Q3	Q2	Q1	Total	% of received
CMHT/Care Pathways	11	11	21.78	8	7	8	9	32	15.31
CAMHS - Child and Adolescent Mental Health Services	9	7	15.84	5	2	5	6	18	8.61
Crisis Resolution & Home Treatment Team (CRHTT)	6	4	9.90	4	3	4	10	21	10.05
Adult Acute Mental Health Admissions	9	4	12.87	4	4	7	5	20	9.57
Community Nursing	4	4	7.92	1	3	2	3	9	4.31
Community Hospital Inpatient	1	3	3.96	4	3	3	7	17	8.13
Common Point of Entry	-	2	1.98	4	0	1	0	5	2.39
Out of Hours GP Services	2	2	3.96	1	1	3	4	9	4.31
Walk in Centre	-	0	-	4	0	0	3	7	3.35
GP - General Practice	-	0	-	0	1	4	4	9	4.31
PICU - Psychiatric Intensive Care Unit	-	0	-	0	1	3	1	5	2.39
Minor Injuries Unit (MIU)	2	0	-	0	0	1	2	3	1.44
12 other services – no trends identified	15	5		16	11	16	15	58	
Grand Total	59	42		51	36	56	66	209	

As with quarters one and four, the service with the highest number of formal complaints during quarter two was CMHT/Care Pathways. CAMHS and Adult Acute Mental Health Admissions have both seen an increase in formal complaints. Care and treatment, communication and attitude of staff are the main themes of complaints for these services.

Table Three: Top three services and theme of complaints

	Service			
Theme	Adult Acute Admissions	CAMHS	CMHT/Care Pathways	Grand Total
Care and Treatment	6	4	7	17
Communication	1	2	2	5
Attitude of Staff		1	1	2
Medication		1		1
Confidentiality		1		1
Access to Services			1	1
Patients Property and Valuables	1			1
Admission	1			1
Grand Total	9	9	11	29

The complaints about the Community Nursing service were not about one specific team; they were received in Bracknell, Reading, Slough and Wokingham. Three were about care and treatment, which included communication, end of life care and concerns about how leg ulcer care was managed. There was also a complaint about the attitude of a member of staff; how they made

decisions about the care of a patient and how this was then communicated to the patient and their family.

The numbers of complaints for CRHTT has seen an increase compared to the sustained reduction that has been noted since the original peaks of two years ago. 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. Attitude of staff as a reason for complaint has seen an increase and the Clinical Director is exploring this.

A selection of services are specifically highlighted within this report because they have previously received a higher number of complaints and/or there have been quality concerns. The services identified are CMHT; mental health inpatients, community inpatient wards, CRHTT and CAMHS.

CMHT/Care Pathways

During quarters one and two, CMHTs received 11 formal complaints compared to 8 in quarter four (2016/17), 7 in quarter three (2016/17), 8 in quarter two (2016/17), 9 in quarter one (2016/17) and 11 in quarter four 2015/16. The table below illustrates the distribution of these complaints.

So far this year there have been 22 complaints for the CMHT compared to 32 total complaints in 2016/17 and 30 total complaints in 2015/16, suggesting that if this trend continues then there will be an overall increase in complaints for CMHTs in 2017/18.

Graph One: Number of formal complaints received for CMHT/Care Pathways by location of the service
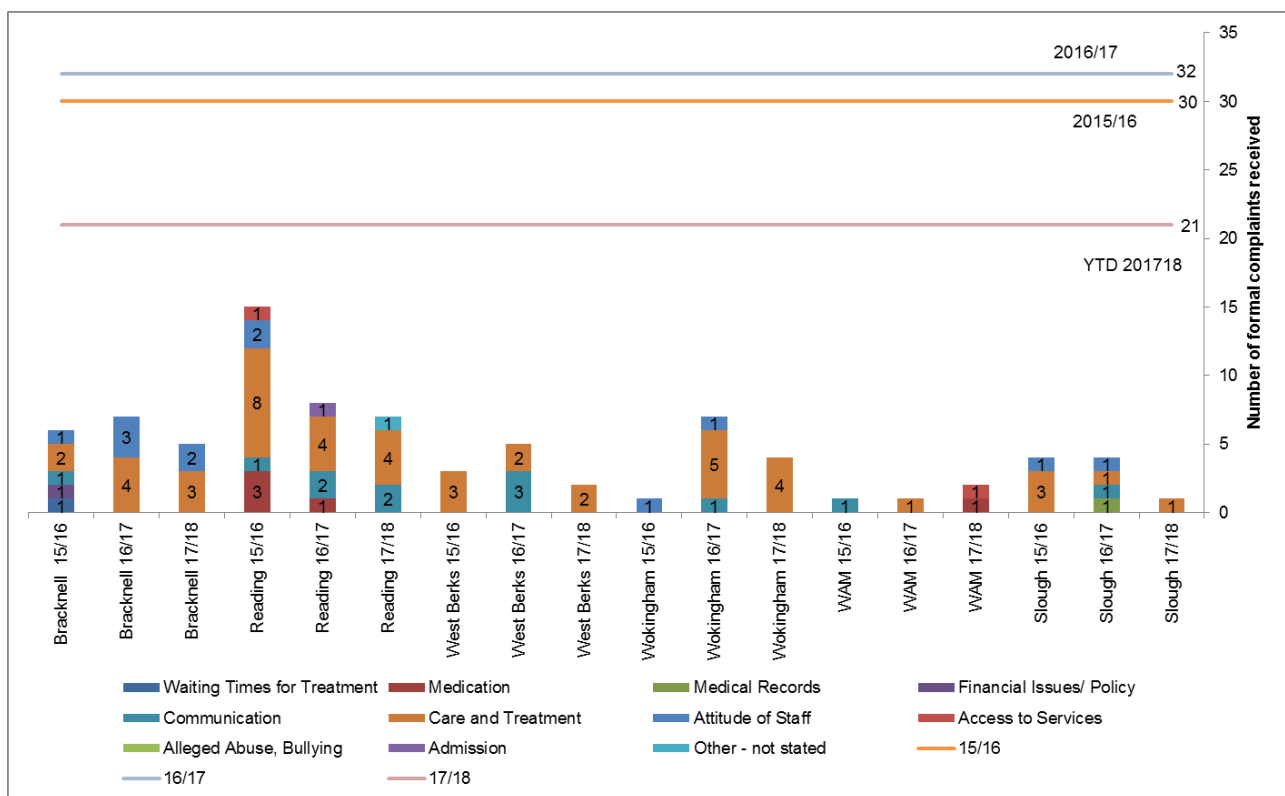
Care and treatment still remains the main theme of complaints across the CMHTs.

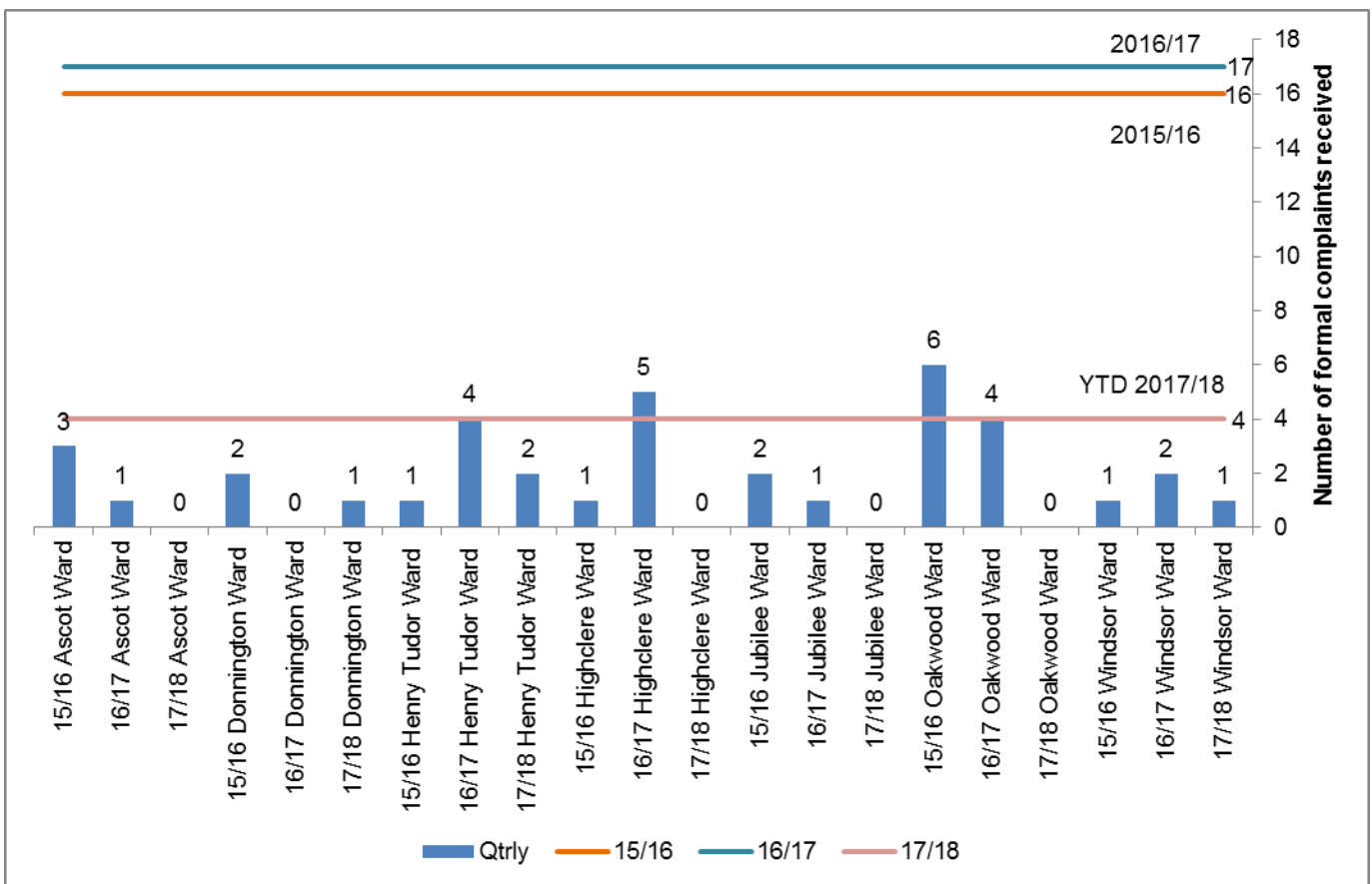*Table Four:* *Theme of complaints received by CMHTs by locality of service*

Locality	Access to Services		Attitude of Staff		Care and Treatment		Communication	
Bracknell			1	9.09%	3	27.27%		
Reading					1	9.09%	2	18.18%
West Berks					2	18.18%		
Windsor, Ascot and Maidenhead	1	9.09%						
Wokingham					1	9.09%		
Grand Total	1	9.09%	1	9.09%	7	63.64%	2	18.18%

Locality	Grand Total	
Bracknell	4	36.36%
Reading	3	27.27%
West Berks	2	18.18%
Windsor, Ascot and Maidenhead	1	9.09%
Wokingham	1	9.09%
Grand Total	11	100.00%

Community Hospital Inpatient Wards

During quarter two there was one formal complaint received about the community wards, this continues to illustrate a sustained decrease with 3 in quarter one and 4 received in quarter four 2016/17.

Graph Two: *Number of formal complaints received for Community Hospital Inpatient wards*

Care and treatment is the main cause of complaints as illustrated below. Although numbers are low with 4 wards (Highclere, Jubilee, Oakwood & Ascot) receiving no formal complaints in quarter.
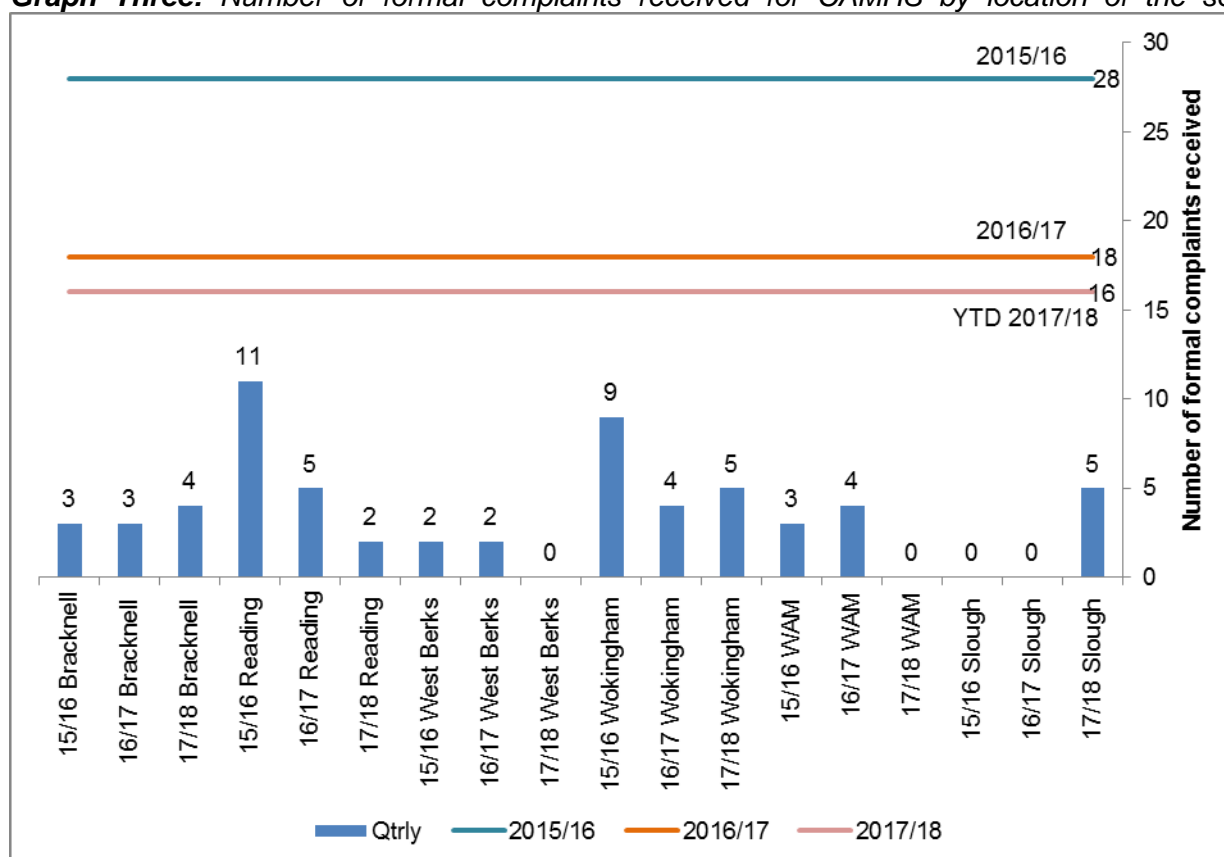
Table Five: *Theme of complaints received by Community Inpatient wards during 2017/18*

Ward	Attitude of Staff	Care and Treatment	Communication	Discrimination, Cultural Issues	Discharge Arrangements	Patients Property and Valuables	Total
Henry Tudor Ward		1	1				2
Donnington Ward	1						1
Windsor Ward		1					1
Total	1	2	1	0	0	0	4

CAMHS - Child and Adolescent Mental Health Services

CAMHS has seen a continued increase in formal complaints in quarter two with 9 compared to 7 in quarter one, 5 in quarter four (2016/17) and 2 in quarter three (2016/17). The number of complaints received remains lower than those received during quarters one and two in 2015/16, where there were a higher number of complaints about waiting times and the reduction of complaints about this illustrates the sustainability of the work that was undertaken in the system to address this issue.

Graph Three: *Number of formal complaints received for CAMHS by location of the service*

The service based in Slough received the highest number of formal complaints in quarter two (4), which is the largest number the service has received for some time. There was no trend to the complaints.

Table Six: *Theme of complaints received by CAMHS during 2017/18*

Locality of service	Theme					Total
	Attitude of Staff	Care and Treatment	Confidentiality	Communication	Medication	
Bracknell	1			3		4
Reading		2				2
West Berks						0
Wokingham		5				5
WAM						0
Slough	2	1	1		1	5
Total	3	8	1	3	1	16

Care and treatment, communication and attutude of staff are the main themes of complaints received so far this year, which aligns to the main themes for all complaints received.

Themes within CAMHS continue to be monitored to ensure that this positive reduction in complaints around wait times and access continues. The increase in other themed complaints is being closely mobitored by the CYPF team to both understand and take prompt action to resolve identified issues.

Crisis Resolution/Home Treatment Team (CRHTT)

CRHTT received 6 formal complaints in quarter two, an increase compared with previous quarters however a sustained decrease from 10 in quarter one 2016/17. Three of these complaints were about attitude of staff, with a further complaint being about communication and the remaining two complaints being about care and treatment.

Graph Five: *Number of formal complaints received for CRHTT by location of the service (East and West)*
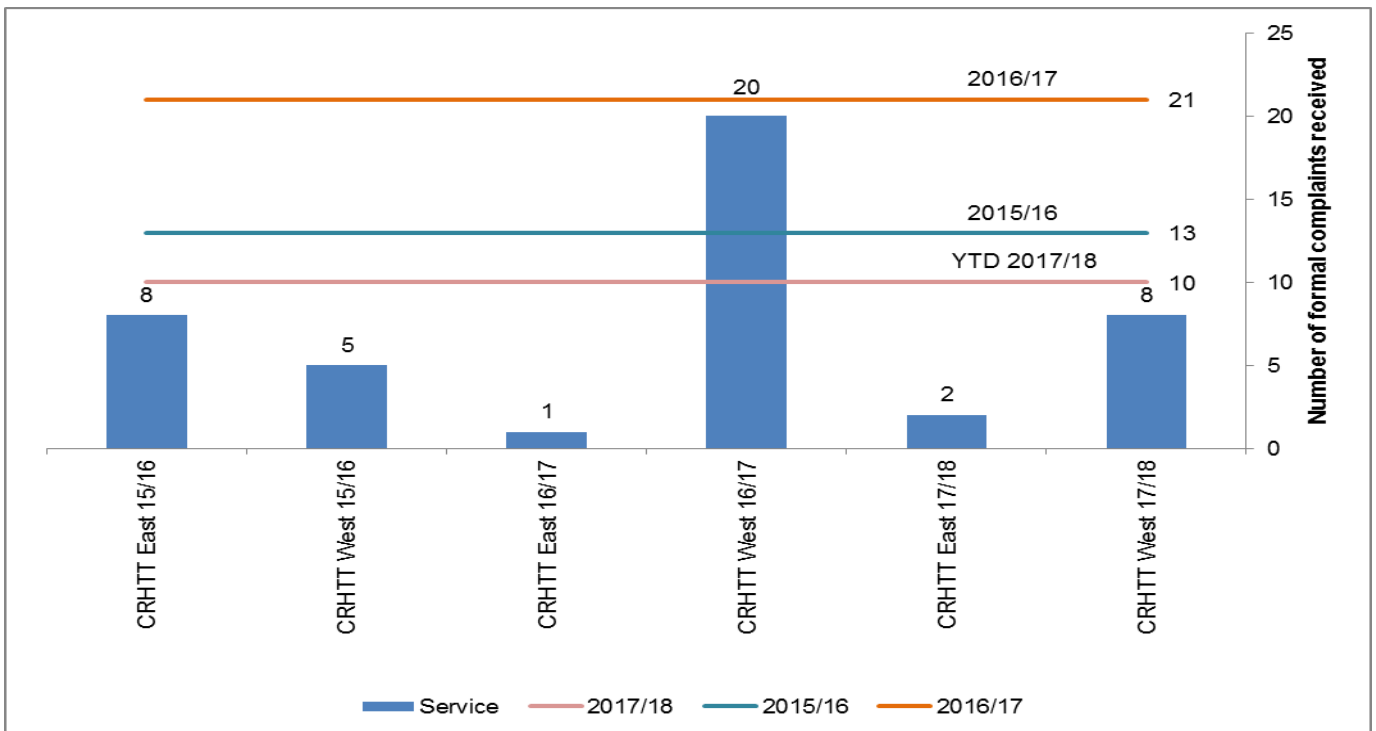
Table Seven: *Theme of complaints received by CRHTT during 2017/18*

Service	Access to Services	Attitude of Staff	Care and Treatment	Communication	Discharge Arrangements	Medical Records	Medication	not stated	Total
CRHTT East			1	1					2
CRHTT West		3	3	2					8
Total	2	10	16	7	2	2	4	1	44

Care and treatment, communication and attitude of staff are the main themes of complaints received so far this year, which aligns to the main themes for all complaints received.

Mental Health Inpatients – Adult

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

Table Eight: *Number of formal complaints received for mental health inpatient wards during 2017/18*

Ward	Admission	Alleged Abuse, Bullying	Attitude of Staff	Care and Treatment	Communication	Discharge arrangements	Patients Property and Valuables	Total
Bluebell Ward				3				3
Daisy Ward	1			2		1		4
General				1				1
Rose Ward				1	1			2
Snowdrop Ward				2			1	3
Total	1	0	0	9	1	1	1	13

So far this financial year, care and treatment is the main theme of the complaints received, making up 69%. There are no other emerging themes.

The graph below shows the number of formal complaints received by ward.

Graph Seven: *Number of formal complaints received by quarter and ward*
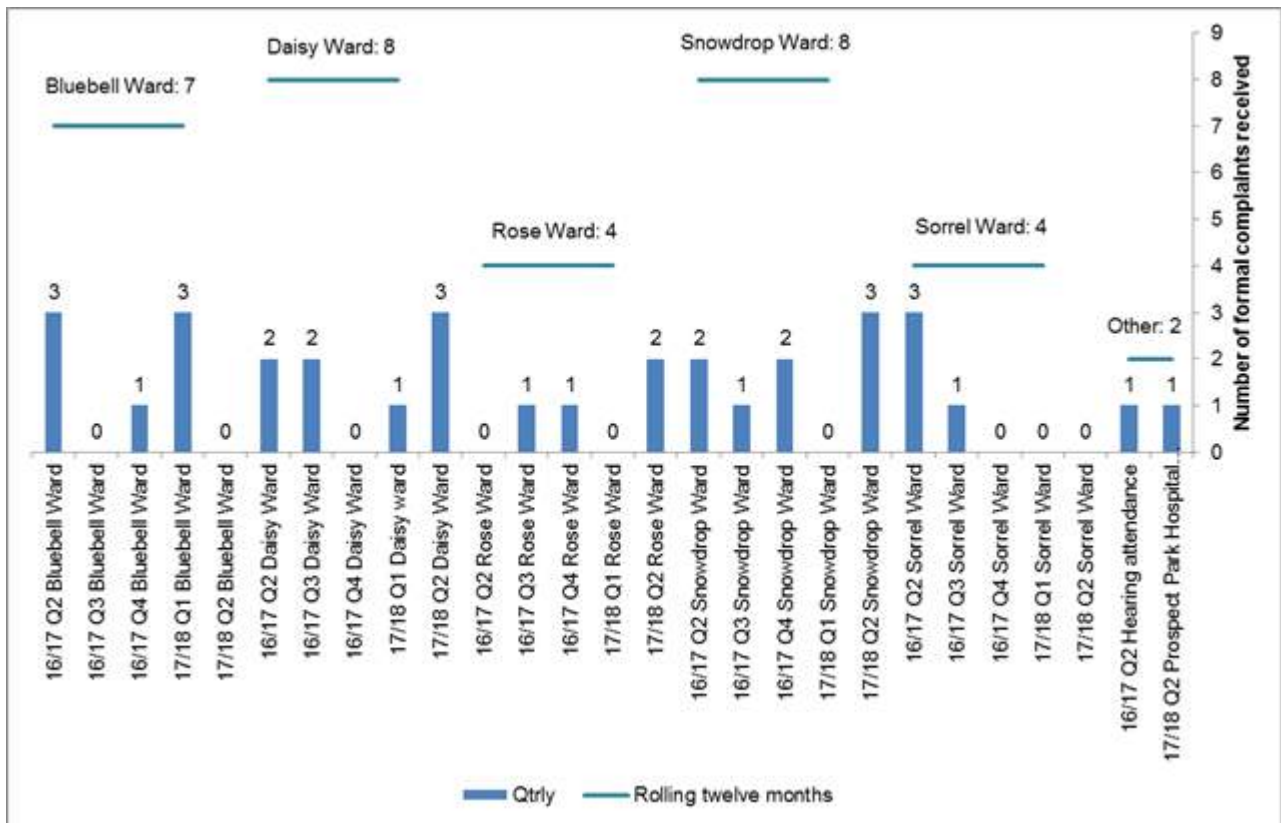
Table Nine: Themes of all formal complaints received

| Theme | 2017/18 | | | 2016/17 | | | | | |
	Q2	Q1	% of received	Q4	Q3	Q2	Q1	Total	% of received
Care and Treatment	34	26	59.41	26	19	22	26	93	44.50
Attitude of Staff	11	9	19.80	8	7	12	14	41	19.62
Communication	8	4	11.88	7	7	4	8	26	12.44
Alleged Abuse, Bullying	0	0	0.00	2	2	3	4	11	5.26
Access to Services	1	0	0.99	3	0	0	4	7	3.35
Medical Records	0	0	0.00	3	0	0	4	7	3.35
Medication	1	1	1.98	0	0	2	2	4	1.91
Confidentiality	2	0	1.98	0	0	3	1	4	1.91
Discharge Arrangements	0	1	0.99	0	0	3	1	4	1.91
Waiting Times for Treatment	0	0	0.00	1	0	3	1	5	2.39
Support Needs (Including Equipment, Benefits, Social Care)	0	0	0.00	0	1	0	0	1	0.48
Management and Administration	0	0	0.00	1	0	0	0	1	0.48
Other/not stated	2	1	2.97	0	0	4	1	1	0.48

The top reasons for complaints being made during 2015/16 and 2016/17 and continued in 2017/18 were:

- Care and treatment

- Attitude of staff
- Communication

1.2 Formal complaints closed and action taken

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

Table Ten: *Outcome of formal complaints closed*

	2017/18			2016/17					
Outcome	Q2	Q1	% of 17/18	Q4	Q3	Q2	Q1	Total	% of 16/17
Case not pursued by complainant	1	1	2.02	1	5	1	4	11	5.19
Consent not granted	1	0	1.01	3	4	1	1	9	4.25
Local Resolution	3	3	6.06	4	0	1	4	9	4.25
Not Upheld	20	6	26.26	9	7	16	14	46	21.7
Partially Upheld	19	18	37.37	14	18	24	22	78	36.79
Referred to other organisation	1	0	1.01	0	0	0	0	0	0
Upheld	18	8	26.26	14	7	18	20	59	27.83
Grand Total	63	36		45	41	61	65	212	

The year to date percentage of complaints upheld has increased from 22.22% in quarter one to 26.26% in quarter two, in addition the percentage of complaints found to be not upheld has also increased from 16.67% to 26.26%. Partially upheld complaints have decreased to 37.37% from 50% in quarter one, from 36.79% in quarter four (2016/17) and 38.32% in quarter three (2016/17).

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

- Care and treatment (54%) – a   slight reduction compared with quarters one, four and three
- Attitude of staff (22%) – a decrease from 27% in quarter one, increase from 7% in quarter four and 12% in quarter three
- Communication (11%) – an increase from 8% in quarter one, decrease from 14% in quarter four and an increase with 8% in quarter three

Table Eleven below shows the services with upheld or partially upheld complaints during quarter two.

Table Eleven: *Upheld and Partially upheld formal complaints*

	Outcome		
Service	Partially Upheld	Upheld	Grand Total
CAMHS - Child and Adolescent Mental Health Services	3	5	8
CMHT/Care Pathways	3	4	7
Adult Acute Admissions	3	3	6
District Nursing	3	1	4
Crisis Resolution & Home Treatment Team (CRHTT)		2	2
Psychological Medicine Service	1		1

Service			
Community Team for People with Learning Disabilities (CTPLD)		1	1
Community Hospital Inpatient	1		1
Minor Injuries Unit		1	1
Mobility Service	1		1
Paediatrics	1		1
Common Point of Entry		1	1
Sexual Health	1		1
Heart Failure Team	1		1
Integrated Pain and Spinal Service	1		1
Grand Total	19	18	37

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

Table Twelve: *Outcome of formal complaints by service*

Service	Outcome						Grand Total
	Case not pursued by complainant	Local Resolution	Not Upheld	Partially Upheld	Referred to other organisation	Upheld	
Adult Acute Admissions	1		2	3		3	9
CMHT/Care Pathways		1	7	3	1	4	16
Crisis Resolution & Home Treatment Team (CRHTT)			3			2	5
Grand Total	1	1	12	6	1	9	30

All services review the findings from complaint investigations and these are discussed in the locality patient safety and quality meetings with actions identified and monitored to affect positive change. This information is now available via real time dashboards accessible to both the Locality and Clinical Directors.

Action planning has been built within the Datix complaint module, and retrospective recommendations from upheld and partially upheld complaints received since April 2017 have been entered onto the system and allocated. This system will evolve and will give more assurance that actions identified as part of complaint investigations are being followed up and completed effectively and within timescale. The actions will feed into a live dashboard that is accessible to Locality and Clinical Directors.

Appendix 1 contains details of the complaints received.

1.3 Response rate for formal complaints

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

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

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

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

2017/18		2016/17				2015/16			
Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
100%	100%	100%	100%	100%	100%	97%	85%	92%	95%

The average number of days taken to resolve formal complaints during quarter two was 25, a decrease from 27 in quarter one and an increase from 24 in quarter four. This remains a significant decrease in comparison with 33 days in quarter three.

As with quarter one, there were 5 complaints closed that took longer than 40 working days, an increase from 1 in quarter four (2016/17), and reduction from 9 in quarter three (2016/17), 8 in quarter two (2016/17), 10 in quarter one 2016/17 and 15 in quarter four 2015/16.

1.4 MP Enquiries

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

During quarter two we received 5 enquiries from MPs, compared to 7 in quarter one, 16 in quarter four (2016/17), 13 enquiries in quarter three (2016/17) and 11 enquiries during quarters one and two 2016/17 combined.

4 of the 5 received were about mental health services, compared to 6 of the 7 in quarter one and all 16 of the enquiries in quarter four (2016/17). 10 of the enquiries in quarter three (2016/17) were about mental health services, which is a continued trend as the majority of enquiries (8) were about mental health services in quarter two, whilst there were 2 enquires related to these services in quarter one. This is possibly indicative of the increased focus on mental health at both a local and National level.

Table Fourteen: *Subject of MP enquiries received during quarter two*

Service	Access to Services	Care and Treatment	Communication	Support Needs (Including Equipment, Benefits, Social Care)	Grand Total
CAMHS - Child and Adolescent Mental Health Services			1		1
CMHT/Care Pathways		1			1
Eating Disorders Service		1			1
Mobility Service				1	1
Talking Therapies	1				1
Grand Total	1	2	1	1	5

2. Parliamentary and Health Service Ombudsman (PHSO)

The Trust continues to work with the PHSO as the second stage within the complaints process. The table below shows the Trust activity with the PHSO as at the end of quarter two 2017/18.

Table Fifteen: PHSO Activity

Month open	Service	Month closed	Current Stage
Sep-16	CAMHS	Sept-17	Not Upheld.
Oct-16	District Nursing	Jun-17	Not Upheld.
Oct-16	Community Inpatient ward	Jun-17	Partially Upheld.
Jan-17	District Nursing	n/a	Investigation underway.
Feb-17	Psychological Medicine Service	Apr-17	Not Upheld.
May-17	CMHT/Older Adults	May-17	Not a BHFT complaint - records requested to inform investigation about Social Care. This case was closed after the notes were sent.
Jun-17	CMHT	Sept-17	Not Upheld.
Aug-17	Talking Therapies	n/a	Investigation Underway.

The Patient Experience and Engagement Group (which has now been combined with the quarterly Healthwatch meeting) monitor the action plans that arise from PHSO investigations on a quarterly basis, this provides a forum to share practice and learning across the different specialities and geographical localities.

3. Informal Complaints/Local Resolution

The complaints office will discuss the options for complaint management when people contact the service, to give them the opportunity to make an informed decision if they are looking to make a formal complaint or would prefer to work with the service to resolve the complaint informally. 5 informal complaints were received during quarter two.

The complaints office has been working with services to devise ways of resolving complaints in a way that meets the expectation of patients and their families whilst capturing the information for staff to use in a friendly and manageable way. It is recognised that services are managing

concerns effectively on a daily basis and an online form has been created as a mechanism for these concerns and any actions taken as a result, being captured. This information is captured in real time on a dashboard that is accessible by the Locality and Clinical Directors.

The number of local resolution complaints that the Patient Experience team have been notified about has increased slightly to 56, compared with 49 in quarter one, 48 in quarter four (2016/17), 53 in quarter three (2016/17), 42 in quarter two (2016/17), 67 in quarter one (2016/17) and 52 in quarter four 2015/16.

NHS Choices, Compliments and PALS

1.   NHS Choices

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

17 negative comments were received in quarter two.

Themes were:

The Garden Clinic include long wait at the drop in clinic and difficulties making an appointment, and attitude of staff.

Podiatry including difficulties accessing the booking system and making an appointment. This was due to the Reading service moving from Oxford Road to Tilehurst.

Minor Injuries Unit (MIU) including confusion around access to the service and the difference between the role of the MIU and the walk in centre; a lack of understanding about the treatment that can be offered in this environment.

Slough Walk in Health Centre (SWIC) includes confusion as to what the service provides. Patients attended but were told that certain procedures were not carried out here.

There have been ten positive posts. 2 were about the Slough Walk- in Health Centre and 1 for each of the following community and inpatient based services St Marks Hospital Physiotherapy, St Marks Podiatry Clinic, Skimped Hill Podiatry Clinic, Oakwood Unit, Minor Injuries Unit, Bracknell CMHT, Willow House (our adolescent ward) and our Trauma Clinic. From September 2017, the service provided by the Slough Walk in Health Centre is no longer provided by the Trust.
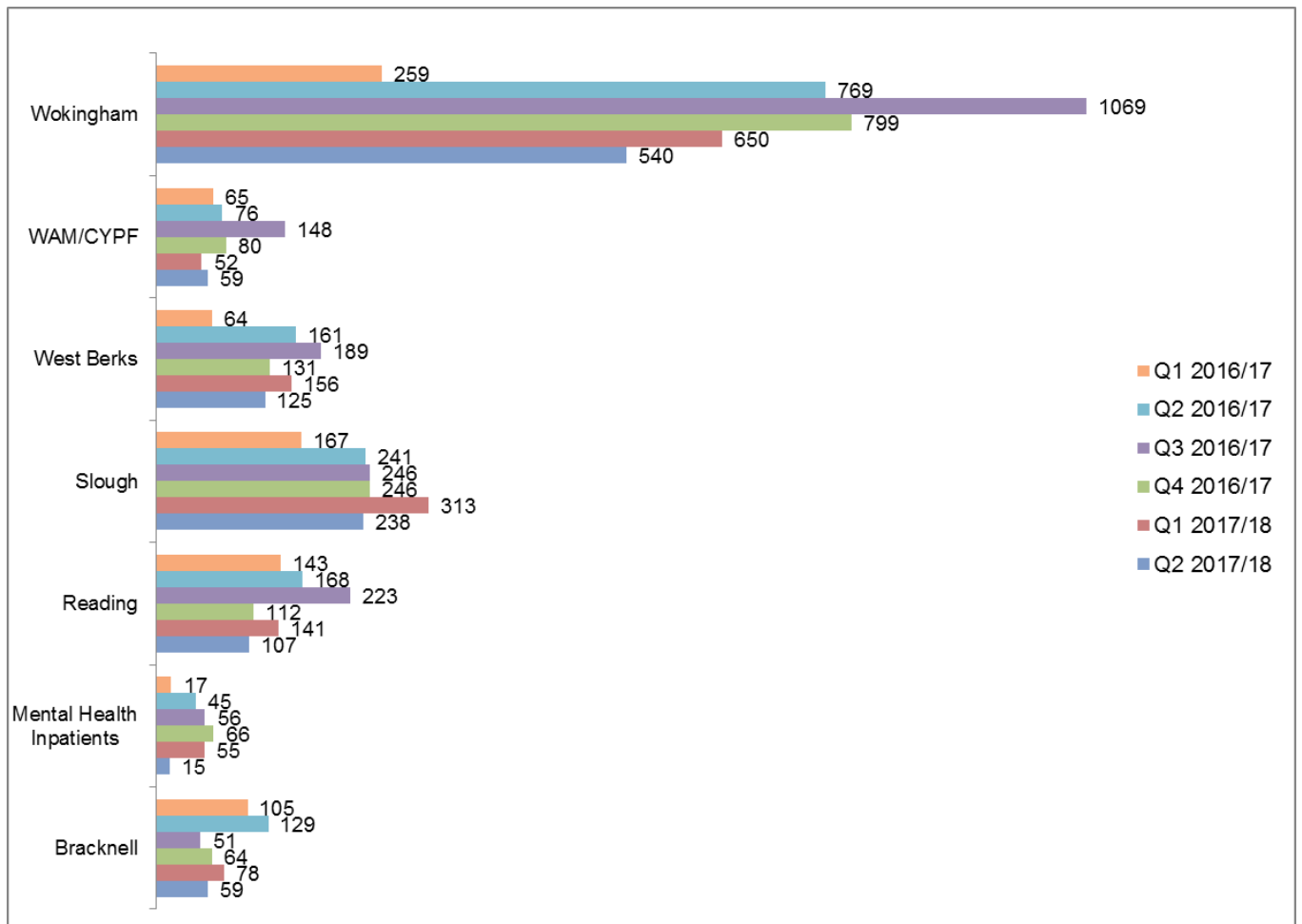
2. Compliments

Graph eight shows the number of compliments received since quarter one 2014/15 by Locality. Since quarter four 2012/13 compliments have been routinely reported directly by services through the web based Datix system. This method of collating feedback enables the Trust to capture compliments, by means other than the traditional thank you card. We have listened to what our staff told us about improving the way this system works and there is now a batch upload option for multiple compliments to be entered into the system.

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

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

2013/14: 3050
2014/15: 4359
2015/16: 4620

2016/17: 5950

Graph Eight: *Number of compliments received since quarter one 2016/17*

There were 1165 compliments reported in quarter two, in comparison with 1488 in quarter one, 1534 in quarter four, 1993 in quarter three, 1602 in quarter two, 821 in quarter one. Our IAPT (Talking Therapies Service) moved from the Bracknell locality to the Wokingham locality which has contributed to the change in activity. Compliment reporting continues to be encouraged and promoted with services and at locality meetings and staff can access comments which are available through our intranet.

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

***Graph Nine:** Top services to report compliments in quarter two*
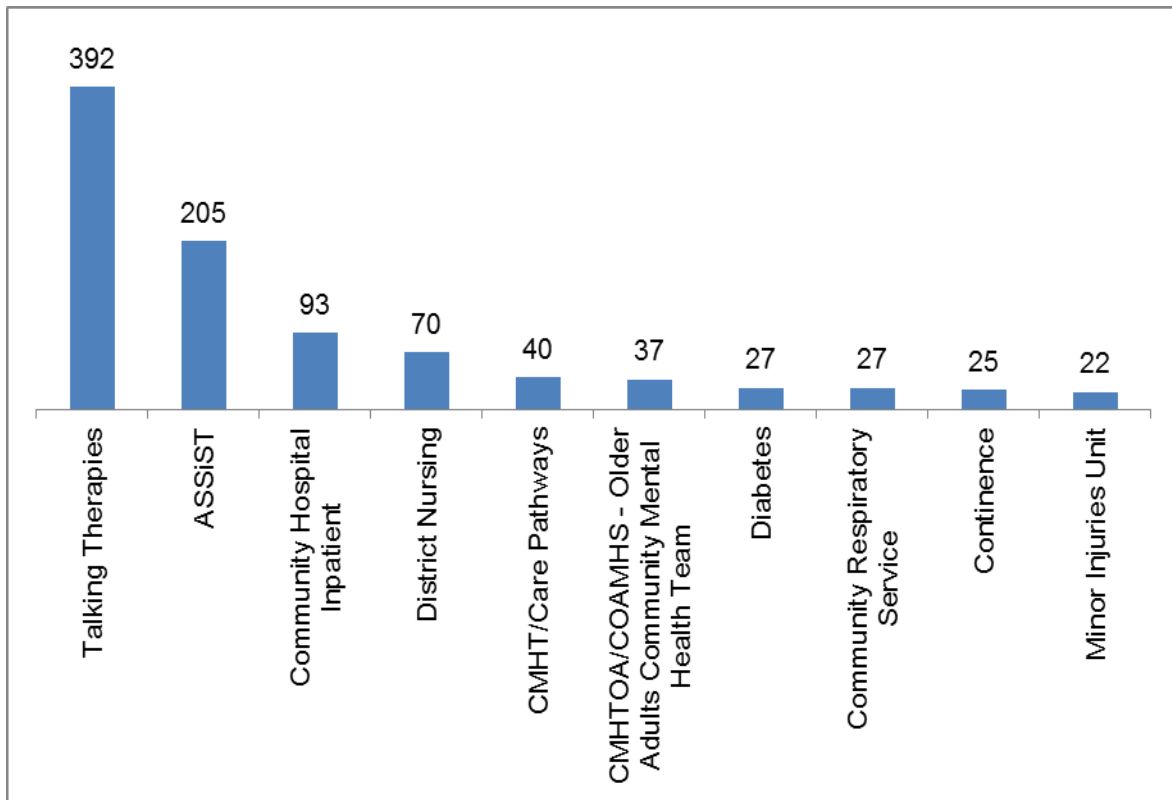
In addition, there were 100 compliments logged that were from sources other than patients, carers and the public. These include students on placements, other organisations and services.

Patient and Public Involvement

1. **Deep Dives**

We commission two Deep Dives per year to take a more in-depth look at the experience of patients and carers either in a specific service or their journey on a pathway of care. Actions identified as a result of Deep Dives are monitored through the quarterly Patient Experience and Engagement Group.

Update on previous Deep Dives:

The experience of patients with Schizophrenia

The key aim of the audit was to provide an essential picture and understanding of the views and experiences of services users in relation to their physical health in secondary and primary care.

The main recommendations from the Deep Dive were:

- Trust & Community Physical Health Policy/Guidelines
- Standardisation of Integrated Physical Health Pathway in CMHTs
- Standardisation of Physical Health Recording Forms, Tools & Referral Forms

Update: The work we are doing in all CMHTs around improving physical health goes some way to meet some of these recommendations. We have devised a screening tool which is being used in our electronic patient record system (RiO). There are also clearer pathways and a training programme for staff. Monitoring progress is via a monthly physical health group – each CMHT have nominated a lead to attend. The screening and interventions are currently carried out via the annual physical health check or the Community Psychiatric Nurse (CPN).

The experience of patients and their carers of our Crisis Resolution/Home Treatment Service (CRHTT)

Update: The aim of the Deep Dive was to objectively assess the patient experience and levels of satisfaction amongst patients who use and are currently receiving care from CRHTT services across Berkshire. Satisfaction with the CRHTT service is high. There have been issues in the past, with a clear link to high service use volume (well above national averages) and understaffing. Service use is still increasing, up 23% 2015-2016, though recent recruitment has addressed both staff numbers and continuity of care. There has been significant 'scope creep' for the teams, as service bottlenecks beyond CRHTT mean that patients return to their care and people know they can be relied upon for support. 100% of patients and carers would recommend CRHTT to a relative or friend needing such treatment. This compares to 89% of patients and 91% of carers responding to on-going patient feedback.

The overall service experience is considered good. No patients in this insight rated it badly, but one carer did. This compares to 87% of patients and 91% of carers who ranked their experience as good or excellent in on-going patient feedback. The reason for no response among carers below was due to carers in a focus group or during telephone interviews not being asked this question, as the conversation was more about discussion and less about rating service aspects.

The CRHTT Service Managers in the East and West are collating an action plan based on the findings of the report.

Current Deep Dives:

Understanding the views of patients, carers and staff of same sex accommodation in our mental health wards

Understanding the experience of people with a dual diagnosis of a Learning Disability and Mental Illness

The second deep dive of this year will be around understanding the experience of people with a dual diagnosis of a Learning Disability and Mental Illness in our community services. This project is just starting and a further update will be provided in the quarter three report.

15 Steps

Four visits have taken place during quarter two.

Appendix Two contains the full quarterly report showing the feedback and themes from these visits.

The Friends and Family Test

The NHS Friends and Family Test (FFT) give an opportunity for patients and their carers to share their views in a consistent way across the Health Service. Berkshire Healthcare has aligned its Strategic Objectives to support a 15% response rate for the FFT in both physical and mental health services.

The monthly FFT results, for each service and reporting locality, are shared on our intranet to make them accessible to all staff. The comments are also available online and the patient experience team are currently exploring how to share these more visually.

Based on the number of discharges from our services, there were 51,738 patients eligible to complete the FFT during quarter two, and we received 4,987 returns.

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

		Number of responses	Response Rate
2017/18	Q2	4987	9.63%
	Q1	4238	7.04%
2016/17	Q4	3696	5.10%
	Q3	4024	5.10%
	Q2	5357	2.20%
	Q1	6697	2.70%
2015/16	Q4	4793	2.10%
	Q3	5844	4.20%
	Q2	6130	4.50%
	Q1	7441	6.60%

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

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

Ward	Ward type	2017/18		2016/17				2015/16		
		Q2%	Q1%	Q4%	Q3%	Q2%	Q1%	Q4%	Q3%	Q2%
Oakwood Ward	Community Inpatient	93.75	100	100	-	85.7	89.47	95.16	94.55	88.71
Highclere Ward	Community Inpatient	100	100	96.6*	90	100	96.3	96.88	81.48	85.19
Donnington Ward	Community Inpatient				75.7	100	90.91	89.47	95.83	94.87
Henry Tudor Ward	Community Inpatient	98.86	93.5	97.1	89.3	95.7	95.92	87.27	95.71	100
Windsor Ward	Community Inpatient	100	100	100	92	94.7	93.94	100	96.61	98.08
Ascot Ward	Community Inpatient	100	100	100	80	100	88.89	90	93.55	97.14
Jubilee Ward	Community Inpatient	100	100	100	90	100	97.78	97.44	95	97.22
Bluebell Ward	Mental Health	100	40	80	60	100	78.79	80	75	0**
Daisy Ward	Mental Health	66.67	50	50	-	66.7	85.71	68.42	75	71.43
Snowdrop Ward	Mental Health	76.19	60	78.6	66.7	50	66.67	85.71	0**	100
Orchid Ward	Mental Health	100	0**	-	0**	100	-	100	0**	100
Rose Ward	Mental Health	50	100	66.7	0**	80	33.33	54.55	58.82	100
Rowan Ward	Mental Health	-	100	-	0	-	72.73	100	-	-

* Highclere Ward and Donnington Ward collected the Friends and Family Test as West Berkshire Community Hospital Inpatients since quarter four 2016/17.

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

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

Walk-in Services	2017/18		2016/17				2015/16	
	Q2%	Q1%	Q4%	Q3%	Q2%	Q1 %	Q4 %	Q3%
MIU: West Berks	98.54	98.39	98.36	91.03	96.92	97.37	96.54%	95.81
SWIHC: Walk-in	95.53	91.79	96.35	79.54	89.69	88.45	81.23%	77.69

A review of the national results for July 2017 shows that the collective percentage recommendation rate for GPs in Slough is 66% a reduction from the 82% reported in the previous set of results in February. The nation recommendation rate is 77%, which has also reduced from 89% in the previous period.

The percentage of patients who would not recommend the GPs in Slough was 14% compared to 10% and the national rate was now 9% compared with 6%. From September 2017, the service provided by the Slough Walk in Health Centre was no longer provided by the Trust.

The patient experience team have recruited a volunteer to help with collecting feedback, based at St Marks Hospital in Maidenhead. The Voluntary Services Team is supporting recruitment with volunteers across other sites.

Table Nineteen: Number of Carer Friends and Family Test responses

Number of responses	
2017/18	
Q2	32
Q1	111
2016/17	
Q4	74
Q3	57
Q2	54
Q1	22
2015/16	
Q4	15
Q3	15
Q2	73
Q1	29

The responses received are generally positive; however response rates are low and we are aiming for 100 per locality per quarter. We are working on increasing awareness of Carer FFT cards

within the trust and potential impact of the FFT on other carer feedback e.g. memory clinic accreditation.

FFT national benchmarking

Each month health services (both NHS and independent providing NHS services) submit a report to the Department of Health on their FFT results and activity. As each organisation differs in the services that they provide, and the guidance for calculating the response rate differs substantially. The table below shows the most up to date comparison information available from NHS England,

Table Twenty: *Number of Friends and Family Test responses*
Community health services FFT data inc August 2017

Trust Name	Aug-17				May-17		Feb-17	
	Total Responses	Total Eligible	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR
Berkshire Healthcare	1,380	15,142	9%	98%	6%	97%	4%	98%
Solent NHS Trust	1,425	37,365	4%	96%	3%	96%	2%	97%
Southern Health NHS FT	1,890	38,166	5%	98%	8%	94%	8%	95%
Oxford Health NHS FT	1,094	33,658	3%	97%	3%	97%	1%	96%

%RR – Recommendation rate

Table Twenty one: *Number of Friends and Family Test responses*
Mental health services FFT data inc August 2017

Trust Name	Aug-17				May-17		Feb-17	
	Total Responses	Total Eligible	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR
Berkshire Healthcare	147	3,403	4%	88%	7%	92%	2%	88%
Solent NHS Trust	156	1,357	11%	93%	6%	92%	6%	92%
Southern Health NHS FT	324	11,266	3%	86%	3%	89%	3%	91%
Avon and Wiltshire MH Partnership	656	5,887	11%	86%	13%	89%	15%	89%
Oxford Health NHS FT	893	9,871	9%	92%	2%	79%	1%	79%

%RR – Recommendation rate

The available information demonstrates that the collection methodology with the highest response continues to be paper/postcard at point of discharge. To support existing methods of collecting the Friends and Family Test, the Patient Experience Team are distributing hard copy cards and freepost envelopes which services are to include with the discharge letters that are send to patients. The use of SMS is being extended to include services in the community, starting with CMHTs in the East and will be rolled out across the Trust wherever possible. This is a much more time effective way of collecting and reporting the FFT.

2. **PPI strategy**

The Patient and Public Involvement Strategy has been revised and this is being fully implemented within the Children, Young People and Families (CYPF) Locality in the first instance. Services within CYPF have PPI Champions who will sharing best practice within their service and across the locality, with peer support as well as support from the wider organisation with troubleshooting any issues with involving and co-production activities.

A copy of the most recent Patient Participation Strategy work programme for 2017/18, Getting from good to outstanding can be found at the end of this document. From August 2017 the Patient Experience and Engagement Group (PEEG) and quarterly Healthwatch meetings. This provides a greater opportunity to share the learning and best practice from participation across services and geographical localities.

3. Patient Leaders

There are currently three new Patient Leaders undertaking their training at the Royal Berkshire Hospital. In addition, an existing Patient Leader at the RBH has agreed to take part in a pilot looking at the experience of patients across the two organisations which has the potential to widen the pool and scope for patient leadership moving forward.

4. Good or Better results

Total feedback relevant to the good or better rating has been received from 4,210 patients and carers, compared with 4,181 in quarter one, 2,754 in quarter four (2016/17) and 2,245 in quarter three (2016/17). Of those that provided feedback 94% reported the service they received as good or better. 11 of the services carrying out the internal patient survey were rated 100% for good and better with a further 21 services rating 85% or above.

28 services in all failed to log any responses for quarter two. We believe some of these may be due to networking issues which are being addressed whereas others are not routinely collecting and therefore we are working them.

It is promising to see an increase in data collection as we have been working with a number of services. We also know that some services have worked hard to increase their numbers which is reflected in their results. An increase in awareness at PSQ meetings has also resulted in a positive outcome.

Formal Complaints received during quarter two 2017/18

Geographic Locality	Service	Reporting Locality	First received	Opened	Complaint Severity	Description	Outcome code	Outcome	Subjects
Wokingham	Podiatry	West Berks	03/07/2017	05/07/2017	Minor	Patient is unhappy with treatment from Podiatry at Wokingham hospital. She was caused a significant amount of pain and was shouted at when she called in.	Upheld	We have acknowledged and apologised for the poor communication and that a referral was not made as appropriate giving the opportunity for a podiatrist to examine the foot. Staff member has apologised that her conversation with patient had made her feel unable to attend a further appointment.	Care and Treatment
Reading	Adult Acute Admissions	Mental Health Inpatient	03/07/2017	05/07/2017	Minor	Complaint about admission believed to be in the summer of 2015. The patient states that they made a formal complaint to both the trust and CQC and did not receive a response. Also that they were not informed of what was happening about their mental health act status and community treatment order.	Not Upheld		Admission
Reading	Psychological Medicine Service	Reading	03/07/2017	05/07/2017	Moderate	Brother of patient is complaining about discharge of his sister under PMS at RBH following a suicide attempt. A few days after discharge, she did commit suicide and family are unhappy with how the case was subsequently dealt with.	Partially Upheld		Care and Treatment
Windsor, Ascot and Maidenhead	Talking Therapies	Wokingham	06/07/2017	06/07/2017	Minor	Pt self referred to TT and requested his GP was not informed. Services discharged him as they said they could not provide therapy to a pt who refuses for us to tell GP. Pt later found out the GP had been told despite services saying they would not tell him.	Local Resolution		Confidentiality
Reading	Adult Acute Admissions	Mental Health Inpatient	06/07/2017	06/07/2017	Minor	Lost property on transfer between Sorrel Ward and Snowdrop on the evening of the 28th January 2017. Complainant believes items were not logged by Snowdrop as they were returned to the pt by Sorrel	Upheld	Investigation showed that neither ward had correctly followed policy for recording patient's property. Financial offer of £400 made to cover playstation , lost cash and mobile phone.	Patients Property and Valuables
West Berks	Minor Injuries Unit	Wokingham	07/07/2017	11/07/2017	Moderate	81 yr old Pt turned away by Nurse at MIU on a Friday despite not being able to walk properly and told to see her GP. On the Monday the GP sent her to xray, then onto MIU, pt diagnosed with a broken foot. Daughter very unhappy about the pain her mother had to suffer because she was not seen on the Friday.	Upheld	Both elements upheld. Staff member did not have authority to give advice or turn patient away. We have apologised for this. Also apologised that communication was not clear	Care and Treatment
Bracknell	CMHT/Care Pathways	Bracknell	10/07/2017	11/07/2017	Minor	Pt feels his Care Co-ordinator was disrespectful and negative. Pt offered a further meeting with the same clinicians but he does not feel safe so declined, as a result clinician discharged him to GP. Pt wishes an apology for clinicians behaviour and a LRM to discuss his future care plan. Pt also wishes a copy of the standard procedures for discharge. Pt also wants relevant copies of his records.	Upheld	1. Dr has apologised he that he appeared disrespectful. 2. Further meeting has been set up. 3. Planning and discharge policy was not followed.	Attitude of Staff
Bracknell	CMHT/Care Pathways	Bracknell	11/07/2017	14/07/2017	Minor	Pt feels staff have been dismissive, he feels that we do not see that people born with disabilities can become depressed because of it. He would like to know where his diagnosis has come from and why it was not shared with him. He also believes he needs a medication review	Not Upheld	Not upheld. Patient does not fulfil criteria for CMHT.	Care and Treatment
Slough	Paediatrics	Windsor, Ascot and Maidenhead	12/07/2017	14/07/2017	Low	Mother shocked at the attitude of consultant feels they should reframe from bringing their own culture and personal view into a consultation	Partially Upheld	There has been no evidence to uphold the element of the complaint that relates to the service failing to respond to messages. However we are reminding the service of the standard practice to logging and responding to messages. The Paediatrician has been changed as requested and the previous consultant has apologised that her approach caused distress.	Attitude of Staff

Geographic Locality	Service	Reporting Locality	First received	Opened	Complaint Severity	Description	Outcome code	Outcome	Subjects
Reading	Adult Acute Admissions	Mental Health Inpatient	12/07/2017	17/07/2017	Moderate	Pt has died since the original complaint and the family now wish a formal response to their original letter and for an investigation to take place into their mothers physical needs whilst on Daisy Ward from 28th MArch. ORIGINAL COMPLAINT Family of a patient provide 24 hr care to mother whose husband died in Dec. State pt's MH has severely deteriorated and on 12/13th they felt they needed to call the Crisis line to be told they refused to help and insisted the family speak to someone after 9am on Monday. Service called at 1pm on Monday, offered apt for 2 weeks, which family said was too late. Social worker went out Thursday 16th, said the case would be discussed that afternoon, family heard nothing. 17th pt became paranoid and confused, 2 staff visited and asked the family what they wanted regarding send her to hospital, as they could not honestly answer that inform of pt the staff left offering now help, advice or medication. Family called Crisis Friday and were again declined help saying MDT meeting was the next day and to wait.	Upheld	There was an opportunity to monitor her bowel function more closely and this might have led to a diagnosis of faecal impaction with diarrhoeal overflow sooner, with the potential of subsequent medical rather than surgical treatment. The failure to record bowel pattern, as per medical request falls below the standards we would expect from our teams and we have apologised for this. No individual lapse in care was to blame for what occurred in this case but it may be helpful to review some medical management protocols, to improve communication between doctors and nursing staff and review the possibility of undertaking daily nursing observations for some at least of the in-patients at Prospect Park Hospital.	Care and Treatment
Windsor, Ascot and Maidenhead	Health Visiting	Windsor, Ascot and Maidenhead	13/07/2017	17/07/2017	Moderate	Parents of 18 month old notice when their daughter tried to walk that she limped. Following examination the child has a dislocated right hip which now needs surgery to correct. Father wishes to know how this has been missed by all clinician until now.	Not Upheld	Not upheld as Health Visitors are not trained to undertake clinical exam of babies hips.	Care and Treatment
Reading	District Nursing	Wokingham	17/07/2017	20/07/2017	High	Wife wishes clarity on 3 points 1. around sepsis, 2 discussions with the Physiotherapist and 3.accessemnt from DN ORIGINAL COMPLAINT BELOW Wife of deceased patient feels there was a lack of communication between services, the pt and her as well as a distinct lack of compassion. As a result the complainant feels she let her husband down at the end as the care that was promised was not delivered.	Partially Upheld	Communication between staff members was not clear and transparent, which resulted in missed opportunities for a clear handover and delayed the syringe pump. We have apologised to the lack of communication. All staff involved will attend a reflective practice session to consider how they will show care and compassion in future. Explanation given about why the car engine was left running, which the driver was expected to do, particularly on a cold night.	Care and Treatment
Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Slough	18/07/2017	18/07/2017	Minor	Pt wants to know why CMHT will not except any referrals from GP's as he says he needs help. He says he was told by staff that he could call CMHT to refer back in but when he tries to do that he is refused.	Upheld	Partially upheld as patient was not told he did not have a mental illness that required input from CMHT. He was not given copy of GP letters. Staff have been reminded to make sure patients are copied on info relating to them.	Access to Services
Windsor, Ascot and Maidenhead	Eating Disorders Service	Windsor, Ascot and Maidenhead	18/07/2017	18/07/2017	Low	Pt has been known to services since 2015. Following a review meeting BEDS have said there is nothing further they can do. Mother feels her daughter needs the support and does not understand why they have deserted her so abruptly. She finds it incredible that the BEDS team find it acceptable to put an already vulnerable and unwell young lady in such an unsupported position too and she strongly requests that this is reconsidered due to the pt vulnerability and they are concerned about a relapse.	Not Upheld	No clinical failings. Investigation has shown that patient falsified weight, declined appointments, self discharged and declined to attend day care programmes.	Care and Treatment
Slough	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	19/07/2017	24/07/2017	Minor	Pt needed medication urgently but nothing had been put on the system re med change from consultant who has now left. No letter has been sent regarding meds change either and mothers feels a clinic apt should be bought forward from Dec to now as consultant has changed	Upheld	Dr did not send medication review letter, which resulted in wrong prescription being issued.	Medication
Slough	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	24/07/2017	25/07/2017	Moderate	Letter incorrectly addressed sent to a GP. Mother works at the GP surgery this has been sent to and knows a colleague will have to open the letter to identify where to send it and will then know all her daughters confidential information	Upheld	Clear breach in patient's confidentiality.	Confidentiality
Reading	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	25/07/2017	28/07/2017	Minor	Father took son to RBH following a number of MH crises during the week, father is concerned that the correct process was not followed and that no CAMHS specialist saw his son during his stay.	Partially Upheld	Partially upheld as there have been no failures in clinical care but communication could have been better with parent having a fuller understanding of what to expect when his son was assessed. Complaint has been shared with wider team so that they can be aware of how their interactions have made them feel.	Care and Treatment
Slough	Heart Failure Team	Bracknell	26/07/2017	31/07/2017	Moderate	Family of deceased pt feel the nurse did not want to help the patient when they called on the 10th May and wish this to be looked into for the sake of other families.	Partially Upheld	The IO has reported that there is no evidence to support that the nurse did not want to help. There is evidence of many phone calls and home visits. However the named nurse and IO have apologised that they received that impression	Attitude of Staff

Geographic Locality	Service	Reporting Locality	First received	Opened	Complaint Severity	Description	Outcome code	Outcome	Subjects
Reading	Psychological Medicine Service	Reading	26/07/2017	31/07/2017	Minor	Pt wishes to complain about the care and support she received from a nurse and student at the PMS service, she feels they had made up their minds about her before she was assessed.	Not Upheld	No clinical failings identified. It was not appropriate for patient to be admitted.	Attitude of Staff
Reading	Out of Hours GP Services	Wokingham	26/07/2017	28/07/2017	Minor	Pt allocated an apt at 10:20pm, she waited 2 hours to be seen and felt the Dr was very abrupt and rushed. The lump in her groin was only examined briefly and she was told to take ibuprofen and a hot bath. She was later admitted to hospital with a perianal abscess and had surgery.	Not Upheld	No clinical failings. patient was seen initially by WestCall and advice given at the time was reasonable.	Care and Treatment
Reading	Adult Acute Admissions	Mental Health Inpatient	26/07/2017	26/07/2017	Moderate	Following our letter of the 6th July father feels items were discussed but not mentioned within letter . 1. Father does not agree with the term 'capacity' when referring to MH as he feels it is due to MH issues that they make irrational decisions 2. Questions our approach to preventative care 3. phrases like 'everyone is different' require an explanation to pt's	Not Upheld	No further investigation undertaken but explanation and clarification provided.	Care and Treatment
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	28/07/2017	31/07/2017	Minor	Parents surprised by childs diagnosis of Autism and they feel they have no where to go for support as parents	Partially Upheld	Many aspects of the complaint are misunderstandings where clear messages were not delivered. Therefore whilst we may have acted accordingly, our communication should have been better	Communication
West Berks	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	28/07/2017	01/08/2017	Moderate	Pt seen by male HCP whom she said made her feel so degraded. She says the HCP said that she was just there for housing. He then allegedly said she was wasting his time and he was not happy to continue. Pt left the session as was having a anxiety attack, came back into Hillcroft house saying she wanted to see someone from Crisis - she was seen	Not Upheld	Complaint is that no contact was made with patient for 4 days but investigation showed that they did attempt to call several times. The meeting planned for day 2 after discharge was never confirmed by patient. Patient was unhappy with some of the messages given at the meeting and the became sarcastic at which point the therapeutic relationship deteriorated.	Attitude of Staff
Bracknell	CMHT/Care Pathways	Slough	02/08/2017	04/08/2017	Low	Family are unhappy with the care being provided by Comfort Care in slough, as a result they have taken him out to one of his sisters homes. Family also state that the patient has been in MH care since 1992 and they feel his problems have never been addressed in a proper manor	Refered to other organisation	LA complaint	Care and Treatment
Reading	Adult Acute Admissions	Mental Health Inpatient	03/08/2017	04/08/2017	High	The family are very concerned about the treatment care and compassion received from Daisy Ward. CQC are aware	Partially Upheld	Lack of activities on the ward out of core office hours, poor record keeping, use of jargon and no information for carers, and no noted contact or awareness of key nurse. Not upheld re access to a bible, physical health checks, training of staff involved in restraint.	Care and Treatment
West Berks	CMHT/Care Pathways	West Berks	07/08/2017	08/08/2017	Minor	Relationship breakdown with current CPN. Pt notes she has not seen anyone since May 10th and having now seen her medical records notes that she was taken off CPN's list without her knowledge, she would like an explanation. Pt would like a meeting to discuss a new care plan	Not Upheld	Complaint not upheld as the care and treatment was found to be good and that the clinician had worked hard to develop a positive relationship with the patient. Patient was informed that their behaviour was unacceptable.	Care and Treatment
Wokingham	District Nursing	Wokingham	08/08/2017	10/08/2017	Moderate	Pt and spouse feel the DN made 1. arbitrary and serious decisions about care without researching the consequences.2. Has a bullying and harsh telephone manner and 3. tells lies.	Upheld	Apology for poor communication and response from Community Nurse.	Attitude of Staff
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	11/08/2017	15/08/2017	Low	Following on from previous complaints mother feels our statements are inconsistent. Mother has also requested records from the first meeting with clinicans	Partially Upheld	Point one not upheld as this was addressed in previous response. Point 2 upheld. we have acknowledged and apologised for communication breakdown.	Communication
West Berks	CMHT/Care Pathways	West Berks	14/08/2017	16/08/2017	Minor	Suicidal pt called to Crisis person on the phone said they would get someone to call him back but they never called. This happened twice and on both occasions the pt tried to take his life	Upheld	Investigation acknowledged that there were a number of occasions where promised from CMHT were not fulfilled.	Care and Treatment

Geographic Locality	Service	Reporting Locality	First received	Opened	Complaint Severity	Description	Outcome code	Outcome	Subjects
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	14/08/2017	16/08/2017	Moderate	Pt wishes to know the clinicians approach when he arrived at the RBH on the 30th March 17. Why did CRHTT go to his home address when he had advised he would be at his sisters in Tilehurst? Pt waited in the waiting room for 30 mins, reception staff were unwelcoming, pt wants to know why no updates were provided. Why was the pt not allowed to speak about his MH in the meeting? Clinician did not take notes in the meeting, pt wishes to know whether clinician heard him, he requested notes from meeting but they were not further coming. Pt wishes a review of many MH services	Not Upheld	The contact was appropriate - apology given that staff attended the wrong address, however they were given this by a different service.	Care and Treatment
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	14/08/2017	15/08/2017	Low	Pt is insistent that she was told (unprofessionally) not to contact CRHTT again. The call was made at either the 19th or 20th Dec 2016 at 00:20hrs. Pt wishes this investigated and a response made in writing	Not Upheld	Allegation that patient was told not to contact CRHTT again was found to be untrue. She was asked not to contact them when she was intoxicated.	Attitude of Staff
Wokingham	CMHT/Care Pathways	Wokingham	14/08/2017	15/08/2017	Low	Family unhappy with all responses sent since February 2017	Not Upheld	nothing new identified from further investigation.	Care and Treatment
Reading	CMHT/Care Pathways	Reading	17/08/2017	22/08/2017	Low	Mother feels there is an unacceptable delay in receiving the patients psychiatrists report from PPH following the meeting of 28th February 2017	Upheld	This complaint is upheld as it is clear that there was a lack of documentation and follow up referrals following an appointment in February 2017 by the Doctor. The CMHT have made contact to offer support and assessment.	Communication
Bracknell	CMHT/Care Pathways	Slough	17/08/2017	21/08/2017	Minor	Pt feels he was left in a crisis for the entire day, he is still awaiting an apt after 2pm on a Friday as he can not take time off work as losses pay. He feels the complaint he sent on the 28th July directly to services has not been dealt with and he says he has had no treatment for 11 years.	Not Upheld	Patient DNA multiple appointments - could have been an improvement re availability of clinic days however the patient's needs have been accommodated as far as reasonably practicable. The patient has been offered and received multiple forms of treatment.	Care and Treatment
Wokingham	Mobility Service	Bracknell	18/08/2017	22/08/2017	Minor	Brother unhappy with the clinicians attitude and the length of time to sort his brothers chair in light of the sores he has. CQC were copied into the complaint letter	Partially Upheld	Partially Upheld - Element of the complaint about the attitude of the staff was upheld. There have been safeguarding concerns raised about the care and treatment provided in the home. The advice given by the service has routinely not been taken on board and this has had an adverse effect on the patient.	Attitude of Staff
Reading	Adult Acute Admissions	Mental Health Inpatient	25/08/2017	29/08/2017	Minor	Pt and her mother wish her section to be overturned and they do not feel she is getting any better and mother wishes to move into Pt's home to take care of her. Mother says she was shouted at by staff members and pt says she has been mistreated, neglected and is confused she also said she has been threatened.	Partially Upheld		Care and Treatment
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	29/08/2017	30/08/2017	Low	Pt with many physical health issues called the Crisis team on the 20/8/17 needing help and she said the attitude of the call handler was appalling.	Upheld	The approach of the member of staff was not effective or helpful and on reflection they recognise that they should have changed their style accordingly.	Attitude of Staff
Bracknell	Talking Therapies	Wokingham	29/08/2017	06/09/2017	Minor	Widow has referred her complaint to the PHSO. She feels the Trust did not monitor the level of risk of suicide that her husband showed and the lack of action meant opportunities to avoid his suicide were missed.			
Windsor, Ascot and Maidenhead	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Windsor, Ascot and Maidenhead	30/08/2017	04/09/2017	Low	Daughter wishes to complain about treatment and support the Trust provided the patient while he was a resident of Dormy House care home in 2016 up to when he left the home on the 2nd November 2016. Daughter wishes to know why the drugs given in PPH could not be administered in the community despite her being advised they could, she feels adequate treatment was not given to her father in the community. She would also like to know why we did not push more actively to move the pt to the Dementia unit despite suggesting this in the first place.	Partially Upheld		Care and Treatment
Reading	CMHT/Care Pathways	Reading	30/08/2017	31/08/2017	Minor	1.Pt wishes to complain about every single aspect of his care with us since May 2012, he feels the last 5 years have been nonsense, saying he has been lied to and has had no decent or sensible treatment. 2.He also states that when he was last seen by his therapist he was told 'nothing further could be done for him' - he feels this is unacceptable 3.Pt is unhappy that he asked for a formal complaint to be raised on the 9th Aug and this was not done and nothing has happened as a result	Not Upheld	The investigation showed that the patient has received a variety of interventions which were appropriate. Patient has been advised that his behaviour has been abusive at times and warned that this is not appropriate.	Care and Treatment

Geographic Locality	Service	Reporting Locality	First received	Opened	Complaint Severity	Description	Outcome code	Outcome	Subjects
Slough	District Nursing	Bracknell	01/09/2017	04/09/2017	Minor	Husband says the DN's do not always turn up when they say they will. Pt's catheter was replaced at 3pm, at 6pm the pt was unable to urinate. DN's went back out at 9pm and replaced the catheter again. At 10.45 pt again was unable to go to the toilet, having called 111 as instructed by DN's pt went to A&E where they were advised the catheter had not been inserted into the Urethra, they replaced again. Husband wishes this investigated.	Partially Upheld	There was insufficient information on the referral form to identify the needs of the patient, and as they were away on holiday this could not be clarified. There was miscommunication betweenthe HUB - with the HUB informing the family that the patient will be seen having seen their name in the diary, however this was not a face to face contact and was to gather more information. The service is looking at how information is shared for clarity. A catheter passport is being introduced and retained by the patient to help with on-going catheter care.	Care and Treatment
Reading	Adult Acute Admissions	Mental Health Inpatient	01/09/2017	04/09/2017	Low	Mother unhappy with care and treatment for her son whilst on the ward especially the fact he had depot injections that she said he did not have time to discuss with her before they were administered. During his discharge there was no care plan put into place and then care through CMHT			Care and Treatment

Appendix 2

15 Steps Challenge

Quarter 2 2017/18

For quarter 2 of 2017/18, the program of visits was reduced to accommodate annual leave and availability of volunteers during the summer months which have corresponded with outpatient areas being due; these are visited bi-annually. A total of 4 visits have been carried out this quarter.

We have introduced new volunteers to visits during this quarter and they continue to be a valuable asset to the programme.

The toolkits have been updated to make them bespoke to Berkshire Healthcare and are being used with the visits.

Dental – Tilehurst Clinic

The staff were all very welcoming and cheerful. The team were impressed with the professional and caring attitude of the dentist.

Podiatry – Oxford Road Clinic

During the visit the team learned that the clinic was due to move to Tilehurst in September and although there was no information displayed to reflect this all the patients spoken to had been informed and did not appear concerned.

Although this was obviously a difficult time for staff in an environment that was not fit for purpose they continued to provide a welcoming and professional service.

Dental - Slough

An excellent visit the dental staff were friendly and engaging and clearly proud of their service.

Podiatry – Slough

The staff were friendly and welcoming to the 15 steps team and were positive and responsive to feedback.

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

Pam Mohomed-Hossen & Kate Mellor
Professional Development Nurses

Board Meeting Date	14 November 2017
Title	Research and Development Annual Report 2016/17
Purpose	The Report presents a summary of research and related activity for the year 2016/17
Business Area	Corporate (Medical Directorate)
Author	Dr Gwen Bonner, Mr Stephen Zingwe
Relevant Strategic Objectives	To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
Patient Care Impacts	Patients should have the opportunity to participate in research when receiving care and treatment in the NHS. Clinical trials support generation of best evidence and identify new and effective treatment options which can offer better outcomes for patients.
Resource Impacts	The BHFT Research and Development (R&D) Team are predominantly funded by the Thames Valley Clinical Research Network (CRN). Funding is allocated annually and the majority of the team hold short term contracts as funding is based on research activity from the previous year.
Regulatory requirements	Health Research Approval (HRA) is the process for the NHS in England that brings together the assessment of governance and legal compliance, with the independent Research Ethics Committee opinion provided through the UK research ethics service. Local governance procedures are in place to ensure regulatory compliance within BHFT.
Equality & Diversity Implications	BHFT is committed to delivering the objectives of the NIHR and regional CRN to continue to increase patient equality in terms of access to clinical trials.
SUMMARY	We recruited a total number of 1782 people into high quality research studies, and the number of participants recruited into NIHR portfolio studies rose in 2016/17 to 1764 compared to 756 in 2015/16. Additionally there was an increase in the diversity of Portfolio studies we delivered as part of our commitment to widen research to our other community services. The number of studies BHFT have participated in have reduced since last year. We have worked closely with the University of Reading to strengthen our research collaborations and are integrating with the Thames Valley Clinical Trials Unit to further support this partnership. We have appointed a joint Chair of Neurodegenerative Medicine with the University of Reading and are intending to place BHFT in a position to lead on dementia research in Berkshire and

	beyond. Patient and Public involvement remains at the core of our R&D activities.
Action required	The Board is asked to note the contents of the report and progress made during the year.

Research and Development

Annual Report 2016/17

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Executive Summary

In the last financial year (2016/17) BHFT recruited 1764 new participants into 45 National Institute for Health Research (NIHR) portfolio clinical research studies. This exceeded the target of 500 agreed with the Thames Valley and South Midlands Clinical Research Network (CRN) who fund BHFT staff to deliver research within the Trust. In addition, we recruited 18 participants into 17 non-portfolio health research studies. In total we have recruited 1782 participants into 62 high quality studies during the year. Our recruitment has continued to increase over the past three years. The number of studies BHFT have participated in have, however, reduced compared to 2015/16.

While research study delivery continues to be dominated by adult secondary mental health and dementia studies, we are slowly increasing our delivery of community relevant studies, with sexual health continuing to recruit over the past year and other services such as for patients with Autism Spectrum Disorders and Learning Disabilities becoming research active.

Our main sources of funding, CRN and Research Capability Funding (RCF), were both reduced for this year. We increased our commercial income slightly and were successful in co-sponsoring 2 studies which generated additional income. A breakdown of funding is included in figure1.

Our relationship with the University of Reading (UoR) has continued to strengthen and plans were agreed to move the BHFT R&D team onto the University site to be co-located in the Thames Valley Clinical Trials Unit (TVCTU), and the Berkshire Centre for Memory and Cognition Research Centre (BMCRC), where some staff were already based. Our highest recruiting Chief Investigator, Professor Cathy Cresswell, is a University of Reading employee and her work has been instrumental in the successful recruitment figures during the last year. We supported a joint appointment to recruit a Professor of Neurodegenerative Diseases, Professor Arlene Astell. She took up her position in the autumn of 2016 and is based in the BMCRC. We anticipate that this post will generate more 'home grown' research for people with dementia in Berkshire and beyond. We have begun to build the foundations of shaping a more research focused culture within BHFT, linking clinical colleagues with academics within the University to identify areas of commonality for future research collaboration. This work is in its early stages.

The R&D team continued to provide guidance and support for any staff undertaking research related components to academic degrees and a number of clinical papers have been published by Trust employees in peer-reviewed journals. The team have had a presence at a variety of internal and external events to promote their work.

Patient and Public involvement remains at the core of our R&D activities and a more focused approach to link this activity with BHFT Patient Experience and Engagement Group, as well as UoR PPI activity, is underway.

1. Introduction

This report outlines Berkshire Healthcare NHS Foundation Trust's (BHFT) research and development activity for 2016/17.

Our goals set last year were to review our research strategy with UoR, increase recruitment into high quality research studies, improve our delivery performance, build our portfolio of research, and develop a transparent process for re-investing research surplus which would benefit BHFT. We have made good progress towards achieving these goals.

Our research strategy included plans to move the R&D team onto the UoR site, work more closely with UoR colleagues, and become integrated with the TVCTU which is a tripartite collaboration between BHFT, UoR and Royal Berkshire Hospital (RBH). We have outlined a new team structure which will sit within the TVCTU and align to the BMCRC where dementia research will be designed and delivered. Our target number of 500 research participants for NIHR portfolio studies was far exceeded and reached 1784 participants. This significant increase was largely due to the work of Professor Cathy Cresswell who had a high recruiting study underway during the year. While we aim to continue to stretch our targets we do not anticipate recruiting to that level in 2017/18 and we have not had another high recruiting study available for us to deliver. We have continued to build our portfolio of research to include some areas of community health that were not previously recruiting into, and any research funding received has been used to support research activity across BHFT.

2. Strategic Context

BHFT research activity is mainly funded through the CRN to enable patients, NHS staff, and the public the opportunity to be involved in research studies which generate best evidence to support clinical interventions. We have received increased funding every year since 2008 as research capacity has grown, however funding was reduced for the first time in financial year 2016/17 in line with national CRN funding reduction. Our Trust does not sponsor major clinical trials however we have continued to be a participating site for studies sponsored by other organisations and we have co-sponsored two studies this year. We hope to move into a position to become a study sponsor over the next two years as our research activity grows. We have also taken part in two commercial studies which has provided an increase in funding in this area. We continue to collaborate with the newly established TVCTU with the aim of generating locally developed research studies in collaboration with UoR. This work is in early development and it is unlikely that we will generate large funding grants in the short term. We have built stronger foundations during the year to support a growing research culture and will continue to strengthen our pool of research active clinicians in the coming year.

3. Financing Trust Research

BHFT received a total of £378,014 to support the delivery of NIHR portfolio research from Thames Valley CRN in 2016/17. Our organisation met the qualifying criteria to receive Research Capability Funding (RCF). RCF is allocated to research active NHS organisations by the NIHR to enable them to maintain/increase research capacity and capability.

Figure 1: *Source of Research funding in 2016/17compared to 2015/16*

Source	2015/16 Funding	2016/17 Funding
NIHR CRN	£445,000	£378,014
Research Capability Funding (RCF)	£114,542	£67,674
Industry studies: Commercial income	£15,931	£25,002
Other Funding: Co-sponsorship role: PoMET Research Project Copic Research Project	£0 £0	£34,491 £7,527
Total	**£575,473**	**£512,708**

Commercial studies generated an increased income during this financial year as outlined in figure 1 above, however these studies continue to be less available and more time consuming to deliver. There may be further opportunity to link with local commercial partners as we develop our collaboration with the UoR who are keen to explore research partnerships in this area.

Other non-commercial study funding came from Positive Memory Training (PoMeT) and Cognitive Therapy for Pain in the Chest (COPIC) mental health studies that we agreed to co-sponsor with UoR and Imperial College respectively.

All funding has been used to directly support research capacity and delivery across the Trust.

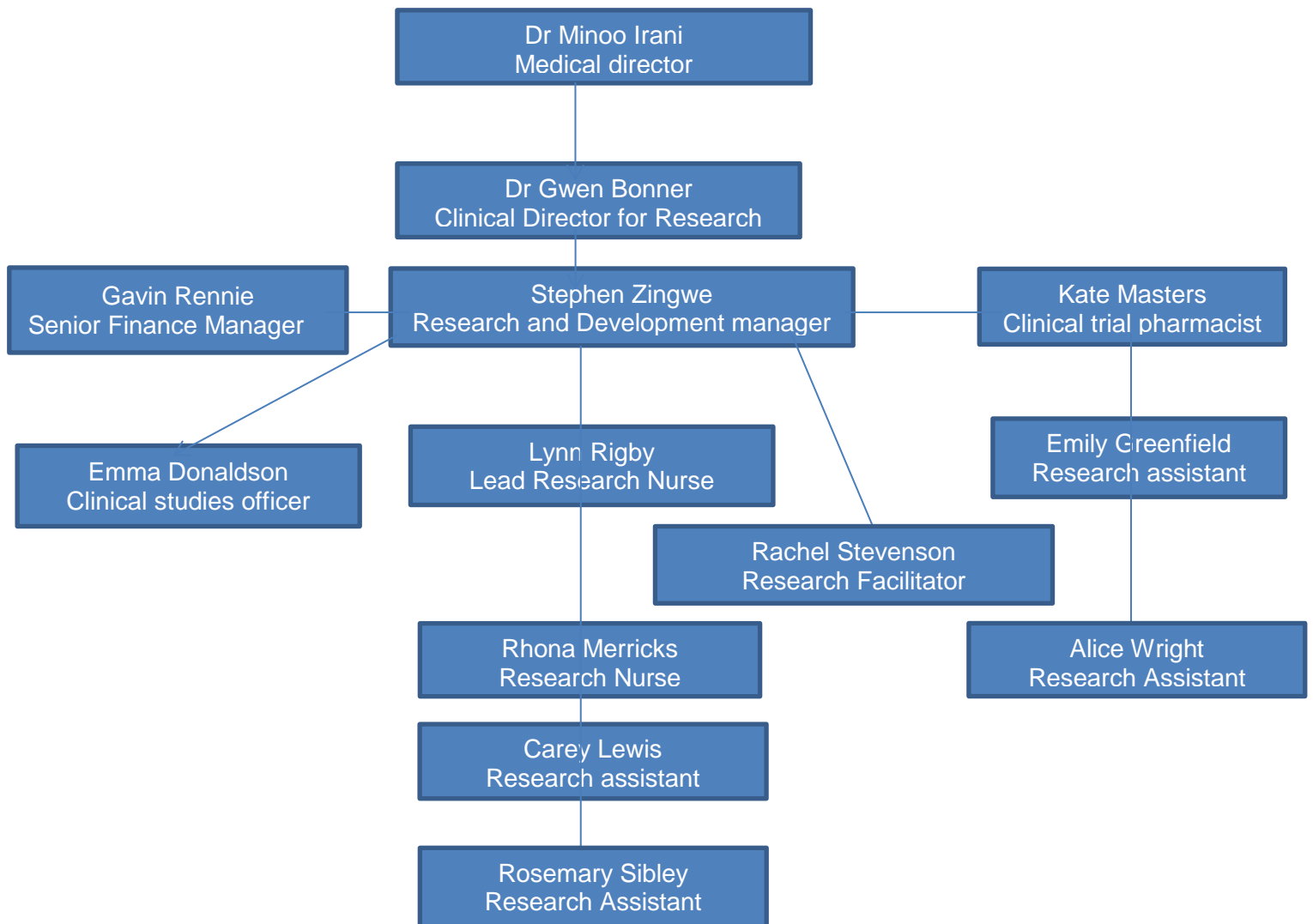**4. Research & Development Department: Structure and Function**

The Executive Director for Research and Development (R&D) is Dr Minoo Irani (Medical Director) who is supported by Dr Gwen Bonner, Clinical Director for R&D.

The Department includes the R&D Manager, a Lead Research Nurse, a Research Nurse, 4 Research Assistants, a Clinical Studies Officer, a Research Facilitator and a Clinical Trial Pharmacist funded predominantly by the NIHR via CRN. We also use research network funding to support Patient and Public Involvement (PPI) activities.

The Department works in partnership with Investigators to support them with all aspects of the research process and offers expertise in research design, performance, project and data management, ethical advice and signposting.

All activity is quality assured by the Research & Development Group (R&D Group), chaired by Dr Gwen Bonner. The R&D Group reports to the Clinical Effectiveness group in BHFT. Figure 2 details the R&D structure in 2016/17.

Fig 2: **Research and Development Organisational Structure**

Dr Minoo Irani
Medical director

Dr Gwen Bonner
Clinical Director for Research

Gavin Rennie
Senior Finance Manager

Stephen Zingwe
Research and Development manager

Kate Masters
Clinical trial pharmacist

Emma Donaldson
Clinical studies officer

Lynn Rigby
Lead Research Nurse

Rachel Stevenson
Research Facilitator

Emily Greenfield
Research assistant

Rhona Merricks
Research Nurse

Alice Wright
Research Assistant

Carey Lewis
Research assistant

Rosemary Sibley
Research Assistant

5. Summary of the Trust Research Activity

Figure 3 shows overall recruitment for 2016/17, 1782 participants were recruited into 62 active research studies compared to 978 participants from 87 active studies in the previous year.

Fig 3: R&D overall studies and overall recruitment figures for 2016/17 compared to 2015/16

Type of Study	No of studies	No of studies	No of participants	No of participants
Year	**2015/16**	**2016/17**	**2015/16**	**2016/17**
NIHR Portfolio	55 (of which 12 are PICS)	45 (of which 12 are PICS)	756	1764
Student	21	12	203	10
Other Funded (not eligible for NIHR Portfolio & Own Account (Unfunded)	11	5	19	8

5.1 NIHR Portfolio recruitment

NIHR studies are funded by the NHS and its partners and are part of a portfolio of available studies which BHFT researchers apply for. For portfolio studies the recruitment at year end was 1764 compared to 756 in 2015/16, which shows the significant increase in activity achieved by the Trust.

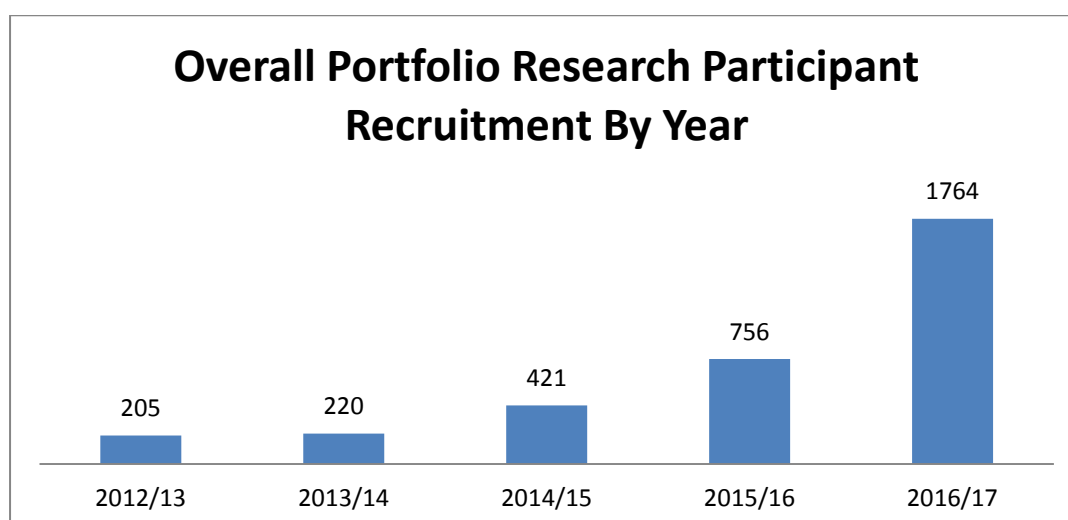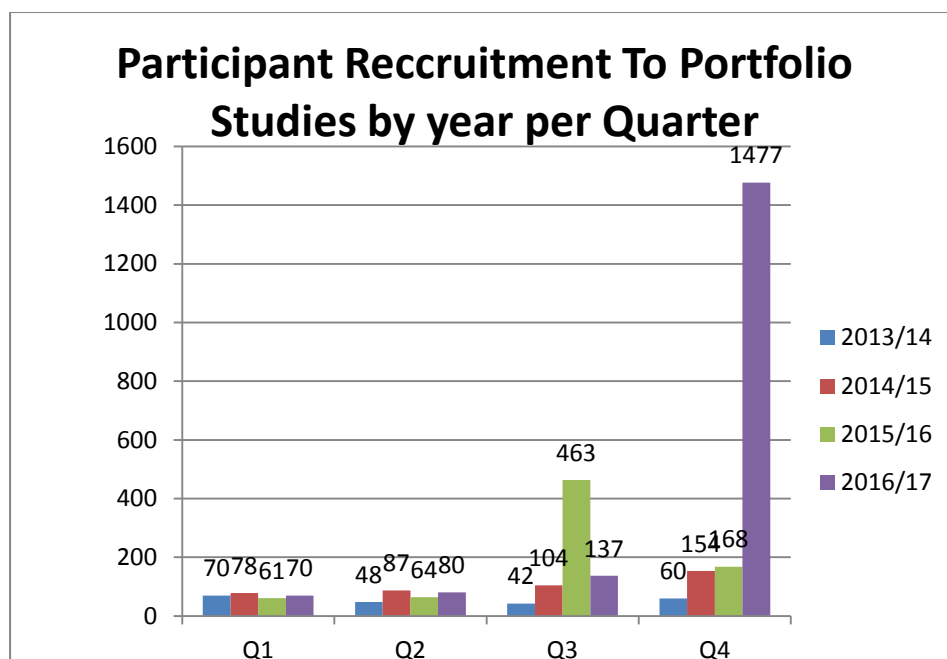***Fig 4: Portfolio recruitment by year for the last 5 years.***

Overall Portfolio Research Participant Recruitment By Year

Year	Recruitment
2012/13	205
2013/14	220
2014/15	421
2015/16	756
2016/17	1764

Fig 5: *Recruitment to portfolio studies by year per quarter.*

Participant Reccruitment To Portfolio Studies by year per Quarter

Legend:
- 2013/14
- 2014/15
- 2015/16
- 2016/17

Q1: 70, 78, 61, 70
Q2: 48, 87, 64, 80
Q3: 42, 104, 463, 137
Q4: 60, 154, 168, 1477

5.2 NIHR Portfolio Studies by speciality

The Trust is involved in large observational studies, patient surveys, and genetics studies to look into the causes of diseases and disorders as well as treatment interventions. Furthermore, we assist organisations like universities, pharmaceutical companies and large academic hospitals with recruitment and follow-up of patients in clinical trials of new medicines and new medical devices.

The highest recruiting trial in BHFT was the National survey of Child Anxiety and Treatment access (N-CAT study) by Professor Cathy Creswell from UoR. The higher recruitment numbers is an indication of the growing research culture and strong collaborations with University of Reading. Fig 6-8 below show the portfolio studies by speciality and the annual recruitment figure for each study (list only includes Portfolio studies that actively recruited during the year).

Fig: 6: *NIHR Portfolio Studies that recruited in Adult and Children's mental Health services*

Study title	Number of Participants recruited
N-CAT National survey of Child Anxiety and Treatment access	1257
Outcome Evaluation of Liaison and Diversion Schemes	93
CATCH-uS: Children with ADHA in transition to adult services	28
A-CAT: Accessing Child Anxiety Treatment Version 1	28
Development of an online treatment programme for child anxiety	27

NCISH	16
INTERACT: Therapist Survey and Delphi study	14
Quality and Effectiveness of Supported Tenancies (QEST) WP2	12
SCIMITAR Plus (version 1.0)	12
PPiP2	10
The Adult Autism Spectrum Cohort - UK	10
Treatment of Social Anxiety Disorder in Adolescents	10
Parent-Adolescent Interactions in Depressed Adolescents - Version 1	8
Sleep and Wellbeing - Version 1	8
Understanding what maintains social anxiety disorder in children	8
REACT Trial	6
E-Compared	5
The use of guided self-help in Anorexia Nervosa	3
The effectiveness of perinatal mental health services	3
Measuring quality of life in adults on the autism spectrum	3
DPIM - schizophrenia	2
CODES	2
DPIM - bipolar disorder	1
MENT 5405	1
Use of patient experience data in inpatient mental health services	1
Total	**1568**

Fig 7: *NIHR Portfolio DeNDRoN studies (Dementia, Alzheimer's and Neurodegenerative disease studies) that recruited in older adult services.*

Study title	Number of Participants recruited
AD GENETICS	65
Medicines management in people with Alzheimer's Disease v1.0	30
IDEAL study	19
Evaluation of Memory Assessment Services: Main Study (phase 2) v1	16
Caregiver obligations, preparedness and willingness to care	9
Dementia Carers Instrument Development: DECIDE Psychometric evaluation	6
DEME 3921	5
Total	**150**

Fig: 8 *NIHR Studies that recruited in other non-mental health specialities*

Study title 2014/15 numbers	Number of Participants recruited
Development and Implementation of Positive Voices: the National Survey of People Living with HIV	33
SAFETXT: A randomised controlled trial of an intervention delivered by mobile phone messaging to reduce sexually transmitted infections (STI) by increasing sexual health precaution behaviours in young people	13
Total Participants	**46**

5.3 Recruitment activity performance

Our NIHR recruitment activity is performance managed against several indicators:

- The number of new studies opened that recruited the first patient within 70 days of a valid application for NHS approval

- The number of studies that closed and met the agreed recruitment target

- The number of studies that are open and recruiting to expected target (time to target).

Last year we set two objectives around activity performance in this area as follows:

- To increase our performance in the number of new studies opened that recruited the first patient within 70 days of a valid application for NHS approval to 50%

- To increase the number of studies that closed and met the agreed recruitment target to 50%

Of the 12 new NIHR Clinical trials that came into BHFT during this financial year, 8 (67%) recruited the first patient within 70 days. Of the 5 clinical trials that closed during this financial year, 2 (40%) studies recruited to time and target. We aim to stretch our target for recruitment within 70 days to 70% in the coming year and to improve our performance to reach a target of 60% for studies that close and meet the agreed recruitment target. We have acknowledged that closer scrutiny in this area is needed and the team are working towards agreeing individual targets in the coming year, monitored through monthly supervision and fortnightly target review.

6. Non-Portfolio studies

Academic research forms part of the Trust non-portfolio activity and is regarded as an important part of the work of the department. Over the year, a number of staff members have been advised and guided through the research process leading to successful completion of academic degrees, predominantly at Masters Level, with a few PhD students. The total

number of Academic and other funded/Non-funded participants for the year 2016/17 is lower than the previous year and this is attributed to the reduced number of student studies as well as the lower recruitment targets for these studies compared to last year.

7. Research Promotional Activity

7.1 Research Club

The Research Club has been on-going over a number of years within BHFT. External researchers and BHFT clinicians/researchers are encouraged to present their research findings at a monthly research club held at Prospect Park Hospital every first Thursday of the each month and the events are well attended.

During 2016/17, 12 articles were published by various staff across the organisation.

7.2 Link working with Clinical Teams

The team have continued to link with clinical teams across the Trust and have attended academic meetings, met with Heads of Service, Service Managers, Consultant colleagues, and wider teams to promote current research activity. We have supported visiting researchers to deliver research interventions within CMHTs to support access to research locally for patients, for example the Feeling Safe Study (a study which provides interventions for people with psychosis).

7.3 Promoting the work of the TVCTU and BMCRC

The Clinical Director and Research Manager sit on the Strategic Steering Group of the TVCTU and are working with this group to develop a programme of activity to engage academics and clinicians in the coming year. This will include research events to showcase projects, setting up a Principle Investigator and research interest group, as well as redesigning the R&D Group to reflect a more contemporary review of research activity and engagement within the Trust, supported by academic colleagues. The Clinical Director and Director of BMCRC will be working with the Heads of Psychology and Research and Enterprise Lead within the UoR to map out future steps in the development of BMCRC during the latter part of 2017.

8. Patient and Public Involvement

PPI is led by one of our Research assistants and Research Facilitator and we worked collaboratively with CRN colleagues, Alison Monk (Communications) and Oliver Evans (Communications and Engagement Manager). We link into the BHFT Patient Experience and Engagement Group and have contributed to scoping work within BHFT for PPI.

What we are already doing and the events we got involved in;

- We have dedicated research assistants who support PPI in BHFT; these identify and disseminate PPI resources to BHFT patients to raise research awareness: download posters, leaflets and more https://sites.google.com/nihr.ac.uk/tvsmcrnresources/home.

- Support the active involvement of patients and public in individual research projects e.g. helping to plan and run studies so patients want to participate; helping to explain studies to patients (i.e. information leaflets) so they are fully accessible.

- We supported the NIHR "OK to ask Campaign" as part of the Clinical Trials Day on 20/05/2016 to raise research awareness to the Berkshire population.

- We secured PPI funding from our local CRN to fund PPI activities, part of this funded the PPI event held on 31/03/2017 attended by patients who are research participants in BHFT to discuss how to engage patients and the public in promoting health research in BHFT.

- Developed a checklist to collect information about any PPI/ E activity which takes place in BHFT and the region and we feedback to the patients engagement and experience group in BHFT.

- Our department continued to collaborate with Trust wide clinicians to recruit to our Research Interested list in older adult and Adult Mental health services as set out in the tables below:

Older Adult Research Interested (RIL) List referrals for 2016/17												
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
11	7	4	9	7	6	8	6	7	21	19	13	15

Adult Research Interested (ARIL) List referrals for 2016/17												
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
8	5	0	1	1	8	2	1	0	2	14	1	7

9. The Trust's Research strategy

The research strategy was reviewed and refreshed during 2016/17 and a longer term strategy is in development with the TVCTU to set out direction for BHFT research through this collaboration. The current focus is on integrating the research team with the TVCTU, developing a vision for the BMCRC, and setting out a detailed engagement exercise with BHFT staff and UoR academics to underpin future direction using SMART objectives.

10. Clinical Research Standards

The R&D Department is committed to the highest research standards. The Department reviewed and updated the current Standard Operating Procedures (SOPs) and Research governance policies which were approved by Clinical Effectiveness Group; these will be reviewed following the publication of the new UK Policy Framework for Health and Social Care and the embedding of the Health Research Authority approval process.

10.1 Research Governance and Management

Last year the Health Research Authority [HRA] took over the research approval of studies which were previously subject to approval via Local Research Ethics Committees. This change of process has allowed us to focus on assessment of capacity and capability to deliver studies within the Trust.

The R&D department employ robust risk-based processes for supporting and monitoring HRA approved research in the Trust, providing local governance support where needed, and meeting all compliance requirements. A database provides detailed information on all research activity undertaken across the Trust.

10.2 Reporting Adverse Events (AEs), Serious Adverse Events (SAEs) and Serious Unexpected Serious Adverse Reactions (SUSARs)

Serious adverse events (SAEs) relating to clinical trials are always reported to the relevant trials office/sponsor. All SAEs should be reported to the sponsor of the trial within 24 hours. In the case of a suspected unexpected serious adverse reactions (SUSAR), a decision will be made as to whether to continue running the trial in the Trust.

During 2016/17 a total of 4 SAEs were reported of which 2 were deaths but were unrelated to the study. Details as follows:

MADE study
1 admitted to hospital following a fall and fractured neck of femur who subsequently recovered
1 admitted to hospital with gastroenteritis who subsequently recovered
1 admitted to hospital following a fall, developed pneumonia and then died

IDEAL study
Participant died in period between annual visits

All events were reported to the appropriate Trial Centres in accordance with agreed protocols and timelines**.**

10.3 Protocol Compliance

A research study protocol is developed to provide a description of every aspect of the study, from the design through to completion. The procedures within it have been developed and approved to ensure the safety and wellbeing of the participants and to provide sufficient statistical power to enable it to achieve its aims. Any deviation from the protocol is reported, assessed for severity and categorized as violation, an activity that may cause harm to the patient or deviation were there would be no harm.

During 2016/17 there were no instances of protocol non-compliance.

11. Future Plans

During 2017/18 the R&D team will focus on two key areas – to deliver high quality research which supports high quality care, and to support the development of locally developed research studies through our collaboration with TVCTU and BMCRC. We will support these objectives in the following ways:

- Maintain core research activities to secure local CRN funding. This includes attendance by senior R&D management at monthly local CRN R&D Meetings and increase recruitment into high quality, NIHR-adopted commercially supported and non-commercial supported clinical studies.

- Agree CRN recruitment targets with a view to sustaining a high level of study delivery activity and continue robust monitoring of team activity

- To increase our performance in the number of new studies opened that recruited the first patient within 70 days of a valid application for NHS approval to 70%

- To increase the number of studies that closed and met the agreed recruitment target to 60%

- Complete our planned integration with the TVCTU

- Articulate a vision for BMCRC and outline a SMART plan for increasing home grown research activity related to dementia, as well as delivering portfolio studies to our community

- Continue to build on our growing non-mental health studies

12. Conclusion

Our performance in recruitment numbers over 2016/17 was our best ever and exceeded agreed targets. We note that we had a particularly high recruiting study which did positively skew our projections and we do take that into account during the current year. We are gradually growing a more research aware culture but acknowledge this is a slow process. We hope that our plans to collaborate more closely in the coming year with academic partners will offer support to our clinicians who are enthusiastic to develop research activity in the Trust, and we have a number of events planned to support this during 2017/18. There is room for improvement on performance around recruiting to time and target for some studies and we have set ourselves stretch targets in this area for the coming year. We believe a more robust approach to reviewing team activity will assist in performance improvement. Our collaboration with UoR offers us the opportunity to grow our own research studies for the future, and we are looking forward to taking up this challenge in the coming years.

Berkshire Healthcare **NHS**

NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 November 2017
Title	**Executive Report**
Purpose	This Executive Report updates the Board of Directors on significant events since it last met.
Business Area	Corporate
Author	Chief Executive
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
Equality and Diversity Implications	N/A
SUMMARY	This Executive Report updates the Board of Directors on significant events since it last met.
ACTION REQUIRED	To note the report and seek any clarification.

Trust Board Meeting 14 November 2017

EXECUTIVE REPORT

1. Never Events

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

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

2. "Near Miss" incident Reporting

The Board asked for an update on actions being taken to improve the recognition and importance of reporting near misses as well as incidents as this is an important feature of improving patient and staff safety. The actions being taken:

- The importance of reporting near misses is now included in training for all staff and the Datix guide has been updated. Datix is the Trust's incident reporting system.
- There is targeted training for Prospect Park Hospital (PPH) ward managers as part of their development programme
- There is targeted training at PPH for new band 2,3 and 4 staff as part of their induction or development programme
- Services are reminded of the importance of reporting near misses during service review visits and learning events.

The awareness of staff is improving.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

3. Prospect Park Hospital Estate Incident Review Meeting

The Board requested an update on progress on effectiveness of the new meeting that has been developed to address patient safety incidents that occur at Prospect Park Hospital as a result of potential gaps in estate related issues.

The first meeting of this group was held in September 2017 with monthly meetings now taking place to review incidents that have environmental and estates factors. To support the process moving forward, the Deputy Director Nursing has worked with the Trust's Risk team to set up a dashboard of relevant incidents.

The dashboard uses key words or part words written in Datix rather than relying on specific categories of incident to identify areas of concern and risk (for example, roof, door, secur *sic*, ligat *sic*, escap *sic*, window, fire, smok *sic*, tamper, pipe, gutter,

fence, climb, glass etc). In addition to this, a new Datix module is currently being reviewed as it is potentially able to identify any trends/themes or hotspots in terms of similar incidents.

The first meetings have focused on a review of previous/known risk to ensure that mitigations and works have been undertaken/are in progress as well as any new incidents. Areas reviewed have included differing methods used by patients for tampering with door release mechanisms, absconding through windows/fire exits, ligature risk, tampering with rodent bait boxes.

The group also reviewed all previous incidents of gaining access to the roof to ensure that no additional means had been used previously that are not being addressed through the current programmes of work. Replacement fencing is now complete. The installation of gutter and downpipe guards will help prevent escape from single storey buildings commenced on 30th October. Following patients tampering with door release boxes on the wards, all boxes now have covers in place which are alarmed however these appear to be easily damaged and therefore further consideration of how to mitigate tampering is currently being considered.

An action log is maintained and works that do not occur within expected timescale or are slow to progress will be escalated to the executive. The monthly Prospect Park Hospital newsletter is being used to remind staff of a key safety risk each month, the last addition provided a reminder to staff about the risks of patients taking ward furniture into the gardens as this provides a means for patients to try and abscond. A visit is arranged to Broadmoor for 30th October 2017 to gain learning regarding the latest anti-ligature products.

**Executive Lead:**   Helen Mackenzie, Director of Nursing and Governance

4. Temporary Staffing Programme

Use of agency v NHSP bank staffing and associated issues

- As the Board is aware, there is an NHS Improvement (NHSi) cap set for the Trust of a maximum of 8% of the total staff pay cost to be spent on Agency staff during 2017-18, and an internal Trust stretch CIP target of 5%. During June and July 2017 the percentage spent on Agency staff was 6% and 6.1% respectively.
- Spend on Agency staff in August 2017 increased to £871k - 6.3% of the total staff pay cost. In September 2017 however, spend dropped back to £823k – 5.7% of staff pay costs, which was the lowest for this financial year.
- The monthly spend on NHS Professionals (NHSP) (as a percentage of the total staff pay cost) was 5.4% in August and 5.3% in September 2017.
- This meant that the monthly combined Agency and Bank usage percentages of the total staff pay cost so far in 2017-18 are: April 2017 – 11.7% and May 2017 – 11.9%, June 2017 – 11.5%, July 2017 – 11.6%, August 2017 – 11.7%, September 2017 - 11%.
- If the primary care GP medical staff (now only used in WestCall) are removed from the total spend, the percentages would be lower as can be seen in the table below. The Trust stopped managing Slough Walk-In Centre (SWIC) at the end of

August 2017, which will has led to lower agency spend in primary care in September 2017 of £63k.

Temporary Staffing Spend
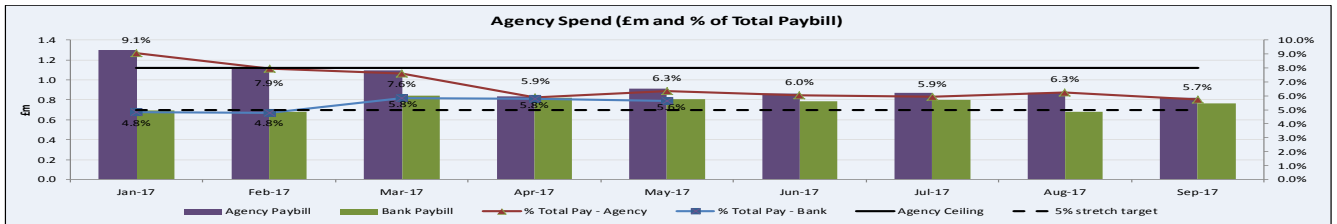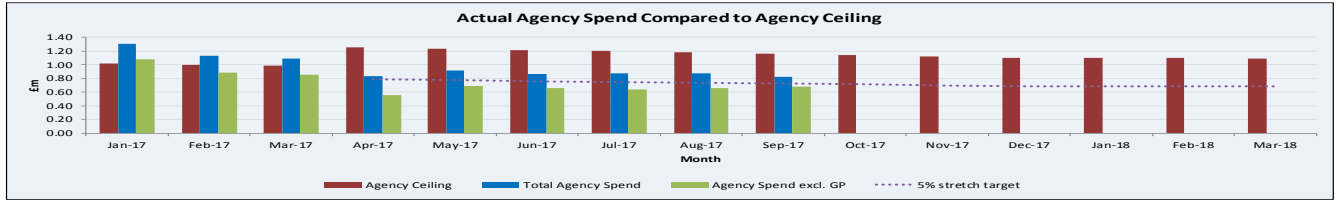
- Is should be noted to date we are reporting an agency spend of £5,169k which is £2,067k below the NHSi ceiling of £7.236k. This indicates that the spend on agency remains lower than when the NHSi target was agreed in 2016-17, when agency usage was much higher in the Trust.
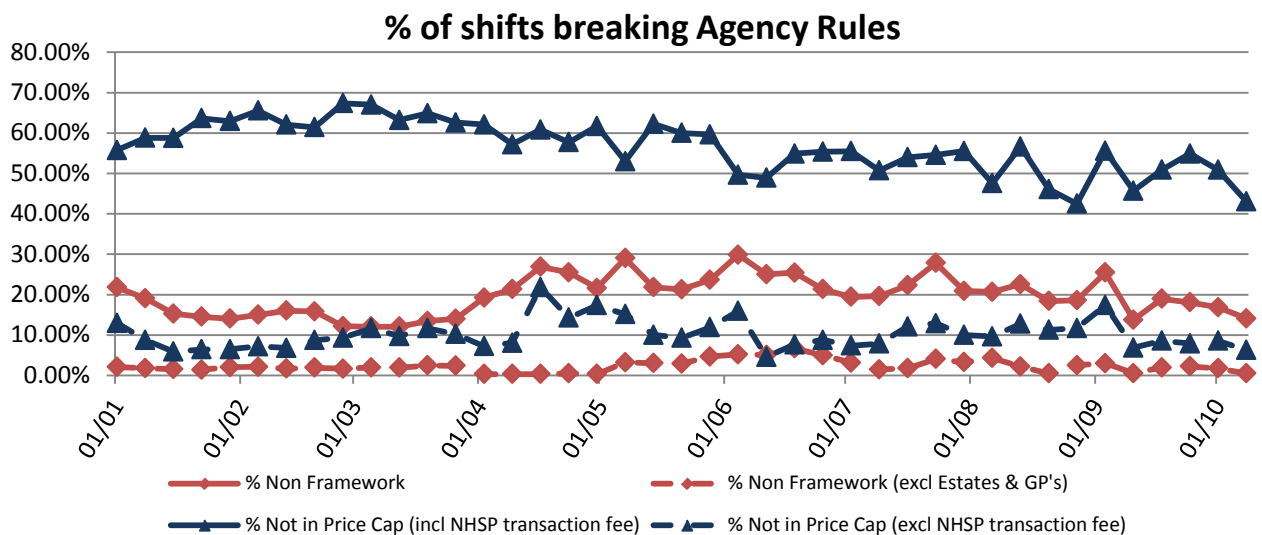
Agency and Bank Shift Usage

- The number of agency and bank shifts used weekly during 2017 is shown in the table below:

Total shifts used per week
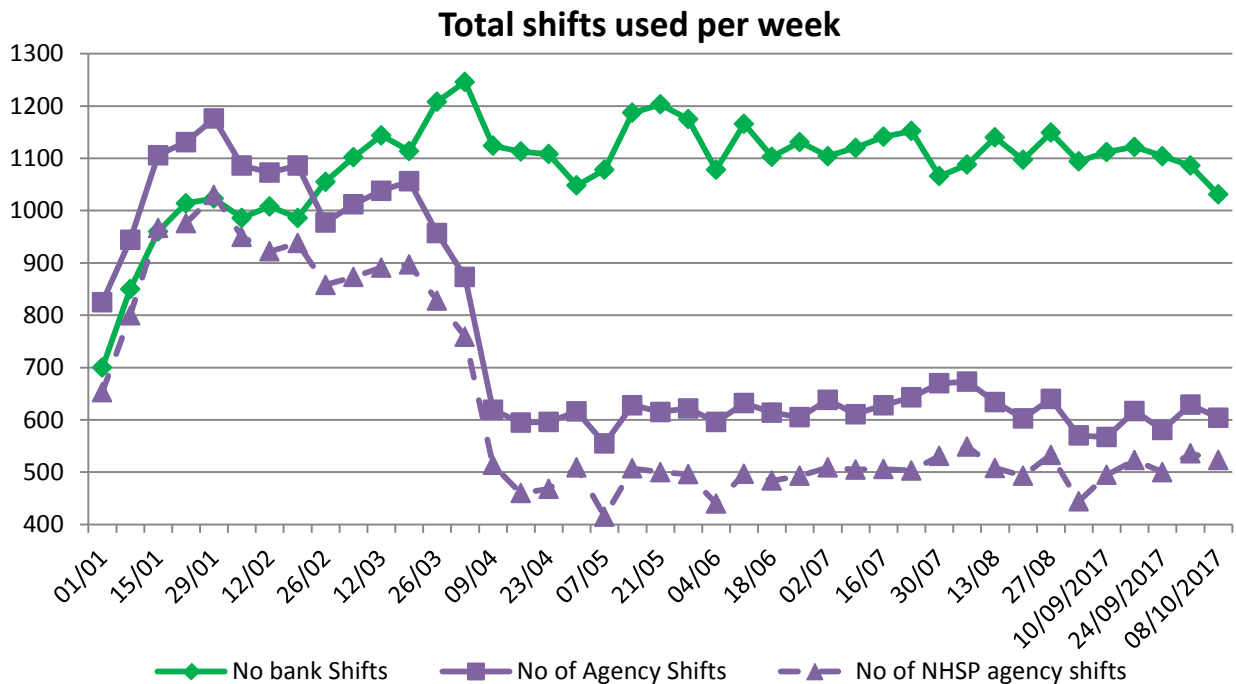
- It can be seen that since June 2017 onwards the number of shifts being used has been more stable, and a gradual decline in the number of bank shifts used from mid-September 2017 onwards, corresponding with a slight increase in agency shifts.
- To note, *the number of agency shifts* includes all those booked through NHSP and those which were not (Westcall, SWIC, mental health medical staff and a small number of children services staff and nursery nurses) which is why this number is higher than the NHSP agency shift numbers.

Framework and Price cap Issues

- NHSP apply a transaction charge levied per hour (40p an hour for NHSP workers and 70p per hour for an approved agency worker) to the shifts booked through their platform, which leads to a significant proportion of shifts breaching the price cap. The latest table (below) covers 2017 to date.

% of shifts breaking Agency Rules

Legend:
- % Non Framework
- % Non Framework (excl Estates & GP's)
- % Not in Price Cap (incl NHSP transaction fee)
- % Not in Price Cap (excl NHSP transaction fee)

Notes

- **% non-framework** – total usage of agencies that are used to provide staff, which are not on an accredited framework, across all services.
- **% non-framework (exc Estates and GPs)** clinical staff as well as staff used in corporate services such as IT, Finance and HR (excluding estates and GP's) who are not through an accredited framework
- **% not in price cap** – as mentioned previously, the additional NHSP transaction fee for framework agency staff booked through their platform causes an hourly price cap breach (which otherwise wouldn't have been breached).
- **% not in price cap (Exc NHSP transaction fee)** – this covers locally agreed personalised rates for staff who are booked directly and not through NHSP, which will include medical and clinical staff.
- The increase in non-framework percentages from April 2017 was due to the decreased (framework) agency fill following the agency health care assistant (HCA) ban.

- Recent increases in the non-framework percentages are primarily from Westcall and SWiC GPs, which are however now reducing since the Trust ceased running the SWiC service.
- Price cap breaches in Westcall and SWIC GPs and agency community nurses in a number of localities but which have started reducing during September, due however to the lack of suitable agency staff availability.

Temporary Staffing Contract

- The Board will recall that the Trust is retendering the Temporary Staffing Contract in conjunction with the Royal Berkshire Hospital Foundation Trust, where it is expected that there will be the (financial) benefits of economies of scale, from the provider awarded the tender.
- Six companies showed initial interest in tendering on the tendering portal, but only three submitted formal tender responses.
- Currently the scorings from the presentation day are being collated by the Trust's Procurement Managers, prior to a recommendation paper being drafted and approved.
- It is envisaged in November 2017 that there will be a recommendation made as to who should be awarded the tender.
- It is envisaged that following approval, the tender outcome will be announced in early December 2017. There will then be a required 10 day standstill cooling off period, before the final Contract Award is made.

Ban on the use of Agency Health Care Assistants (HCA) from the 1st April 2017

- As previously reported, the ban on the use of Agency HCAs was successfully implemented on 1st April 2017. Most former Agency HCAs have now either joined NHSP or work in other Trusts, whilst a small number applied for a substantive post.
- The following points are of note from the most recent monitoring report for August and September 2017 (months 5 and 6 since the ban was introduced) which was also reviewed at the Temporary Staffing Steering Group in October 2017:
  o The total number of unfilled HCA shifts across all Trust services (against demand) was 318 (13.1%) in August 2017, and 313 (13.3%) in September 2017, compared to 13.3% in July 2017.
  o Both Community Health Services and Mental Health in-patient services saw an increase in demand (for HCA shifts to be filled) in August 2017 which dropped back in September 2017.
  o Demand across all Trust services however dropped consecutively in both months (attributed to less demand and unfilled shifts in community services).
  o Community Health Service wards had the highest level number and percentage of unfilled HCA shifts during both months. These were attributed mostly to Henry Tudor ward at St. Marks Hospital, and the two wards at West Berkshire Hospital.
  o Despite the number of unfilled shifts, the impact on ward safe staffing levels has been minimal, with unfilled shifts being requested for patient dependency issues (i.e. above minimum staffing levels).

Ban on the use of certain Administration and Clerical staff from 4ᵗʰ December 2017

- A 3 month plan started to be implemented in September 2017, to stop the use of a defined group of Administrative and Clerical (A/C) staff (mostly secretaries and receptionists).
- Although this will not necessarily deliver great financial savings, it will continue to support the principle of the move towards using less agency staff within the Trust.
- At the time of drafting this update, 20 A/C agency staff had been identified as falling into scope, spread across different Trust services, with WAM/East Children's service having the highest number – 9.
- All of these agency staff will be individually approached by the Temporary Staffing Team manager and/or NHSP Manager, so that they are aware of the plan. Their respective local line managers have also been briefed; this has helped get a greater understanding on why the agency staff are being used.
- A "fast track" process has been agreed by the Trust with NHSP, in order to either facilitate the transfer of a worker from an agency to NHSP to occur, or for NHSP to be able to supply alternative A/C staff.
- Respective agencies have been serviced the required notice of the Trust's intentions, with sufficient timeframes being adhered to (so to avoid "introduction" fees being payable by the Trust). This has meant that a few of the agency staff may be working until the end of December 2017.
- Early indications are that some of the 20 will be joining NHSP, some have indicated that they won't, but will be used by services until the 4ᵗʰ December 2017, or until such time than an alternative worker is able to be supplied by NHSP, and before December, a number will no longer be required by services, and will be stopped anyway.
- The Board will be kept updated on the implementation of this plan.

Westcall – Medical Staff Bank

- The Board will be aware that there has been work undertaken in Westcall during 2017 to both establish a Westcall GP Bank and to review the skill mix, to allow the introduction of a number of Advanced Nurse Practitioner/Paramedic roles within the service.
- The Westcall Bank will commence on 1ˢᵗ December 2017 with newly agreed pay scales for sessional doctors.
- The service is also interviewing 4 GPs in early November of which 3 are interested in part time salaried positions. The service also has another 3 current GPs who wish to convert some of their hours from sessional to salaried.
- Recruitment is continuing to the Advanced Nurse Practitioner/Paramedic roles.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

5. Staff Flu Vaccination Campaign

Influenza can cause a spectrum of illness ranging from mild to severe, even among people who were previously well. Seasonal flu typically causes 8,000 deaths a year in the UK with up to a $\frac{1}{3}$ of deaths from influenza in people considered healthy. The strains of influenza circulating in the community may change each year, therefore annual vaccination is required to provide maximum protection.

Staff vaccination is about protecting staff, patients, colleagues, and their families. Up to one in four healthcare workers become infected in a mild influenza season, which is much higher than in the general population.

The Trust is aiming to achieve 75% uptake of vaccination for our clinical staff as achieved last year.

This year new guidance has been provided and the following have been introduced:
- Leavers to be removed from data
- Addition of new starters to data
- Addition of students, bank, agency and third party organisation staff that have patient contact

The Denominator data will need to be updated each month prior to reflect the dynamic nature of the workforce being vaccinated. This will need to be undertaken manually as there is currently no field in the electronic staff record (ESR) to record flu vaccination. As a result the Trusts percentage compliance could fluctuate going down as well as up over the period of the campaign.

Progress to date

Monthly flu campaign strategy meetings continue and involve key stakeholders; communications are being managed by the Marketing and Communication Team. The campaign is being delivered through a mix of clinics, peer vaccination in services, vouchers and recording of staff who report that they have had their vaccination at their GP practice, previous employer etc. This year we have 24 peer vaccinators to support delivery of the campaign.

As our main driver for vaccinating our staff is safety and quality, this year we are offering the vaccination to students, NHS Professional and local authority staff who work alongside our Berkshire Healthcare staff to care for our patients. This was set up and agreed prior to the clarification of national requirements.

As of 2nd November, 2017 vaccines had been given. Table 1 shows the break down by locality and table 2 by clinical staff group. This data does not reflect the required adjustments discussed above, as this work is yet to be undertaken prior to month end.

Table 1	Bracknell - Adult Services	West Berks	Reading	Wokingham	Corporate	Inpatients	Other Health Services	Slough - Mental Health	WAM Children's Services	Berkshire Healthcare
Overall Baseline	*576*	*381*	*555*	*601*	*597*	*240*	*179*	*175*	*587*	*3891*
Clinical Baseline	*491*	*333*	*491*	*454*	*83*	*223*	*142*	*143*	*493*	*2853*
Clinical Actual	208	163	214	192	52	105	69	65	249	1317
Clinical Percentage	42.36%	48.95%	43.58%	42.29%	62.65%	47.09%	48.59%	45.45%	50.51%	46.16%
Non Clinical Baseline	*85*	*48*	*64*	*147*	*514*	*17*	*37*	*32*	*94*	*1038*
Non Clinical Actual	43	20	32	60	256	10	17	18	53	509
Non Clinical Percentage	50.59%	41.67%	50.00%	40.82%	49.81%	58.82%	45.95%	56.25%	56.38%	49.04%
Locality Actual Total	251	183	246	252	308	115	86	83	302	1826
Overall Actual Percentage	43.58%	48.03%	44.32%	41.93%	51.59%	47.92%	48.04%	47.43%	51.45%	46.93%

Table 2	Doctors & Dentists	Nurses	AHP/ST&T	Clinical Support
Baseline	156	1051	774	872
Number vaccinated	75	506	366	370
Percentage	48.07%	48.14%	47.29%	42.43%

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

6. National Workforce Issues

The number of nurses employed by the NHS has fallen for the first time since April 2013 following a steep drop in European Union (EU) nationals registering as nurses since the Brexit vote.

A King's Fund analysis showed that there were fewer NHS nurses in post this summer than in the previous summer, with 316,725 nurses in post in June 2017 – 703 fewer than the same month last year. The analysis argues that a "significant" reduction in EU nurses joining the UK register since the EU referendum has been a key factor in the fall, as well as the number of NHS staff leaving as a result of ill-health and work-life balance.

Further analysis by the Royal College of Nursing shows that providers of mental health care have the worst vacancy rates of any NHS service, with almost 10,000 jobs in England vacant. The rate is highest in London, where 25.7% of mental health nursing jobs are unfilled. The south east follows with 17.4%.

The picture is similar for Psychiatrists. One in 10 consultant psychiatrist roles is currently unfilled in NHS organisations in England, with the number of unfilled posts having doubled in four years. The situation is worst for Psychiatrists in England who specialise in treating children or older people. In both specialities, vacancy rates doubled from 6% in 2013 to 12% in 2017.

Executive Lead: Julian Emms, Chief Executive

7. Care Quality Commission (CQC) publishes the review of the local system in Bracknell Forest

The September Board papers provided a briefing that following the spring budget announcement of additional funding for adult social care, the Department of Health approached the CQC to undertake a programme of targeted reviews of local authority areas.

The reviews form part of a package of support measures, to identify and support local systems that are challenged, and to promote an integrated approach across adult social care and the NHS. It was noted Bracknell Forest has been identified as one of the first 20 sites.

The inspection took place during September and BHFT along with other partners in the area were be part of the process. The CQC's report has now been published and is overwhelmingly positive about the system . An extract from the CQC press release is set out below:

"The Care Quality Commission has published its findings following a review of the health and social care in Bracknell Forest, Berkshire.

This report is one of 20 targeted local system reviews looking specifically at how older people move through the health and social care system, with a focus on how services work together. The reviews look at how hospitals, community health services, GP practices, care homes and homecare agencies work together to provide seamless care for people aged 65 and over living in a local area.

CQC found that the health and social care system in Bracknell Forest was working effectively with an integrated approach that was having positive outcomes for older people.

Reviewers found there was a system-wide commitment to serve the people of Bracknell Forest well, and most older people living in the area received good quality health and social care services in a timely way.

There was evidence of strong strategic leadership between Bracknell Forest Council, Bracknell and Ascot Clinical Commissioning Group and providers, with a well-established, collaborative approach to designing and delivering services.

Their priorities included helping older people avoid unnecessary admissions to hospital, offering older people support to stay well, and improving the capacity of homecare agencies and care homes to manage the recruitment challenges.   A shortage of skilled social care staff, and of therapists, was also affecting the numbers of patients waiting in hospital to go home.

As a result partners were working together to reduce the numbers of people remaining in hospital while they waited for their ongoing care to be arranged. Performance had improved and was better than comparator and national averages.

Professor Steve Field, Chief Inspector of Primary Care Services, said: "It is clear that people living in the Bracknell Forest area benefit from a well-established and mature partnership between all those involved in planning the health and social care system in their area.

"Our review of Bracknell Forest's services - and how they work together - has found a number of positive examples of shared initiatives that support local people to maintain their health in their usual place of residence and get access to services that are tailored to their individual needs when they need them.

"Although the system is working well, the big challenges for the future include managing the shortage of care home places and prioritising the development of an integrated workforce made up of skilled and competent staff.

"I am satisfied that these challenges are already recognised by all the agencies involved, and I am confident they will continue to work together to find a solution that serves the needs of older people in the Bracknell Forest area."

The Bracknell Forest local system review looked principally at how people move between services provided by 15 care homes, 17 homecare agencies, 16 GP practices, Frimley Health NHS Foundation Trust, Royal Berkshire NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust.

This review was carried out following a request from the Secretaries of State for Health and Communities and Local Government to undertake a programme of 20 targeted reviews of local authority areas. The purpose of the reviews is to understand how people move through the health and social care system with a focus on the interfaces between services, and identify any areas for improvement.

This review makes a number of suggestions of areas for the local system to focus on to secure improvement including:

- *Ensure there are robust and regularly evaluated plans to manage the current and projected shortfall of care home provision and the provision of high quality dementia care.*
- *Prioritise workforce development and continue to work collaboratively to deliver an integrated, skilled and competent workforce.*
- *Ensure there is a consistent whole system and evaluated approach to best practice where medicine procedures are designed around a person's discharge needs from the point of admission.*
- *Continue to ensure that public engagement remains a priority alongside regular evaluation of effectiveness.*
- *Ensure there are plans in place to reduce transport delays from hospital.*

The full report can be found at: www.cqc.org.uk/localsystemreviews "

Executive Lead: Julian Emms, Chief Executive

Presented by: Julian Emms
                  Chief Executive
                  November 2017

Trust Board Paper

Board Meeting Date	14 November 2017
Title	**Compassionate Leadership Programme: Progress and Evaluation**
Purpose	To update the Trust Board on progress and evaluation of the Programme
Business Area	Corporate
Authors	Dr. Deborah Lee, Consultant Clinical Psychologist Julie Bennetts, Workforce Development Lead
Relevant Strategic Objectives	Goal 2: Supporting our staff – To strengthen our highly skilled and engaged workforce
CQC Registration/Patient Care Impacts	The objectives of the Compassionate Leadership Programme enable delivery of good quality safe care to patients.
Resource Impacts	N/A
Legal Implications	N/A
Equality and Diversity Implications	Compassionate Leadership involves development of self-awareness and awareness of the experience of others – this will support managers in understanding and responding to different experiences of staff and patients and contribute to the achievement of our equality and inclusion priorities.
SUMMARY	The Compassionate Leadership Programme was developed to support Berkshire Healthcare Trust to become a consistently compassionate organisation by 2020. To date it has been delivered to almost 500 staff. Anecdotal feedback from individuals and teams has been extremely positive. The Programme will be evaluated during December 2017 to March 2018.
ACTION	The Trust Board is requested to: Note this update of the Compassionate Leadership Programme including plans for the evaluation.

The Compassionate Leadership Programme (CLP)
Update on progress and evaluation

Aim of the Compassionate Leadership Programme: To support Berkshire Healthcare Trust to become a consistently compassionate organisation by 2020.

Programme Objectives:
1. To develop motivation to care for ourselves and others through enhanced self-awareness and self-management
2. To inspire and motivate managers and teams to lead with compassion
3. To develop compassionate charters within teams to enhance team resilience and wellbeing
4. To enhance compassionate resilience within the workforce

Background

The Compassionate Leadership Programme was born out of the 'Angels and Demons' conference held on 5th December 2014. Deborah Lee, Consultant Clinical Psychologist gave a talk titled *Why Good People Turn Bad.* During this talk she explored ideas that Compassion was a motivation that could be eroded or enhanced by workplace inhibitors or facilitators. The talk was well received and the audience feedback suggested that more could to be done within the Trust to make it less threat /blame focused and more compassion/support focused in culture. A vision of how to develop a compassionate culture in the organisation was presented to the Executive Team on 15th May 2015. The project was endorsed.

The Programme

A two-day course on *Compassionate Leadership* and a one-day *Introduction to Compassionate Resilience* was developed with the aim of rolling the Programme out across the organisation during September 2016 to March 2018.

The initial plan was to invite 350+ managers and senior clinicians to attend the two day course (18 participants per cohort) in a similar method used successfully to implement the Excellent Manager Programme. The one-day course was aimed at staff in non-managerial roles. Coaching support was offered to help teams work together to identify inhibitors to compassion and develop a team compassionate charter. The purpose of the team charter is to facilitate a compassionate leadership culture within each team.

At the beginning of 2017 the implementation plan was revised as it had become apparent that the two-day teaching approach was likely to have more impact in terms of culture change if it was delivered to a core group of staff from each team rather than just the manager/team leader.

To support this approach we developed the role of Compassion Champions – experienced staff who, with the help and additional training from the CLP team could support the development of team charters in their localities.

Programme Delivery Team

The CLP is delivered by two main facilitators: Deborah Lee, Consultant Clinical Psychologist and Debbie Browne, Leadership Lead. Debbie was the Programme Lead for the Excellent Manager Programme for the first two years of implementation. Elaine Williams, Senior QI Practitioner & Freedom to Speak Guardian provides regular support on day two of the Programme. The CLP has benefitted from Elaine's experience in delivering Mindfulness training.

Progress with implementation

Attendance: To date 240 staff have completed the two-day course and a further 264 staff have also had some experience of Compassionate Leadership from either a shortened one-day course or a team event.

9 two-day courses will be delivered between October 17 – March 18 and the team is on track to meet the original attendance target of 350+ managers and senior clinical staff. In addition there are one day courses that will be delivered and open to all staff to ensure a greater understanding of compassion in practice.

Compassionate Team Charter: A template for the Team Charter has been designed to help teams consolidate their aims and keep the charter to a workable size. It consists of four compassion statements which are consistent for every team (see below) and up to five spaces for each team to then add their own unique statements.

Compassionate Leadership Charter

NHS Berkshire Healthcare
NHS Foundation Trust

Berkshire Healthcare

Self
Being the best version of ourselves that we can be, for the benefit of others as well as ourselves

Organisation
Feeling confident, courageous and safe to be able to hold each other to account with compassion.

Team
Being caring, committed and working well together across the organisation.

Internal & External Stakeholders
Partnership working to reach the best outcomes for us all and guided by the principles of mutual respect, knowledge, and wisdom.

Evaluation

The Programme will be evaluated using Realistic Framework Methodology which is particularly suited for culture change programmes. We have recruited a research assistant to work with us to collect the qualitative data and contribute to the data analysis.

Five representative teams have been identified to help evaluate the impact of the CLP project. These teams are Human Resources, IMPACCT (Personality Disorder Team), Wokingham Integrated Care Team, PPH Leadership Team and the Senior Leadership Team. All of these teams will have been trained by the end of October 2017 and Compassionate Team Charters will be in place by the end of January 2018.

We are on track for the evaluation to commence in December when the HR Team will pilot the evaluation questionnaire. We aim to complete the evaluation process by March 2018. The project will be written up for dissemination in May 2018.

As part of the routine evaluation all cohorts are asked currently to fill in knowledge based questionnaires prior to starting the two days. Anecdotal evidence suggests the course has a marked impact on self-awareness and development of self-compassion. Some examples of feedback include the following statements by staff:

- *"Extremely informative and reflective. I really enjoyed it and know I will use it within the workplace"*
- *"I really loved the training this week, and I'm so glad that a core of our team were there to hear and experience the work that you are doing."*
- *"a great thought provoking two days"*
- *"this is an excellent programme and needs time so that it can to be supported by all staff and the concepts understood by all"*
- *"Now very aware of my own response to stressors and situations"*

Going Forward

By the end of March 2018 we will have an idea of the project's impact and what the continuity plan should be. If we agree to continuation of a two-day course then it is likely that it will become an additional module of the Excellent Manager Programme. The proposal will then be that it becomes Module One of a four module Programme. This will mean that it will be offered nine times a year if the EMP follows the same implementation plan as now.

Compassionate Leadership will be added to the corporate and local induction programmes and become a thread throughout the programmes we run internally within the Trust. The video clips available now on the Trust's 'Wellbeing' page on the intranet help staff practice the techniques taught on the CLP including Mindfulness, Compassionate Mind and Soothing Rhythm Breathing.

There is still much to do to implement compassion in practice as the issues are not always well understood by managers and teams. Most leadership development occurs through experience in the role and through observing good examples of leadership in the organisation. Therefore, we must ensure that leaders at every level are role models of the organisational values and behaviours and offer feedback to all staff. This will ensure that compassionate behaviours are being modelled consistently in the Trust (taken from 'Caring to Change', Kings Fund, May 2017).

Berkshire Healthcare NHS

NHS Foundation Trust

14/11/PMXXX

Trust Board Paper

Board Meeting Date	14 November 2017
Title	Financial Summary Report – Month 6 2017/18
Purpose	To provide the Month 6 2017/18 financial position to the Trust Board
Business Area	Finance
Author	Chief Financial Officer
Relevant Strategic Objectives	3. - Strategic Goal: To deliver financially sustainable services through efficient provision of clinical & non-clinical services
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting regulatory requirements
SUMMARY	The Financial Summary Report included provides the Board with a summary of the Month 6 2017/18 (September 2017) financial position.

ACTION REQUIRED	The Board is invited to note the following summary of financial performance and results for Month 6 2017/18 (September 2017):
	
	The trust reports to NHSi its 'Use of Resources' rating, which monitors risk monthly, 1 is the highest rating possible and 4 is the lowest.
	
	YTD (Use of Resource) metric:
	
	• Overall rating 1 (plan 1)
	   o Capital Service Cover 2.0 (rating 2)
	   o Liquidity days 8.7 (rating 1)
	   o I&E Margin 0.6% (rating 2)
	   o I&E Variance 0.2% (rating 1)
	   o Agency -28.3% (rating 1)

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

- Plan: £460k net surplus
- Actual: £746k net surplus
- Variance: £286k favourable

Month 6: £129k surplus (including S&T funding), -£24k variance from plan:

Key variances:

- District Nursing underspend +£111k due to high vacancy levels.
- IAPT underspend of +£72k due to the net vacancy position inclusive of non-recurrent investment benefit.
- Non Pay overspend of -£496k, principally due Independent Hospital Placements (-£335k) and Acute Overspill pressures (-£132k).

Forecast

The trust is currently projecting a £0.9m risk to control total which would also mean a loss of Q4 STF funding of £0.6m (i.e. a total risk of £1.5m). This is due to increasing specialist and acute overspill placements. Both of these areas are undergoing intense work and the trust is looking to mitigate the risk to control total by the end of the financial year.

Cash: Month 6: £22.3m (plan £19.1m)

The variance to plan is primarily due to:
- YTD capital underspend due to re-phasing of Estates and IM&T expenditure +£2.7m
- NHS Property charges not yet received

Capital expenditure YTD: Month 6: £1,028k (plan £4,608k)

The variance to plan is primarily due to:

- Estates, extended timescales regarding ward configuration at PPH (PFI), the majority of the budget is likely to be spent next financial year.

- IM&T, re-phasing of IT replacement programme £1.9m

The variances are due to timing of spend rather than a reduction in the overall requirement.

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2017 / 18

Month 6 (September 2017)

Purpose

This document provides the Board and Executive with information giving the financial performance as at 30th September 2017 (Month 6).

Document Control

Version	Date	Author	Comments
1.0	13.10.17	Donna O'Leary	Draft & 2nd draft
2.0	13.10.17	Tom Stacey	Review
3.0	17.10.17	Tom Stacey	Update Forecast & Key Messages
4.0	18.10.2017	Anne-Marie Vine-Lott	Final

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

Distribution:

All Directors

All staff needing to see this report.

Contents

1.0 Overview

The trust reports a surplus of £129k in month 6 against budgeted surplus of £153k resulting in -£24k adverse variance.

This brings the YTD surplus to £746k against budget surplus of £460k resulting in a £286k favourable variance.

The trust has £22.3m cash at month 6, this is higher than the budget of £19.1m by £3.2m and is largely due to slippage against the capital programme (£2.7m).

The overarching NHSi 'Use of Resources' metric is maintained as a "1".

Key messages this month are:

The full year forecast is currently a £0.9m risk to control total as the mid-range estimate. The risk if crystallised would also mean that the control total is missed in Q4 with £0.6m STF funding not being received as a result.

The £0.9m risk is the same as projected in M5 but two key items have changed significantly over the course of September following further work with operational teams:

- The acute overspill placement position has improved by £1.3m. There has been intense work on acute overspill (down to 1-2 patients at the end of Sept) which has reduced the forecast although remains a highly variable area.

- OAPs – due to independent hospitals / specialist placements – has worsened by -£1.1m. In month two 'new' patients have been placed that had previously been acute overspill / PICU patients, taking the total over budget to c.8 patients. There is also a risk of further patients being placed, an average of 3 further placements is assumed in the mid-range forecast.

This forecast is based upon current information and trends and the expectation is for the trust to mitigate the £0.9m forecast control total risk highlighted. Further commentary is in the Forecast section below.

2.0 Income & Expenditure Summary

Description	Current Month			Year to Date		
	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Operating Income	**20,422**	**20,453**	**31**	**123,300**	**123,627**	**327**
Operating Expenditure						
Pay	(14,741)	(14,346)	395	(87,817)	(85,714)	2,103
Non Pay	(4,615)	(5,111)	(496)	(29,579)	(31,949)	(2,370)
Total Operating Expenditure	**(19,356)**	**(19,457)**	**(100)**	**(117,395)**	**(117,662)**	**(267)**
EBITDA	**1,066**	**996**	**(69)**	**5,904**	**5,964**	**60**
Non Operating Income/Expenditure						
Interest Receivable	3	3	(0)	20	17	(3)
Interest Payable	(299)	(299)	(0)	(1,795)	(1,795)	(0)
Depreciation & Amortisation	(515)	(441)	74	(3,061)	(2,662)	399
PDC Dividend	(101)	(130)	(29)	(608)	(778)	(170)
Total non operating income/expenditure	**(912)**	**(867)**	**45**	**(5,444)**	**(5,218)**	**226**
Net Surplus/(Deficit) - For Control Total	**153**	**129**	**(24)**	**460**	**746**	**286**
Charitable Donations						
Donations credited to SoCl	0	292	292	0	556	556
Depreciation of Donated Assets	(8)	(2)	6	(28)	(9)	19
Total Charitable Donations	**(8)**	**290**	**298**	**(28)**	**547**	**575**
Net Surplus/(Deficit) - Statutory	**146**	**420**	**274**	**432**	**1,293**	**861**
Note to SoCl table above:-						
S&T Funding within Operating Income	115	115	0	606	606	0
Net Surplus/(Deficit) ex. S&T & Renal	**38**	**14**	**(24)**	**(146)**	**140**	**286**
RCI Note:-						
RCIs Achievement	392	201	(191)	2,350	504	(1,846)

In Month 6 (September 2017)

The trust reports a month 6 surplus of £129k against a budgeted surplus of £153k resulting in an adverse variance of -£24k.

Removing S&T funding of £115k, the trust has an underlying surplus of £14k in month 6.

Income is broadly in line with budget in month 6 (£31k favourable) which includes a one off £122k for 'Connected Care'.

Pay is underspent by £395k, the main reasons being:

- £111k District Nursing - high vacancy levels.
- £63k Intermediate Care – high vacancy levels, this service can also flex to a limited extent.
- £72k IAPT - net vacancies inclusive of investment slippage.
- £65k Health Visiting – vacancy levels (note last month of Slough HV £38k)
- £59k Adult Mental Health – vacancy levels.
- -£121k Unallocated CIPs for Operational Management and Unallocated / STP schemes within pay. To note, unachieved Corporate Back Office savings and unachieved Operational Vacancy review savings are within those directorates / services and 'achieved' non-recurrently through vacancies.

Non Pay is overspent by -£496k with the main reasons being:-

- -£132k Acute overspill - principally due to 26 acute/PICU placements. Estimated in month pressure of £103k following the closure of 5 beds on Bluebell ward.
- -£335k Independent Hospital placements with placements reaching 7 higher than at the start of this financial year to date (and 8 patients over budget overall having started 1 patient over).to note this includes a reconciliation of £180K.
- -£81k Unallocated CIPs for Estates, Discretionary, OAPs and remaining unidentified procurement.

Non-operating Income / Expenditure is underspent by £45k mainly due to the lower depreciation costs of £74k.

Year to date Month 6

Income is over achieved by £327k with the main reasons being:-

- £253k - Additional investment in CAMHS (£100k) for Early intervention and Foster care services and prior year income that was not expected to be recovered, also for CAMHs of £153k.
- £80k Slough Walk In Centre for prior year over delivery on activity funding and tariff uplift.
- £122K – Connect Care income now realised

Many other smaller items offset a provision against CQUIN made in income totalling £352k YTD.

Pay is underspent by £2,103k with the main reasons being:-

- £908k District Nursing - Mainly due to vacancies
- £500k IAPT - Mainly vacancies, including expansion funding
- £339k Intermediate Care - Vacancies and can also be due to demand as some parts of the service are flexible in cost to demand
- £306k Liaison & Diversion - Vacancies and slippage on investment
- £286k Health Visiting - Mainly due to vacancies
- £332k Adult Mental Health - Mainly due to vacancies
- £202k Learning Disabilities - Mainly due to planned closure of beds and slippage whilst new community service is implemented.
- -£219k Westcall - including bank holiday cover and summer holiday cover.
- -£238k CRHTT - including over establishment costs to cover increased workload, sickness, maternity and vacancies.
- -£191k Medical Staffing - Medical staffing has had various locum cover in place.
- -£725k Unallocated CIPs for Operational Management and Unallocated / STP schemes within pay.

Many other smaller variances offset a provision against IAPT slippage & restructuring totalling £464k YTD.

Non Pay is overspent by -£2,370k with the main reasons being:-

- -£1,436k Acute Overspill
- -£510k Unallocated CIPs for Estates, Discretionary, OAPs and remaining unidentified procurement.
- -£620k Independent Hospital placements with placements reaching 7 higher than at the start of this financial year to date (and 8 patients over budget overall having started 1 patient over).

Non-operating Income / Expenditure is underspent by £226k mainly due to lower depreciation.

Recurrent Cost Improvements (RCIs)

Scheme	Plan Month £k	Month £k	Var month £k	Plan YTD £k	YTD £k	Var YTD £k	Full Year £k	Identified £k	Var Full Year £k
Operational Vacancy	96	161	65	575	329	-246	1,156	889	-267
Corporate Back Office	83	30	-54	500	134	-366	1,002	713	-289
Operational Mngmnt & Spprt	50		-50	300		-300	600	37	-563
Procurement	25	10	-15	150	40	-110	300	300	
Discretionary Spend	8		-8	50		-50	100	100	
Estates Strategy	17		-17	100		-100	200		-200
OAPs	42		-42	250		-250	500		-500
Unallocated / Possible STP	71		-71	425		-425	850		-850
Total	392	201	-191	2,350	504	-1,846	4,708	2,039	-2,669

£201k RCI has been recurrently secured in month 6 bringing the YTD to £504k. However, the trust is offsetting its recurrent RCI challenge with underlying vacancy factor.

For the full year £2,039k has been either identified or released from budgets.

- £861k has had an opportunity identified subject to review & QIA and a further
- £1,115k released from budgets
- with a further £63k being a FYE of some of the already released items.

This total of £2,039k is the likely total of recurrent RCI to be identified within FY17/18; subject to further management savings being explored to increase from the £37k figure with update on this item at the next TBG.

FY18/19

Currently £0.8m is indicated as savings available within FY18/19, however £0.5m is OAPs LD patients and is not clear that this saving will be realised. The target for FY18/19 is also £4.7m.

3.0   Forecast & Risks

The forecast is a £0.9m risk to control total, which would also mean a Q4 STF loss of £0.6m in addition; to be a total of £1.5m from plan. (all figures excluding Renal Unit donation).

- Acute overspill: there has been intense work on acute overspill which has reduced the patient numbers placed to 1-2 in the second half of September. The forecast position agreed assumes 6-7 patients for the rest of this year.

- OAPs – due to Independent Hospitals: In month 6 two 'new' patients have been placed that had previously been acute overspill / PICU patients, taking the total over budget to c. 8 patients. Additionally there is risk of a further 6 patients being placed, although these are not confirmed and there may also be patients being discharged from Independent Hospital placements. The forecast has assumed a further 3 patients, on average, over the remainder of the year.

Ranged Commentary

The control total forecast range at Month 6 is -£1.8m risk at worst to +£0.2m over achievement at best.

Both Acute overspill and OAPs - Independent Hospitals are the key variables in the forecast. Ranging these two items could at best mean hitting the control total without need of mitigations (section below), or at worst move the trust into overall deficit when coupled with Q4 STF loss. It would seem unlikely that no mitigations could be applied in Q3 in the worst case scenario to avoid missing control total in Q3.

Both items are hard to forecast with certainty –

- Acute overspill due to the sizeable change from August to September and how sustainable that is.
- OAPs – Independent Hospitals due to the high number of placement requests currently being experienced – however work to review processes in this area are underway which should give more surety in future months.

Further risk to note

Not included in the forecast currently is an income risk of £0.5m for Perinatal – discussion with East CCG's over NHSE expansion funding for this service.

4.0 Use of Resources Metric and Summary

Use of Resource Metric	YTD Plan		YTD Actual	
Metric	Metrics	Rating	Metrics	Rating
Capital Service Cover (times)	2.0	2	2.0	2
Liquidity (days)	0.8	1	8.7	1
I&E Margin (%)	0.4%	2	0.6%	2
I&E Variance From Plan (%)	-	-	0.2%	1
Agency (% above / below target)	0.0%	1	-28.3%	1
Use Of Resources Rating		1		1

Agency

Agency costs were £823k in month 6 and £5,169k YTD. This is below the NHSi set ceiling of 8% or £7,236k YTD; by -28.6%.

Agency has significantly reduced from last year with the trend over the last few months being more of a stabilising effect rather than further reductions. However, in month saw a decrease of £48k on agency costs when compared to August, with September being the lowest spend this financial year and the highest being month 2 at £911k. (see also agency graph in Annex).

Risk to Metric rating

The continued cost pressure in Acute Overspill & Independent Hospitals is a significant risk to the trust's financial plan in this year. If the forecast of £0.9m risk to control total were to crystallise, the overall metric score would drop to a "2".

Achievement of RCI's are required to secure the trusts financial stability into subsequent year(s).

5.0 Balance Sheet Summary

Cash

The closing cash balance for Sept-17 was £22.3m, against a plan of £19.1m resulting in a favourable variance of £3.2m. The main reasons for the favourable variance were due to: slippage against capital expenditure (£2.7m), invoices from NHS Property Services ('NHSPS') for Q1&2 received but not paid (£2.5m) and STF bonus funds not in the cash plan (£0.8m), offset by aged debtors with NHSPS (£1.5m), Royal Berkshire Hospitals (£0.6m) and Berkshire cluster CCGs (£0.4m). Actions have been taken to resolve the aged debtors with the respective organisations.

Trade Receivables

Trade receivables balance has increased by £0.8m from last month to the value of £4.9m. Payment by both Royal Berkshire and South Central contributed to the 30 to 60 days decreasing by £0.7m. 60-90 days saw an increase in month of £0.6m where the NHSPS invoices still remain unpaid.

Trade Payables

Trade Payables increased by £2.3m to the value of £6.4m. The main driver of this being NHSP invoices valuing £2.7m.

Capital

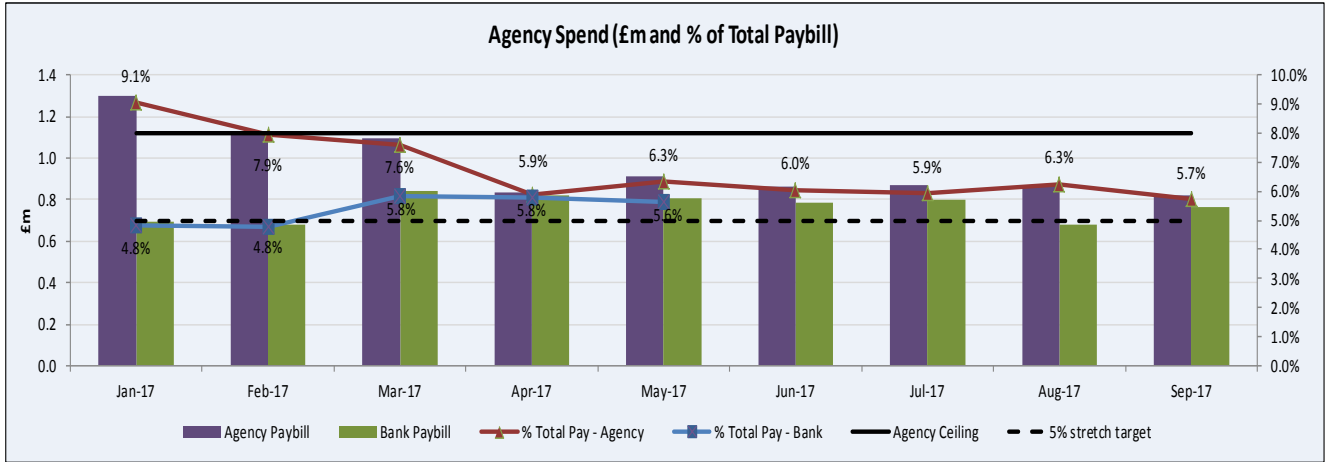| CAPITAL EXPENDITURE	Current Month			Year to Date			Forecast Out turn		
	Bud (£'000)	Act	Var.	Bud (£'000)	Act	Var.	Bud (£'000)	Act	Var.
Maintenance & Replacement									
Trust Owned Properties	15	2	13	57	(2)	59	120	386	(266)
Leased Non Commercial (NHSPS)	75	2	73	205	16	189	540	570	(30)
Leased Commercial	10	0	10	41	3	38	82	35	47
Statutory Compliance	95	15	80	320	18	302	640	639	1
Locality Consolidations	65	293	(228)	392	454	(62)	820	1,328	(508)
PFI	333	59	274	1,291	157	1,133	2,223	1,068	1,155
Subtotal	**592**	**370**	**219**	**2,305**	**646**	**1,659**	**4,425**	**4,025**	**400**
Development Expenditure									
IM&T Refresh & Replacement	110	0	110	968	10	958	2,076	2,076	0
IM&T Business Intelli. & Reporting	0	0	0	125	17	108	378	378	0
IM&T System & Network Developments	239	58	181	551	124	427	795	545	250
IM&T RiO	161	(7)	168	406	95	311	447	392	55
IM&T Other	46	0	46	51	81	(30)	151	151	0
IM&T Locality Schemes	18	1	17	100	50	50	200	200	0
Other Locality Schemes	0	0	0	0	5	(5)	100	100	0
Subtotal	**574**	**52**	**522**	**2,201**	**382**	**1,819**	**4,147**	**3,842**	**305**
Total	**1,166**	**423**	**741**	**4,506**	**1,028**	**3,478**	**8,572**	**7,867**	**705**
Capital expenditure additional initiatives									
GDE capital cost funded by NHS Digital	0	0	0	0	9	(9)	0	259	(259)
GDE capital cost - match funding (part of main capital expenditure	0	0	0	0	124	(124)	0	485	(485)
Subtotal GDE capital cost	**0**	**0**	**0**	**0**	**133**	**(133)**	**0**	**744**	**(744)**
Renal Unit at WBCH - Capital spend	0	296	(296)	0	550	(550)	0	1,260	(1,260)
Renal Unit at WBCH - Revenue spend	0	0	0	0	21	(21)	0	21	(21)
Sub Total Renal Unit WBCH	**0**	**296**	**(296)**	**0**	**571**	**(571)**	**0**	**1,281**	**(1,281)**

The YTD under spend on estates projects is £1.7m mainly due to slippages of the Sorrel work £1.1m budgeted to have ended in August but expected to start in October.

The YTD under spend on IM&T projects is £1.9m. The IM&T refresh was delayed to procure a new contract and some planned expenditure has been reclassified to the Global Digital Exemplar categories.

The trust is forecasting an underspend of £0.7m against capital plans at year end; with the main variance on PFI due to Jasmine works mostly slipping into next year (£1m).

In addition to trust funded schemes, charitably funded Renal Unit is expected to have £1.3m of spend against it this year, and GDE schemes £744k.

6.0   Annex – Agency Chart

Agency Spend (£m and % of Total Paybill)

Trust Board Paper

Board Meeting Date	14th November 2017
Title	**Summary Board Performance Report M6 2017/18**
Purpose	To provide the Board with a performance summary dashboard, including narrative and KPI exception highlights.
Business Area	Trust-wide Performance
Author	Chief Financial Officer
Relevant Strategic Objectives	2 - To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care and consistently meet or exceed the standards of CQC and other stakeholders.
CQC Registration/Patient Care Impacts	All relevant essential standards of care.
Resource Impacts	None.
Legal Implications	None.
Equality and Diversity Implications	None.
SUMMARY	The enclosed summary performance report provides information against the Trust's performance dashboard for September 2017. **Month 6** **2017/18 EXCEPTIONS:** **The following Trust Performance Scorecard Summary indicator groupings are Red rated:** The "red" indicator grouping has been rated on an override basis, related to 2 specific indicators; - NHS Improvement (non-financial) - RED - Service Efficiency and Effectiveness - RED **The following Trust Performance Scorecard Summary indicator groupings are Amber rated:** - People - Contractual Performance

	Further detail on the AMBER dashboard ratings is narrated within the section commentaries of the summary performance report. **The following individual performance indicators are highlighted by exception as RED with their link to the Trust Performance Dashboard Summary identified in brackets:** • **US-05 -** Self-harm incidents: Number **(User Safety)** • **US-06** - AWOLs on MHA section **(User Safety)** • **PM-01 -** Staff Turnover **(People)** • **PM-02** – Gross Vacancies (% WTE) **(People)** • **PM-03** – Sickness **(People)** • **MA-01** – 7 Day Follow Up **(NHS Improvement Non-financial)** • **SE-02 -** CHS: Average LoS (bed days) **(Service Efficiency & Effectiveness)** • **SE-03 -** Mental Health: Acute Average LoS (bed days) **(Service Efficiency & Effectiveness)** • **SE-03a** - Mental Health: Acute Average LOS Snapshot **(Service Efficiency & Effectiveness)** • **SE-05 –** CHS Occupancy Rate **(Service Efficiency & Effectiveness)** • **SE-06A -** Mental Health: Acute Occupancy rate (EX HL) **(Service Efficiency & Effectiveness)** • **SE-06B -** Mental Health: Acute Occupancy rate by Locality (EX HL) **(Service Efficiency & Effectiveness)** • **SE-08 –** Health Visiting: New Birth Visits within 14 days **(Service Efficiency & Effectiveness)** • **SE-10 -** Mental Health Clustering within target **(Service Efficiency & Effectiveness)** Further RED KPI performance detail and trend analysis is provided in the summary performance report.
ACTION	The Board is asked to note the above.

Board Summary Performance Report

M6: 2017/18 September 2017

Healthcare
from the **heart** of
your **community**

Berkshire Healthcare **NHS**
NHS Foundation Trust

Board Summary

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

Key :

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

Performance Scorecard Summary:
Month 6: 2017/18

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

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

MA-01, 04, 06, 09, 10, 11, MA-15, 17, 18 & 19
MA 21-23

% rules based approach

o SE-01 to SE-11
o Where 50% or more of the mapped indicators are RED rated, the summary performance scorecard indicator will be RED.
    For example:
    A performance scorecard category has 5 indicators mapping into these indicators have the following performance reported in the month:
    2 RED rated (40%)
    2 AMBER rated (40%)
    Based on the first two mapping principles, the 50% rule would not apply but clearly the scorecard category should not be GREEN.

Overriding prinicples based approach

There are indicators within the detailed performance indicator report where the over ride rule applies.
This is driven by severe sanction or breach usually linked to regulatory compliance requirements within the Trust.
Year 2017 - 2018; M6 September 2017:-

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

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

Subjective

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

Performance Scorecard Summary:
Month 6: 2017/18

Healthcare
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NHS Foundation Trust

Exception report

Summary of Red Exceptions M6: 2017/18			
Indicator	**Indicator No**	**Comments**	**Section**
Self-Harm incidents	US 05	Decreased from 162 to 133	User Safety
AWOLS	US 06	Increased from 34 to 44	User Safety
Staff Turnover	PM 01	Increased from 17.6% to 17.7%	People Management
Gross Vacancies	PM 02	Increased from 12.4% to 13.0%	People Management
Sickness	PM 03	Increased from 3.48% to 3.68%	People Management
7 Day Follow Up	MA 01	Decreased from 96% to 93.1%	NHS Improvement
CHS Average Length of Stay	SE 02	Increased from 29 to 30 days	Service Efficiency & Effectiveness
MH Acute Length of Stay	SE 03	Reduced from 44 to 43 days	Service Efficiency & Effectiveness
MH Average Length of Stay Snapshot	SE 03a	Increased from 50 to 51 days	Service Efficiency & Effectiveness
CHS Occupancy Rate	SE 05	Increased from 72% to 80%	Service Efficiency & Effectiveness
MH Acute Occupancy Rate by Locality and Ward	SE 06 a & b	Remained at 97%	Service Efficiency & Effectiveness
Health Visiting	SE 08	Decreased from 96% to 93.3%	Service Efficiency & Effectiveness
Clustering	SE 10	Increased from 86.4% to 86.9%	Service Efficiency & Effectiveness

User Safety Commentary

There were 6 serious incidents in September 2017. These included a suspected suicide of a Reading CMHT client, one unexpected death of a client on Bluebell ward, 1 fall with fracture on Orchid ward, and three Information Governance breaches (1 for Windsor Ward, Wokingham and 2 for Talking Therapies).

The number of assaults on staff increased to 59 in the rolling quarter to September 2017 but remains green against a local target. In the rolling quarter, 2 incidents were reported on Sorrel ward (3 last month), 6 on Daisy ward (9 last month), 14 incidents on Bluebell ward (3 last month), 11 on Snowdrop ward (7 last month) and 4 on Rowan ward (last month 8), 5 incidents were reported on Rose ward (7 last month) and 3 on Orchid ward (2 last month). In addition 1 incident occurred at Royal Berkshire Hospital, 1 at Prospect Park Hospital and 2 others from an unknown location as reported by Adult Acute Admissions. In the rolling quarter 8 incidents were reported by CAMHS; 1 incident was reported by the CAMHS service at Fir Tree House and 7 at Willow House. In the community there were 2 incidents reported in the rolling quarter; 1 incident each in Older Adults Mental Health services West Berkshire and Wokingham. All incidents in September 2017 were rated as low or minor risk. This shows a decreasing trend.

For Learning Disabilities there was an increase in the number of assaults on staff from 27 in the rolling quarter to August 2017 to 44 in the rolling quarter to September 2017. All incidents in September 2017 were rated as low or minor risk. This shows a decreasing trend.

Patient to Patient Assaults in Mental Health services has decreased to 40 in the rolling quarter to September 2017 and is now rated as amber against a local target. In the rolling quarter 36 incidents were reported at Mental Health Inpatients, 8 incidents took place on Sorrel ward (6 as last month), 5 on Rowan ward (4 last month) and 4 on Snowdrop ward (5 last month), 13 on Daisy ward (14 last month), 2 on Rose ward (same as last month) and 1 on Bluebell ward (2 last month). In addition 3 incidents were reported in the car park. 1 incident was reported at Willow House in the rolling quarter. In the Community in the rolling quarter, 1 incident was reported by Reading Care Pathways and 1 each in West Berkshire and Wokingham Older Persons Mental Health Service. A total of 21 clients carried out assaults on other patients including 4 patients who carried out more than one assault. This shows a decreasing trend.

Learning Disability Patient to Patient Assaults decreased to 10 (previously 14) in the rolling quarter to September 2017. All incidents were rated as low or minor risk and the assaults were carried out by 3 clients including 1 client responsible for 5 incidents and another responsible for 3.

Slips Trips and falls – In September 2017 Henry Tudor ward (6 falls) was above target. There was one fall with fracture on Orchid ward; all other falls are rated as low or minor risk. The Trust visited Salford Royal NHS Foundation Trust on 6th October 2017, to see its patient monitoring technology with a view to developing a business case to purchase equipment for our wards. The will be an area of focus for the Quality Improvement programme.

Self-Harm has decreased to 133 in the rolling quarter to September 2017, and remains at a red rating. In the rolling quarter, 6 incidents (decreased from 12 incidents last month) have been reported by Willow House by 4 clients, one client was responsible for 3 incidents. All of the incidents reported in September 2017 at the Willow House were rated as low or minor risk. There were a total of 100 incidents reported in the rolling quarter to September 2017 by Mental Health Inpatients; a decrease from 129 from the preceding month. Of these, 2 incidents were reported on Rose ward (3 last month), 18 incidents on Bluebell ward (decreased from 39) and 36 on Snowdrop ward (increased from 32) and 28 on Daisy ward (37 last month). There were also incidents reported as follows; 8 at home, 2 Place of Safety, 1 at the Therapy Centre and one in hospital grounds. At the time of reporting 23 inpatients self-harmed during the rolling quarter with one client responsible for 13 incidents, another

two clients for 10 incidents each. All incidents in inpatients were rated as low or minor risk. Aside from the apparent suicide of the Reading CMHT client, in the rolling quarter the following low or minor risk incidents were reported by mental health community services and were as follows; 2 for Bracknell CMHT, 1 for Criminal Justice and Liaison service, 1 Clinical Health Psychology, 6 for Crisis Resolution Home Treatment Teams, 5 each for Common Point of Entry and Slough CMHT.

Learning Disability Self-Harm remained at 11 in the rolling quarter to September 2017. The 11 incidents were carried out by 5 clients with one client responsible for 6 of the incidents. Two low risk incidents were reported in September 2017, this includes one incident by Newbury Community Team for People with a Learning Disability in September 2017. This shows a decreasing trend.

AWOLS and Absconsions - This data covers only those clients detained on a mental health section and is measured against a local target. AWOLS increased (34 to 44) and Absconsions decreased (19 to 18) in the rolling quarter to September 2017. In September 2017, there were 15 AWOLs reported; 7 from Snowdrop ward, 4 each from Bluebell ward and Daisy ward, 1 from Rose ward and 1 from Prospect Park, and 1 from public place or street. All incidents were rated as low risk. In September 2017, there were 4 absconsions; 3 from Snowdrop ward and 1 from Bluebell ward. All were rated as low risk. AWOLs show an increasing trend and Absconsions show a decreasing trend. Work is on-going at Prospect Park Hospital to remove ligatures risk and mitigate absconsions.

PMVA (Control and Restraint of Mental Health patients) – At the time of reporting in September 2017, there were 43 uses on 11 clients with 5 uses on one client and another with 4. There were 5 uses each on Daisy ward and Rose ward, 10 on Snowdrop ward, 9 on Bluebell ward, and 1 on Rowan ward, 1 at A&E, 1 at Prospect Park, 1 in a corridor and 4 at Willow House.

There were 8 incidents of prone restraint in September 2017 on 4 clients, these occurred on the wards as follows; 3 on Rose ward, 1 each for Bluebell ward and Snowdrop ward and 2 for Daisy ward, and 1 at Prospect Park. The trend for use of prone restraint is downwards, when measured over a 3 year period. A programme of work is in place to reduce the use of prone restraint on the wards.

There were 14 uses of SCIP including 11 uses on one client.

Seclusion: There were 7 uses of seclusion for 5 patients in September 2017. The longest episode of seclusion was for 23 hours and 55 minutes. There were no uses in Learning Disability Services.

KPI	Target	Sep-17	Trend	Context/Reasons	Commentary of Trend
Self-Harm incidents	**<75**	**133**		**Self-harm reduced significantly in Adult Inpatient areas from 129 in the rolling quarter to August 2017 to 100 in September 2017. CAMHS also showed a decrease. Increase in incidents reported by Community Mental Health services such as Crisis teams.**	
AWOLs on MHA section	**<15**	**44**		**Increase in AWOLS driven by an increase in reported AWOLS on Snowdrop ward.**	**Environmental works being carried out at Prospect Park Hospital to mitigate incidents.**

Other Key Performance Highlights for this Section

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

- Mental Health Physical Assaults on Staff worsened from 46 in the rolling quarter to August 2017 to 59 in the rolling quarter to September 2017.
- Learning Disability Physical Assaults on Staff worsened from 27 in the rolling quarter to August 2017 to 44 in the rolling quarter to September 2017.
- Mental Health AWOLs increased from 34 in the rolling quarter to August 2017 to 44 in the rolling quarter to September 2017.
- Mental Health Absconsions increased from 15 in the rolling quarter to August 2017 to 18 in the rolling quarter to September 2017.
- Use of Preventing and Managing Violence and Aggression increased from 24 uses in August 2017 to 43 uses in September 2017.
- SCIP (Strategy for Crisis Intervention and Prevention) has worsened from 3 uses in August 2017 to 14 uses in September 2017.

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

- Mental Health Physical Patient to Patient Assaults improved from 41 in the rolling quarter to August 2017 to 40 in the rolling quarter to September 2017.
- Learning Disability Physical patient to patient assaults from 15 in the rolling quarter to August 2017 to 10 in the rolling quarter to July 2017.
  Mental Health Self-Harm reduced from 162 incidents in the rolling quarter to August 2017 to 133 incidents in the rolling quarter to September 2017.
- Seclusion reduced from 9 uses in August 2017 to 7 uses in September 2017.

People Commentary

Performance in this category drives an ""amber"" rating on the performance scorecard summary on a subjective basis. Sickness, turnover, and gross vacancies are stretch targets internally and PDP is a local target. Of the 8 indicators, 3 are red (Staff turnover, Gross Vacancies and Sickness), 2 are amber (Fire and Information Governance), 2 are green including (Statutory training - Manual Handling and Health and Safety). The PDP target was for June 2017 and this was achieved.

Sickness Absence

• The confirmed Trust-wide monthly sickness rate for September is 3.68%. The final sickness rate for August (following the data transfer from HealthRoster to ESR) was 3.48% and below the Trust target of 3.5%, following an increase to slightly above target in August. The rolling three month and rolling six month sickness rates are both below target, at 3.21% and 3.33% respectively.

• The final sickness data for August shows a decrease in the short-term sickness rate to 0.85%. This follows an increase in July attributed to gastrointestinal absence, which has now returned to average levels. The final short-term sickness rate in August is consistent with the average over the previous six months of 0.88% and is not yet seeing any impact of absences due to cold/cough/flu.

• The final sickness data for August shows a further increase in the long term sickness rate to 2.13% (from 2.03% in July). This is mainly attributed to a further increase in long-term absence due to musculoskeletal/back problems, and the provisional sickness data for September indicates that this upward trend will continue for a further month. This is a key area for action in the localities and the HR Managers have been working with their locality sickness leads on specific action plans to tackle musculoskeletal related absence. Some localities have identified an increase in musculoskeletal absence in community nursing and community wards and more detailed analysis is underway to understand the reasons for this. One locality has been trialling the use of rucksack style bags for carrying equipment/laptops. The impact of this on sickness levels will be reviewed and shared across localities.

• Some localities have identified data quality issues this month, for example periods of absence not being closed in a timely way and return to work discussions not being logged. This will be addressed at a local level, with refresher training provided as required.

 Recruitment

• A 'task and finish' has been established to progress the community nursing recruitment hub, with representation from community nursing leads from across the Trust. The pilot will start in January 2018 and will target Bands 4, 5 & 6 nursing vacancies.

• The Trust will attend 12 job fairs between October and April with representation from inpatient and community mental health teams, community nursing, children's services and learning disabilities.

• A recruitment event in September has resulted in a further five offers of employment at Prospect Park, with interviews for a further three vacancies in October. A

'meet and greet' has been arranged with Oxford Brookes University to interview third year students for vacancies at Prospect Park. This will be followed by an organised visit to Prospect Park for prospective candidates. This initiative will be expanded to include other universities.

• Work is underway on two returns to practice initiatives: supporting non-UK qualified nurses, currently working for the Trust in other roles, to complete their English language test; and a joint advert between Prospect Park and Oxford Brookes University to attract return to practice nurses, with successful candidates starting in January.

Turnover

• The Trust-wide turnover rate in September has increased to 17.69% (August was 17.61%). The turnover rate in Oxford Health (July 2017) increased to 19.69%.

• The management team at Prospect Park have introduced a number of retention initiatives, including: "what matters to you?" ward meetings to provide staff with an opportunity to openly and freely share thoughts on improvements, what makes them stay and what would enhance their working lives; 'Thank You' cards to recognise the support and effort of colleagues; 'Employee of the Month' nominated by colleagues; and the 'career trolley' initiative is continuing.

Statutory and Mandatory Training

Statutory Training – Fire Training - This has increased to 93% with Mental Health Inpatients and Slough locality above target. Weekly reports are still being sent to Locality Directors and for Corporate staff reports on non-compliance have been sent to the relevant Heads of Service/Directors. The Head of Training and Organisational Development has also been sending emails to staff that are non-compliant.

Mandatory Training - Information Governance has reduced to 87% and remains below target for compliance. For Information Governance, the reporting has changed to reflect the requirement for annual ""refresher"" training for all staff. Weekly reports are being sent to Locality Directors and for Corporate staff reports on non-compliance have been sent to the relevant Director/Heads of Service. Within the IG Toolkit we achieved 96%, as the metric was updated by HSCIC to include everyone who had completed the training between 1st April 2015 and 31st March 2017 based on our current staff list. The PAF indicator measures staff trained or refreshed within the last 12 months, which places us at 87%.

PDP - Target for June 2017 has been achieved.

KPI	Target	Sep-17	Trend	Context/Reasons	Commentary of Trend
Staff Turnover (% YTD) : Percent	<15.2%	17.75%		Increase in turnover from September 2016. This remains a challenging stretch target for the Trust.	This includes end of fixed term contracts, retirements as well as voluntary resignations.
Gross vacancies (% WTE) : Percent	<10%	13.00%		This figure includes areas where there has been difficulty recruiting such as CHS inpatients and nursing, LD and MH inpatients, Community Mental Health teams, Children's and Young Persons Integrated Therapies and Crisis Services.	Recruitment and Retention group established to look at priority areas.

KPI	Target	Sep-17	Trend	Context/Reasons	Commentary of Trend
Sickness	**<3.5%**	**3.68%**		**The short-term sickness has increased to 0.91%, and the long-term sickness to 2.10%**	**Sickness highest since February 2017. Short-term sickness highest since February 2017.**
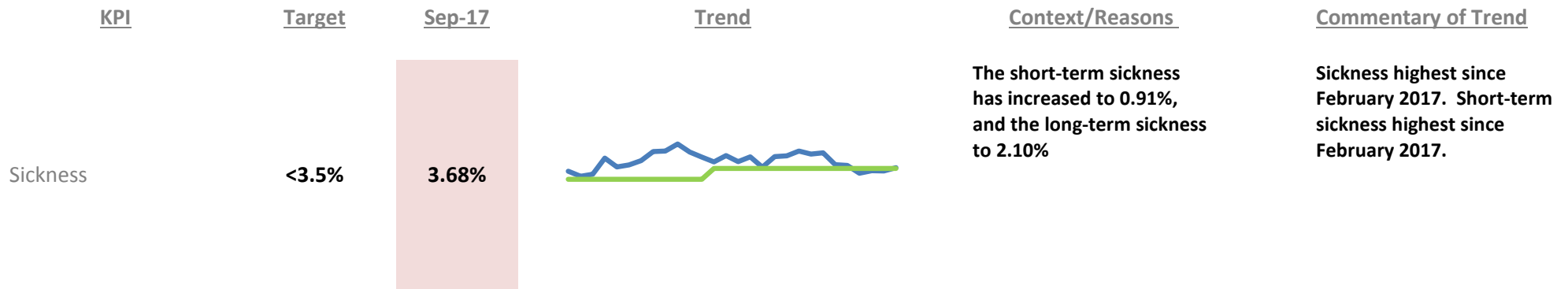
Other Key Performance Highlights for this Section

- Staff Turnover has worsened from 17.6% in August 2017 to 17.8% in September 2017.
- Sickness has worsened from 3.48% in August 2017 to 3.68% in September 2017.
- Information Governance training has worsened from 88% in August 2017 to 87% in September 2017.

NHS Improvement Non-Financial and Financial Commentary

7 Day Follow up is below target with 6 misses confirmed by the services. As this indicator is red, this section is rated as red on an override basis. The trust did remain above target for the quarter 2 at 96.4%

NHS Improvement are consulting on proposed metrics; the consultation opened on 8th August 2017 and closed on 18th September 2017, we are still awaiting the final version to be published.

The proposed changes would include the removal of:

• CRHTT Gatekeeping
• Mental Health Service Data Set (MHSDS) identifiers and priorities metrics

The proposal introduces the following metrics:

• Introduction of the Data Quality Maturity Index (MHSDS dataset score) – this will cover (published scores for Quarter 4 2016/17 are included):
    • Ethnic Category (100%)
    • GMC practice code (patient registration) (99.9%)
    • NHS Number (98%)
    • Organisation code (code of commissioner) (99.9%)
    • Person stated gender code (100%)
    • Postcode of usual address (99.9%)

The Trust was given an overall score of 99.9 which was published by NHS Digital in August 2017 for the MHSDS. This was higher than Oxford Health at 95.3 and Surrey Borders at 98.4. No thresholds for Performance have been published yet.

• Inappropriate out of area placements - Total number of bed days patients sent out of area in the preceding quarter. The latest published data on NHS digital shows that for August 2017 – 743 bed days were used by patients sent out of area. 5 clients were sent less than 25km from home, 10 clients were over 25km but less than 50km from home and 15 clients were over 50km, but less than 100km from home. The guidance from NHS Digital advises of the need to "eliminate the practice of inappropriately sending patients out of area to receive acute inpatient care". In the directions letter, published on this same website, states that "An inappropriate out of area placement is defined as a situation in which a person with assessed acute mental health needs, who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of the usual network of services (an inpatient unit that does not usually admit people living in the catchment of the persons local community mental health service, and where a person cannot be visited regularly by their care co-ordinator).
• Proportion of people completing treatment who move to recovery (from IAPT minimum dataset). For September 2017, all CCGs were above the 50% recovery threshold target.

In addition there is a proposal to include Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI). Work in partnership with acute trusts/CCGs is on-going with organisations within Berkshire seeking to ensure a consistent approach to surveillance. A joint action plan was produced in September 2017.

The Single Oversight Framework will continue to include an annual rating on the Cardio Metabolic CQUIN, which is designed to reduce premature mortality rates amongst people with severe mental illness. The Trust rates for Q4 2016/17 show that we are above targets published in the Single Oversight Framework.

Inpatients – 96% compliance against 90% target
Community – 87% compliance against 65% target
EIP services - 100% compliant against 90% target

NHS Improvement Non-Financial and Financial Commentary

KPI	Target	Sep-17	Trend	Context/Reasons	Commentary of Trend
7 Day follow Up	**95%**	**93.06%**		**5 confirmed misses for follow ups within 7 days of MH Inpatient discharge.**	**Regional director has asked for assurance around processes. There are clients who leave to go abroad immediately on discharge and therefore can be difficult to follow up.**

Service Efficiency And Effectiveness Commentary

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

The DNA rate increased from 4.64% in August 2017 to 4.86% in September but is still rated as green. Bracknell at 5.65% and West Berkshire at 5.46% are rated as amber. This indicator shows a decreasing trend.

In CPE, the DNA rate decreased from 13.69% in August 2017 to 13.18% in September 2017 (99/751).

In Children and Families services the DNA rates were; an increase in West Berkshire 11.07% (last month 10.05%). There were decreases in Wokingham 5.63% (last month 10.05%), Reading 8.33% (last month 9.09%), and Bracknell 4.65% (last month 5.25%), CAMHS services DNA rates showed a decrease to 9.34%.

For Mental Health, there has been some worsening with Bracknell 8.45% (last month 7.75%), Reading 7.94% (last month 7.63%), Wokingham 5.19% (last month 4.84%), Slough 9.35% (last month 7.51%) and WAM improved to 3.41% (last month 3.58%) and West Berkshire 6.06% (last month 6.30%) also improved. SMS text messaging can be used for reminders for appointments which take place in clinics provided that a mobile number is collected and entered into RiO in the correct format. In September 2017, 17,301 text messages were sent.

CHS Inpatient Average Length of Stay –increased to 30 days and is above target, with only Reading below target. Delayed transfers have an adverse impact on length of stay. By ward there has been some improvements in Reading 26.97% (last month 31.7%) but West Berkshire 7.25% (last month 6.9%) and Slough 17.12% (last month 12.8%), Wokingham 11.86% (last month 11.5%) and Windsor and Maidenhead 30.74% (last month 22.1%) all worsened. A total of 63 patients' discharges were delayed in September 2017, 28 of these are the responsibility of the NHS, and 20 are the responsibility of social care and 15 joint health and social care. The most common reason for a delay was awaiting care package in own home (total 25; 7 NHS responsibility, 11 joint responsibility for health and social care and 6 social care). 22 are awaiting either Care home or nursing home placement (6 the responsibility of social care, 9 NHS and 7 both). The Inpatient areas have been retrained on the recording of delayed transfers on 18th/19th September 2017 to ensure a standard approach is applied.

Mental Health Acute Occupancy excluding home leave remained at 97% in September 2017. There are now 5 beds closed on Bluebell ward.

The Average Length of Stay for Mental Health reduced from 44 days in August 2017 to 43 days in September 2017 and the acute snapshot length of stay increased to 51 days in September 2017 and continues to remain above target. Of the 177 clients discharged between July 2017 to September 2017, 81 had lengths of stay above the Trust target of 30 days, 19 clients that were discharged in the period had lengths of stay above 90 days, including 14 above 100 days and 1 at 339 days. There are a number of clients who have accommodation needs for which funding must be obtained and placements sought before they can be discharged from the ward. There are also cases where there is no recourse to public funding. As at 11th October 2017, there were a total of 14 clients on acute wards (an increase from 10 last month), 10 of which have been confirmed as delayed discharges. Including the potential delays by locality, there were 6 delays for Slough, and 1 each for WAM and Bracknell, 3 for

West Berkshire, 2 for Wokingham and 1 for South Buckinghamshire. By ward on 11th October 2017 there were 6 on Rose ward, 5 on Bluebell ward, 2 Snowdrop ward, 3 each on Rose ward and Daisy ward and 1 on Sorrel ward.

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

At the 11th October 2017, there was 1 PICU client in an out of area placement. The national return is due on 20th October 2017, which details a total of 9 patients sent out of area; 7 acute and 2 PICU for September 2017.

Older Adults Mental Health wards length of stay is 88 days for Rowan ward and 46 days for Orchid ward for clients discharged.

MH Readmission rates reduced to 7.9% in September 2017, however only WAM and Reading were below target.

Learning Disability Benchmarking for 2016/17 data collection has now opened and submission closes on 10th November 2017.

Community Services benchmarking – The project opened on 22nd May 2017 and was submitted in August 2017; Trusts have until 20th October 2017 to validate data.

Mental Health Benchmarking – The Trust has submitted data for this and a draft report received. The Trust made a resubmission on 2nd October 2017. A supplementary audit of a Mental Health services workforce skills mix launched on 11th October 2017. The audit looks at the staff banding and qualifications of all staff who deliver adult and older adult community mental health services. The audit is unique in that it also asks that local authorities to also make a submission.

CAMHS – data has been submitted and a draft output has been received. Trusts have until 27th October 2017 to resubmit data.

Clustering –increased to 86.9% compliance but remains below the 95% target. With the exception of IMPACTT (96.2%) and West Berkshire Older Adults 95.4%, all services are below target. It should be noted that Wokingham CMHT (91%), Slough Older Adults services (94.9%) WAM Older Adults services (92.7%) Wokingham Older Adults services (90.4%) and Bracknell Older Adults services (91.1%) - are consistently close to the target of 95%. Common Point of Entry 69.4% (108 out of 120 clients clustered) and Eating Disorders at 75.5% (157 out of 222 clients clustered in date), and Neuropsychology has 2/14 (11%) clients clustered are amongst the lowest compliance levels. Focus is on ensuring that services do not only change the date of the cluster but rather look at underlying scores covering the type and level of needs that determine the cluster allocation ("red rules") and ensure that staff assign clusters appropriately - compliance against the red rules remains at 93% of those clustered. Early Intervention in Psychosis clients must remain in Cluster 10.

Place Of Safety – This increased to 48 uses in September 2017 with 3 uses for minors. Of the 48 uses of the place of safety, 15 were admitted following assessment including 11 under Section 2 of the Mental Health Act. 10 clients waited over 8 hours for an assessment. The reasons for the delays in assessment include bed availability, patient intoxication, and availability of AMHP/assessing Doctor. 42 of the 48 assessments were carried out by Berkshire Healthcare NHS Foundation Trust Section 12 Doctors, with a further 2 not recorded. The most common time in September 2017 to be brought to the place of safety was between 6pm to 9pm and then 12 noon to

3pm. The most common day for detention in September 2017, was Saturday with 10 detentions, followed by Tuesday and Wednesday with 9 detentions each.

Crisis plans – This remained at 93% overall with all localities above target.

Health visiting – The Trust attained 93.3% which was below the 95% target but above the Quarter 4 2016/17 Public Health England average of 88.3%. The main reasons for non-compliance were long-term sickness, vacancies, families declining the service and babies placed in special care baby units.

System Resilience – Waiting times at Frimley achieved 90.7% A&E 4 hour waits in September 2017.

In the West – the A&E waiting times national return show the Royal Berkshire Hospital achieved 90.5% compliance. The system wide report showed capacity in all of the west Rapid Access teams on 13th October 2017, though this was limited in Reading. In terms of inpatients on 13th October 2017, beds were available at Ascot ward, Windsor ward and Oakwood ward, but there were no beds available at West Berkshire Community Hospital.

KPI	Target	Sep-17	Trend	Context/Reasons	Commentary of Trend
CHS Inpatient: Average LoS (bed days): Number	<28 Days	30		Increase in length of stay.	Delayed transfers due to lack of onward accommodation/care packages in own home and patient choice have impacted on this metric.
Mental Health: Acute Average LoS: Number	<30 Days	43		Bed optimisation project underway to look at alternatives to admission, productive stay and productive discharge.	Delayed transfers and lack of onward accommodation have impacted on this metric. In the 2015/16 NHS Benchmarking Exercise the Trust was at the national mean with an average length of stay of 33 days.
MH Acute Length of Stay Snapshot	<30 Days	51		This is an increase on the preceding month but below the 12 month average of 54 days.	

KPI	Target	Sep-17	Trend	Context/Reasons	Commentary of Trend
CHS Occupancy Rate	< 80%	80%		**In September 2017, Wokingham were at 77% and West Berkshire at 76%, below target.**	**The availability of Community Health beds is discussed in the daily system wide calls. These also cover the acute hospital, community services including wards and services where patients can be discharged to their place of residence and Unitary Authority provision. The Community Hospitals may flex their criteria for admission should the acute hospitals be under pressure.**
MH Acute Occupancy rate (exc. HL - by Ward)	< 90%	97%		**Increased admissions for clients assessed under the Mental Health Act and high numbers of delayed transfers of care are affecting this metric.**	**New bed management process began on 31st July 2017.**

KPI	Target	Sep-17	Trend	Context/Reasons	Commentary of Trend
MH Acute Occupancy rate (exc. HL - by Locality)	< 85%	96%		**Reading, West Berkshire and WAM were above target.**	**New bed management process began on 31st July 2017.**
Health Visiting: New Birth Visits Within 14 days	95%	93.3%		**High vacancies, long-term sickness and babies being placed in Special Care Baby Units are the main reasons for non-compliance.**	**The Trust is above the 88.3% England average in Quarter 4 2016/17, which is the latest data available on the Public Health England New Birth Visits.**
Clustering within target	95%	87%		**There are frequent reviews required for certain clusters which mean that it is difficult to achieve the target.**	**Teams with high numbers of outliers are being targeted. Clustering Lead is attending the Locality Managers Business Meeting to ensure that focus is maintained.**

Other Key Performance Highlights for this Section

- DNA rates have worsened from 4.64% in August 2017 to 4.86% in September 2017.
- CHS Length of stay worsened from 29 days in August 2017 to 30 days in September 2017.
- Mental Health Average Length of Stay reduced from 43 days in August 2017 to 44 days in September 2017.
- Mental Health Acute Length of Stay Snapshot increased from 50 days in August 2017 to 51 days in September 2017.
- Health Visiting decreased from 96% in August 2017 to 93.3% in September 2017.

Contractual Performance Commentary

For the 2017/19 contract, this section has been revised to provide focus and traction on contract monitoring. Updates are as follows:

• CQUIN 16/17: CCG have advised (noted in Trust Business Group) that full payment was attained for 2016/17.

• CQUIN 17/18: first submission made 22nd July 2017, all CQUINs confirmed as attained. Except CQUIN 9 where some additional information was requested. Expect to have full attainment.

• CPE action plan and funding discussions on-going, Trust sign-off of joint action plan with David Townsend, being monitored monthly at Executive level CCG and BHFT but demand is not reducing so additional action has been requested to produce business case for an updated service model. Interim funding from West for Q3 agreed and waiting for variation, we have asked for Q4 funding to also be given. We expect an update week commencing 23rd October 2017.

• All SDIPs have been agreed and first submissions are underway. CCG have confirmed Q1 milestones met. Q2 Submissions being prepared for submission by 20th October 2017, not flagging any issues at this time.

• AQP conversations underway to move into the block and align service offering to funding. East MSK funding gap and contract extension negotiations subject to review of potential impact of commissioner investment into enhanced primary care services, meeting with CCG on 17/8/2017. East position agreed, Podiatry proposal with CCG, Audiology financial analysis scheduled.

• Dental services: NHSE and BHFT are having productive conversations to future proof the service by looking at referral to treatment waits and projected increase in patient flow for patients requiring general anaesthetic, to avoid a build in wait times. It has been indicated that the Trust will be awarded £180k and we will agree what we can do for the money and the impact that it will have on current waits.

• NHSE funding challenges regarding CAMHS Tier 4 services with on-going review and discussions on safe staffing levels; David Townsend and Karen Cridland leading.

• Local Authority Sexual Health (All East) and School Nursing (Wokingham) requested contract extensions. Contract contribution positions reviewed and extension agreed.

• Berkshire West ACS Contracting discussions are continuing with a view to the development of payment mechanisms and risk/reward sharing across the local healthcare system.

Trust Board Paper

Board Meeting Date	14 November 2017
Title	Strategy Implementation Plan 2017/18 Progress Report
Purpose	This paper provides a progress report on the implementation of the Board's strategy at the end of September 2017
Business Area	Corporate Affairs
Author	Director of Corporate Affairs
Relevant Strategic Objectives	Supports the delivery of all strategic objectives
CQC Registration/Patient Care Impacts	Where appropriate strategic programmes have quality impact assessments as part of their approval process.
Resource Impacts	Resourcing requirements are established and agreed as part of the programme approval process.
Legal Implications	All legal implications are managed within each programme; for example compliance with the Equality Act 2010 is part of our Embracing Diversity initiative.
Equality and Diversity Implications	The strategy implementation plan includes the delivery of our Equality and Inclusion Strategy; relevant initiatives undertake equality impact assessments as part of their approval process.
SUMMARY	The attached summary narrative paper and exception report sets out the progress at the end of September to deliver the Trust's business strategy, as expressed in the 2017/18 Strategy Implementation Plan.

The Director of Strategic Planning and Business Development is responsible for reviewing and updating the plan every two months. Detailed progress reports are reviewed by the Business and Strategy Executive meeting, and a highlight report presented to the Board regularly during the course of the year.

The Strategy Implementation Plan Progress Report at the end of September 2017 shows that good |

	progress is being made, with most the initiatives being delivered to the expected time frames or with minor slippage. The report sets out in detail which programme activities have slippage in their delivery dates, any activities which are at material risk of delivery ('red' rated) and any which will not be delivered ('purple' rated).
	There are no material risks to the delivery of the main elements of the plan.
ACTION	The Board is asked to note the progress made against the plan, and revised target dates.

Strategy Implementation Plan 2017/18

Progress Report to 30 September 2017

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

Director: Bev Searle, Director of Corporate Affairs

Date: 20 October 2017

Purpose

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

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

Document Control

Version	Date	Author	Comments
1	20.10.17	Jenny Vaux	Based on progress report presented to Business and Strategy Executive on 16 October 2017.

Distribution:

All Trust Board Members

Document References

Document Title	Date	Published By
Strategy Implementation Plan 2017/18 presented to the Board	May 2017	Business & Strategy Executive
Business Development Strategy	May 2016	Business & Strategy Exec Trust Business Group Finance Investment & Risk Committee

CONTENTS

INTRODUCTION

Background

1. The Strategy Implementation Plan 2017/18 captures the key activities required over this financial year and beyond to ensure successful implementation of our strategy, and annual plan. The Board receives a summary exception progress report on the delivery of the plan.

2. Detailed progress reports are produced every two months for presentation to the Business and Strategy Executive. The Business and Strategy Executive also receives summary updates on all major programmes and projects through the Projects report.

3. A 'Plan on a Page' was published in March 2017 to provide our staff and key stakeholders with an accessible version of the 2017/18 Strategy Implementation Plan and to support staff with their annual Personal Development Plans and Objectives.

Reports to the Board

4. The Board received the approved 2017/18 Strategy Implementation Plan at the May 2017 Board meeting, and a progress report on the plan to the end of July at the September meeting.

Exception report

5. The summary exception report provides a RAG rated overview of initiatives to identify trends and highlight areas of risk. Initiatives are conservatively RAG rated in this paper. An initiative will only receive a green RAG rating if all workstreams and activity gateways are green rated in the detailed report. If there are ratings other than green, the initiative will be rated according to lowest RAG rating, to highlight areas of risk.

CHANGES TO ACTIVITIES AND DATES

6. Following changes to a range of activity target dates in the last report, there are a limited numbers of changes at the end of September, as shown below.

7. Within Strategic Goal 1, to provide safe services, good outcomes and good experience of treatment and care, the following initiatives have changes in their activity end-dates:

- In the Quality Improvement programme, Wave 3 sites in the Quality Management Improvement System (QMIS) workstream will start in January 2018 rather than December 2017, to avoid the festive holiday break

- In the Agency & Bank Project, there is a month's delay to December relating to a partnership project with the Royal Berkshire Hospital NHS Foundation Trust (RBH), due to amendments to the project timeline and governance requirements within the RBH.

8. Within Strategic Goal 3, to deliver services which are efficient and financially sustainable, the following initiative has changes to its activity end dates:

- In the Information Technology Roadmap initiative, the completion of the replacement data network in the Information Technology Architect Strategy has been delayed by 4 months to the end of December 2018. There were two aborted deployment attempts by BT in August and September. *(N.B. Following the submission of the progress report at the end of September, the data network was successfully deployed on 16 October).* This is expected to result in delays to the Cloud Collaboration services implementation, which is currently scheduled for completion by the end of the financial year.

9. Within Strategic Goal 4, understanding and responding to local needs as part of an integrated system, the following initiatives have changes in activity end-dates:

- In the initiative to implement our Learning Disability Strategy, the move of the Assessment & Treatment Unit from Campion to Jasmine Ward at Prospect Park Hospital has been delayed for 2 months. We have submitted the design to ProjectCo, who will be issuing a draft project timeline which will clarify the position, however completion is now expected by the end of June 2018

- In the One Public Estate initiative, and the Berkshire West ACS Programme, the new renal/cancer care unit at West Berkshire Community Hospital is delayed by two months, with completion now scheduled for the end of May 2018. This is due to longer time than expected for fabrication of materials (steel).

SUMMARY OF PROGRESS TO DATE

10. Following a number of initiatives showing delays in target dates in the report to the end of July, activities are now largely on target with their revised timelines.

11. Good progress is being made in most areas at this early stage of the year, including the:

- Quality Improvement Programme

- Mental Health Strategy

- Prospect Park Hospital Development Programme

- Mental Health Pathways

- Suicide Prevention initiative

- Children Young People and Families integration programme

- Bank and Agency Project

- Workforce Strategy including building our strategic workforce capability

- Equality and Inclusion Strategy

- Connected Care – our local systems' interoperability programme

- Accountable Care System/Organisation initiatives in Berkshire West and the Frimley Sustainability and Transformation Partnership

- Integrated IAPT (Talking Therapies)

- Development of our Health Hub.

12. There are some initiatives showing minor slippage (amber ratings – activity is delayed but delivered or will be delivered). These are mostly reflected in the section above showing changes in target dates. In addition there is some slippage in the Cost Improvement Plan, where delays in specific efficiency programmes means that we are prioritising risk mitigation to ensure we achieve our control total.

13. There are no initiatives with red rated activities (significant risk that action will not be delivered or serious delays to project being delivered).

14. There is one purple rated activity (action will not be achieved), in the One Public Estate programme, where we are working with our system partners to ensure publicly owned buildings are used in the most effective ways. This relates to an initiative which on further investigation would not provide the return expected and has therefore been cancelled.

CONCLUSION

15. The Strategy Implementation Plan Progress Report at the end of September 2017 shows that good progress is being made with most of the initiatives being delivered to the expected time frames or with minor slippage. Where we have delays, particularly around our estates and IM&T programmes, progress continues to be made and these are expected to be delivered in revised timeframes. There are no material risks to the delivery of the main elements of the plan.

16. Most of the slippage and delays to delivery are primarily due to factors external to the Trust, and where we are taking additional time to ensure we have the best possible outcomes.

ACTION

17. Members of the Trust Board are asked to:

- review and note the report.

2017/18 Strategy Implementation Plan Exception Report to end of September 2017

INITIATIVE	Apr/May	June/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar
Strategic Goal 1: To provide safe services, good outcomes and good experience fo treatment and care.						
QUALITY IMPROVEMENT PROGRAMME						
Strategy Deployment		Green	Green			
Quality Management Improvement System (QMIS)		Green	Amber			
Improvement Projects		Green	Amber			
Quality Improvement Office		Green	Green			
Benefits Realisation		Green	Green			

Comments:
QMIS - Wave 3 sites start date delayed by one month to avoid starting just before Xmas holiday period.
Improvement Projects - delay approving, scoping and initiating early implementors (target date by 1 October), meeting arranged for 19 October to agree projects.

INITIATIVE	Apr/May	June/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar
OPTIMISING ESTATES						
Options for Trust Headquarters	Amber	Green	Green			
Development of University of Reading as a primary Trust site	Amber	Amber	Amber			
Sale of Craven Road		Green	Green			

Comments:
Development of UoR as primary Trust site - Phase 1 - relocation of IAPT Services Shinfield to University delayed from September to November due to work to upgrade IT architecture (refer IT Roadmap below). Phase 2 - delay in obtaining vacant possession (now August 2018); anticipating fit out for Royal Berkshire Hospital NHS Foundation Trust (RBHT) service areas May 2018.

INITIATIVE	Apr/May	June/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar
MENTAL HEALTH SERVICE DEVELOPMENT						
Mental Health Strategy Implementation (initiatives not covered elsewhere)	Green	Green	Green			
Prospect Park Hospital Development Programme	Green	Amber	Green			
Out of Area Placements - non-acute	Green	Green	Green			
Mental Health Pathways	Amber	Amber	Green			
Comments :						
ZERO SUICIDE INITIATIVE	Green	Green	Green			
Comments:						
ELECTRONIC PRESCRIBING AND MEDICINES ADMINISTRATION (EPMA)	Green	Amber	Amber			

Comments: All workstreams delayed for 2-3 months to resolve issues. ePMA roll-out - Orchid Ward (PPH) now live. Rowan planned for 4th Oct

INITIATIVE	Apr/May	June/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar
CHILDREN YOUNG PEOPLE AND FAMILIES (CYPF) SERVICE INTEGRATION:	Amber	Amber	Green			
Comments:						
CAMHs DEVELOPMENT						
Future in Mind						
Tier 4 proposed move from Wokingham Hospital to Prospect Park Hospital						

Comments : *These projects currently on hold, establishing greater clarity on funding for Tier 4 service.*

INITIATIVE	Apr/May	June/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar
AGENCY AND BANK PROJECT	Green	Green	Amber			

Comments: An element relating to partnership working with RBHT delayed due to changes in the project timeframes and to accommodate RBH internal governance processes. Target date for completion anticipated one month delay to December 2017

INITIATIVE	Apr/May	June/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar
Strategic Goal 2: To strengthen our highlight skilled and engaged workforce.						
WORKFORCE STRATEGY						
Staff recruitment and retention	Green	Green	Green			
Comments:						
BUILDING OUR STRATEGIC WORKFORCE CAPABILITY	Green	Green	Green			
Comments:						
EMBRACING DIVERSITY						
Delivering our Equality and Inclusion Strategy 2016-20						
Mandatory & Statutory Reporting	Green	Green	Green			
Other priorities	Green	Amber	Green			

INITIATIVE	Apr/May	June/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar
Comments:						
Other priorities:						
Strategic Goal 3: To deliver services which are efficient and financially sustainable.						
COST IMPROVEMENT PLANS	🟩	🟧	🟧			
Comments: Insufficient opportunities identified to date to meet 2017/18 target of £4.7m. Risk mitigation must be prioritised. Back Office element of £1.1m requires acceleration of review of system opportunities.						
INFORMATION TECHNOLOGY ROADMAP						
Information Technology Architecture Strategy	🟩	🟩	🟧			
Comments:						
Replacement data network: 2 aborted deployment attempts by BT in Aug & Sep, revised plan to start deployment in Oct (delayed by 4 months) - *postscript: the October deployment successful.*						
Cloud Collaboration services implementation: Currently 2 months behind schedule due to above (target date remains March 2018 for time being).						
Strategic Goal 4: Understanding and responding to local needs as part of an integrated system.						
GLOBAL DIGITAL EXEMPLAR						
Direct patient access and communications			🟩			
Digital wards and services			🟩			
Digital workforce			🟩			
Research and quality improvement			🟩			
Comments: *Specific programmes will be reported when fully underway Awaiting NHS E funding.*						
CONNECTED CARE (Interoperability)	🟩	🟩	🟩			
Comments:						
LEARNING DISABILITY (LD) STRATEGY						
LD Service Optimisation and Redesign	🟩	🟩	🟧			
Comments: Move of Assessment & Treatment Unit from Campion to Jasmine - all activities post design delayed by two months; ProjectCo to issue draft project timeline. Service transfer now June 2018.						
SUSTAINABILITY AND TRANSFORMATION PLANS						
Frimley Health and Social Care	🟩	🟩	🟩			
Buckinghamshire, Oxfordshire and Berkshire - *to be updated when details known*						
Bekshire West Accountable Care System	🟩	🟩	🟩			
Comments:						
INTEGRATED IAPT	🟩	🟩	🟩			
Comments:						
HEALTH AND SOCIAL CARE INTEGRATION (by 2020/21)						
Details to be added when known.						
ONE PUBLIC ESTATE						
Berkshire East (Frimley Health and Social Care)	🟩	🟩	🟩			
Bekrshire West (ACS Programme)	🟩	🟪	🟪			
Comments: Some elements of the Berkshire West plans are being revisited to consider the efficacy of delivery.						
West Berkshire Community Hospital - new renal/cancer care unit - target dates moved forward 2 months (services open 31 May 2018) due to fabrication of the steelwork.						
DEVELOPMENT OF THE HEALTH HUB						
NHS 111/Urgent Care Clinical Coordination Hub - Alliance with SCAS	🟧	🟧	🟩			
Comments:						

Trust Board Paper

Board Meeting Date	14th November 2017
Title	Mental Health Strategy Progress Update
Purpose	To provide a progress report on the implementation of the Board's strategy at the end of October 2017.
Business Area	Corporate
Author	Director of Corporate Affairs
Relevant Strategic Objectives	Supports all strategic objectives
CQC Registration/Patient Care Impacts	Our mental health strategy supports delivery of safe, good quality care and a good experience of care for patients.
Resource Impacts	Achievement of the key priorities within our mental health strategy will provide financial benefits and mitigation of financial risk.
Legal Implications	None
Equality and Diversity Implications	Our Mental Health Strategy aims to address inequalities experienced by people with mental health problems through the achievement of Five Year Forward View for Mental Health Targets. This includes physical health inequalities resulting in lower life expectancy. Inclusion and equality of opportunity for our mental health workforce is addressed within our overall Workforce Strategy, and we will reflect relevant aspects of this in our Mental Health Workforce Plan due for completion in the final quarter of 2017/18.
SUMMARY	The attached paper provides a report on progress against the key priorities within the strategy approved by the Trust Board in December 2016. The paper provides an overview of: - Developments in national policy/local operating context since May 2017 when the last progress update was provided - Mental Health workforce - System working - What we have done in terms of: - Establishing governance

	- Taking forward key initiatives and strategic intentions - Progress against key targets
ACTION	The Board is asked to note the progress made against the strategy priorities.

Mental Health Strategy 2016 – 21
Progress Update

October 2017

Berkshire Healthcare NHS Foundation Trust

Mental Health Strategy Summary 2016 - 2021

Berkshire Healthcare NHS
NHS Foundation Trust

Effective and compassionate help

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

Supporting our staff

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

Working with service users and carers

- Guiding development of our services
- Supporting self management.

Safer, improved services with better outcomes, supported by technology

Good experience of treatment and care

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

Straightforward access to services

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

Working with partners and communities

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

Our Mental Health Strategy – progress since December 2016

The Trust Board approved our strategy in December 2016, ensuring it was aligned with our vision, values and key strategic objectives. The priority areas of focus were confirmed as:

Safer, improved services with better outcomes, supported by technology

caring for and about **you** is our top priority

committed to providing **good quality, safe services**

working **together** with **you** to develop **innovative solutions**

A progress update was provided to the Trust Board in May 2017, and this paper provides an overview of changes since then:

- **Developments in national policy/local operating context since May 2017**
  - **Mental Health Workforce**
  - **System working**
- **What we have done in terms of:**
  - **Ensuring effective governance**
  - **Taking forward key initiatives and strategic intentions**
  - **Progress against national targets**
- **Planned next steps**

Developments in national policy since May 2017

NHS England has required the submission of Mental Health Delivery Plans by Sustainability and Transformation Partnerships to address delivery of the Five Year Forward View for Mental Health (FVMH). The emphasis on effective mental health services for children and young people is continuing to be felt.

We are part of a group of Accountable Care System Mental Health Leads established in October 2017with support from Claire Murdoch, national mental health director for NHS England. We have requested information about future reporting requirements which have been complex in recent months, with different requirements from central and regional leads. Exploration of the opportunity to join up our strategic planning across ACS commissioners and providers has commenced on a Berkshire-wide basis.

Health Education England (HEE) published **Stepping Forward to 2020/21: Mental Health Workforce Plan for England** in July 2017. This sets out the workforce changes required to deliver the Five Year Forward View for Mental Health and Future in Mind. Mental Health Workforce Plans will be required at a STP level, linked to the national plan and progress against local Mental Health Delivery Plans.

We anticipate continuation of the process used by NHSE to provide non-recurrent funding to support progress against FYFVMH targets. This requires bids to be submitted at STP level and commitment to ongoing funding from CCGs. We are currently working with partners on bids for Individual Placement Support Services which facilitate people with serious mental illness into employment .

Mental Health Strategy and system working

Developments in Berkshire-wide Initiatives

Mental Health is continuing to attract a higher profile in **A&E Delivery Boards** in both halves of the county, and work on reduction of delayed transfers of care includes mental health as well as community and acute beds. However, there has been significant pressure on inpatient services, with high bed occupancy and longer lengths of stay. We are also seeing a greater number of compulsory admissions to Prospect Park Hospital. Achieving a sustained reduction in out of area placements has presented a significant challenge. Our **Early Implementer IAPT Programme** to increase access and develop services for people with long term physical health problems is starting to demonstrate evidence of impact in terms of reduced GP and A&E attendances. A Thames Valley Suicide Prevention and Intervention Network has been established and we will work to ensure that this dovetails with the Crisis Care Concordat and our own Zero Suicide Strategy. The **Connected Care** Programme has progressed well and Berkshire Healthcare staff are now accessing shared electronic records as planned. **Brighter Berkshire is** a community/voluntary sector-led initiative to promote mental health and reduce stigma. There has been a series of programmes on Radio Berkshire which some of our mental health staff have contributed to, which is an important opportunity to raise awareness and understanding as well as combat stigma and encourage recruitment of staff.

Berkshire East

The Frimley Health and Care STP has established a Mental Health Steering Group to oversee delivery of FYFVMH targets as well as to ensure focus on all 7 Sustainability and Transformation Plan (STP) priority initiatives to develop:

- **Support for peoples own responsibility for health and wellbeing**
- **Integrated decision making hubs**
- **A new model of General Practice at scale**
- **The support workforce across the system**
- **Social Care market analysis and management**
- **Analysis and reduction of clinical variation**
- **A Shared Care Record accessible across the system**

A draft mental health delivery plan has been completed and work is in progress to identify the gap between current levels of delivery and 2021 FYFVMH targets. This will include review of RightCare data across the STP area, and engagement of commissioner and provider partners..

Berkshire West

Our mental health service staff continue to be part of the following clinical work streams of the **Accountable Care System** (ACS**)**:

- **The system-wide bed review**
- **The response to high Intensity service users.** This is being hosted by Berkshire Healthcare in our Wokingham locality.
- **The analysis and approach to physical and mental health co-morbidities.** Significant progress has been made in our IAPT Early Implementer Programme for people with Long Term Conditions

The **Berkshire West 10 Integration Programme** has increased its focus on mental health and has facilitated improvements in the decision making progress for funding support for people subject to section 117 of the Mental Health Act.

We have contributed to a draft mental health delivery plan for the B**uckinghamshire, Oxfordshire and Berkshire West STP,** which will be followed by completion of our local mental health workforce plan. Our Berkshire West Mental Health Strategy Steering Group will oversee delivery of FVFVMH targets and report progress to the ACS and Integration Boards.

Mental Health Strategy priorities and governance

Key priorities

There is a good alignment between our vision, values, organisational priorities and our mental health strategy priorities:
Safer, Improved services with better outcomes, supported by technology

Our Trust Board Vision metrics that are specifically relevant to our mental health strategy priorities include:
- Patient assaults
- Use of restraint
- Inpatient deaths
- Suicide rate for people under mental health care
- Bed occupancy

As part of our Quality Improvement Programme, we have identified a number of "True North" metrics that are specific to our mental health services:
- Number of self harm incidents
- Violence and aggression incidents to staff

We have also commenced implementation of our Quality Improvement approach on a number of wards at Prospect Park Hospital.

During October 2017, we have been undertaking a prioritisation process for projects and initiatives. This will also guide our project resourcing and guard against individual clinical or corporate services being over-burdened at any one time. All of this work will come together within our 2018/19 plan on a page and team planning process.

The following slide shows the significant initiatives within our mental health strategy, which will be enabled by technology and use of quality improvement methodology. This is followed by an outline of progress regarding each of the initiatives, a summary of our plans for technology enabled service delivery, the targets against which we will measure our progress and our planned next steps.

Governance

Our **Mental Health Programme Board**, accountable to the Business and Strategy Executive oversees implementation of the Mental Health Strategy, Prospect Park Development Programme and Mental Health Pathways and Clustering.

Governance arrangements for IAPT are well established, with a Steering Group reporting into Trust Business Group and 2 Steering Boards in East and West Berkshire with commissioners as part of the Early Implementer Programme.

The **Zero Suicide** initiative reports to our Quality Executive and has good links to the Berkshire suicide prevention steering group.

Urgent Care arrangements are managed through our operational management structures and our membership of A&E Delivery Boards. The management of "acute overspill" out of area placements is requiring specific focus, given the quality and financial risk that this represents. In addition, work is required to address pressure within our Common Point of Entry.

Our Trust Business Group provides oversight of contractual arrangements for the provision of **Longer Term Care.**

A **Global Digital Exemplar Board** has been established to oversee delivery of objectives set out within our bid.

The following slide provides the high level implementation "road map" for the key initiatives included in the strategy approved by the Trust Board

Mental Health Strategy
Implementation roadmap December 2016

Berkshire Healthcare NHS
NHS Foundation Trust

	2016 - 18	2018 - 19	2019 - 21
PPH Development	Staffing, bed optimisation and centre of excellence projects established and meeting targets	Medium –term actions delivered, pathways and patient/carer engagement well established	Long term actions delivered. Strategy reviewed and future priorities confirmed
Pathways	Implementation of priority pathways – initial focus on people with personality disorder	All evidence based pathways established and tariff implications confirmed with commissioners	Outcomes reviewed and benchmarked to inform further work required
Zero suicide	Completion and implementation of strategy linked to system suicide prevention plan	Medium –term actions delivered	Long term actions delivered. Strategy reviewed and future priorities confirmed
Urgent Care	System reviewed including PMS, PoS, CRHTT and CMHT pathways	Alternatives to admission reviewed and priority actions confirmed and implemented	Long term actions delivered. Strategy reviewed and future priorities confirmed
IAPT	Early implementer programme: increasing access and delivering for priority long term conditions	Plans for future sustainability completed and agreed with commissioners	Services covering wide range of long term conditions and delivering positive outcomes
Longer term care	Priority actions for Out of Area Placement reduction confirmed and implemented	Partnership actions with UAs, Vol. sector & housing providers confirmed and implemented	Long term actions delivered. Strategy reviewed and future priorities confirmed

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

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

Progress on Key Initiatives

Prospect Park Hospital Development

Bed Optimisation:
This project aims to identify local bespoke solutions to achieve:
- No Out of Area Placements (OAPs) as a result of acute overspill
- Acute adult bed occupancy consistently below 90%

Bed Management capacity has been established to support this project and includes of a bed manager and 24/7 rota to implement a bed management system to ensure effective oversight of bed usage and action to minimise delays to discharge.

Achieving consistent reduction in OAPs has been extremely challenging, and is a cause for concern in terms of quality and safety risks for patients as well as being a major cost pressure. It is one of the areas where further work is needed to achieve FYFV targets. Support needed from partner providers and commissioners will be highlighted to relevant mental health steering groups informed by analysis currently in progress.

Staffing:
The Staffing Project has primarily focused on new roles and new approaches to recruitment. A new Band 4 role has been established and all of the new 21 posts roles have been filled. A new Band 6 clinical Lead role has also been established and six of the seven new posts have been filled. Use of agency staff has decreased and inpatient budgets have balanced. Further work is planned to address remaining challenges regarding vacancies in Band 5 nursing posts and achieve a "recruitable-to" model which also represents a safe level of staffing. A visit from NHS Improvement in September 2017 provided positive feedback for the achievements of staff working on this project.

Centre of Excellence:
Definition and confirmation of scope has been deferred to enable prioritisation of Bed Optimisation, Staffing and Quality Improvement Initiatives. However, this will be developed during the final part of 2017 to enable forward planning for 2018.

IAPT

Reporting to Trust Business Group, our IAPT steering group provides oversight of the following initiatives:
- Early Implementer pilot
- Skype pilot
- Development of online packages in partnership with Silvercloud
- Surrey AQP
- Healthmakers

Good progress is being made, and the Early Implementer pilot is beginning to show reductions in A&E and GP attendances of patients receiving Talking Therapies. This is mirrored in similar work taking place in Buckinghamshire, which strengthens the case for continued service development. Work is now in progress with commissioners to identify sustainable funding beyond the non-recurrent NHSE funding. This is challenging, given the overall financial position, and the difficulty of removing costs from services that activity is planned to reduce in. However, robust governance arrangements are in place to facilitate this work.

Zero suicide

This include four key priority areas of focus :
- A reduction in the rate of suicide of people under mental health care
- Increase in positive staff attitude and a proactive approach to suicide prevention
- An optimised RiO system for recording risk
- Families, carers and staff will feel supported and know where they can get support after a suicide

Progress updates provided to our Quality Executive have highlighted progress in terms of: establishing governance and measures; completion of standard operating procedures and policy; arrangements for RiO/Suicide surveillance/Risk Audit; development of 3 levels of training; evaluation of family bereavement initiative. Challenges include identification of resource required to implement the multi-agency suicide prevention pathway, as well as achieving a consistent approach to engagement of service users at risk of suicide. Work is in progress to address both elements and maintain the good progress achieved to date.

Progress on Key Initiatives

Pathways and Clustering

This programme was set up to optimise service delivery and to understand and improve outcomes for service users, while also positioning the Trust to meet evolving clinical delivery needs and anticipated changes to commissioning arrangements.

Progress is continuing in use of mental health clustering and assurance of data quality, and we are focussing on achieving consistency of % clustering completed across localities and services. We are achieving targets on timeliness of clustering completed and compliance with data quality requirements). Tableau performance reporting has improved visibility and local ownership.

A full set of pathways has been completed for all secondary care clusters but the focus of work has been reviewed and specific pathways prioritised for implementation. The "Recovery and Transition" project has incorporated work to:
- Identify, plan, prepare and facilitate safe, supportive transition back to Primary Care of people in Clusters 1, 2, 3 and;
- Cluster 11 who are no longer suitable for or receiving active care.
- Review 'long stays' starting with Cluster 4.

Good progress has been made in terms of transition work , which has specific targets to:
- Eliminate clusters 1-3 in our secondary mental health services by March 2018
- Reduce cluster 11 to align with national benchmarking
- Establish a clear plan for "long stay" cluster 4 by March 2018.

A progress report will be provided to Business and Strategy Executive in December 2017.

Our work on the cluster 8 pathway is now being incorporated into our Quality Improvement Programme as a specific project, ensuring that it is informed by front line staff in a range of services, as well as a robust analysis of the current position.

Longer term care

Work to date has focussed on the reduction of out of area placements for people with longer term needs by maximising benefit of our contracts with local independent providers. Further work is required on:
- Unwarranted variation in the support of people with longer term needs by CMHTs and Local Authority funded services. Good progress has been made in some localities in establishment of recovery oriented services in partnership with UAs and voluntary sector partners.
- Opportunities to work in partnership with commissioners (CCG and UAs) to develop local community and voluntary sector resources.

Progress has been achieved in establishment of joint processes for people being discharged under section 117 of the mental health act in the west of the county. The regional work to develop a New Model of Care for people needing low and medium secure services has been progressing slowly, in order to complete financial and activity analyses. The emphasis is now moving towards local service redesign, which in Berkshire will focus on development of step up and step down services.

Urgent Care

Work is continuing to optimise the performance of our Common Point of Entry, Crisis Response Home Treatment Services, and our Inpatient Wards. This is in response to ongoing high levels of demand and capacity challenges within other parts of the system which is resulting in:
- High referral numbers of people to CPE
- Increased length of stay at Prospect Park Hospital and increased numbers of out of area placements.

Action is being taken to address these issues, which needs to be continued into the medium/long term, and supported by commissioners and partner providers to ensure sustainable solutions.

We are working to ensure that accurate data is used to inform agreed actions. through our A&E Delivery Boards in East and West of Berkshire, including numbers of bed days lost due to delayed transfers of care.

Technology enabled service delivery

Berkshire Healthcare NHS
NHS Foundation Trust

The use of technology to enable the delivery of a new model of care in mental health is at the centre of our ambition as a "Global Digital Exemplar" for mental health, which was confirmed in " The Next Steps for the Five Year Forward View" published on 31.04.17.

Our **Plan on a Page for 2017** objective is to "develop a new intranet to support staff to make the best use of technology and identify three services to develop technology solutions that can be applied across the organisation". We are progressing the "discovery process" which will inform the intranet design and this will be completed by the end of 2017. However, implementation will continue into 2018/19 as a result of additional capacity required to complete the Children and Young People's Online Toolkit.

We have continued to develop our use of **online programmes** as part of our **Talking Therapies** service, enabling us to achieve access targets and expand our offer across major long term physical health conditions. Our partnership with Silvercloud has enabled us to collaborate on the development of programmes for people with long term physical health problems , which is showing encouraging results.

The application of our **Support Hope and Recovery Online Network** is continuing across our services, from its inception in eating disorder services.

Our use of **skype-enabled consultations** continues, and work is in progress to address some of the technical challenges associated with poor functionality when working with a big range of patients' own home computers. We are committed to finding a solution to enable greater video consultation, given the positive feedback received form staff and patients.

Informatics development remains an important priority – and we are working to ensure a joined up use of activity, staffing and financial data relating to our mental health services to support our workforce planning capability as well as our ability to assess the our effectiveness and efficiency in terms of outcomes experienced by patients.

Our Global Digital Exemplar vision is for a technology powered transformation of patient care and engagement, resulting in a New Model of Care for mental health

Progress since our identification as a GDE includes:
- Programme Governance setup – GDE Board chaired by our Chie Executive
- Recruitment to key posts in progress to support programme management, clinical transformation, and clinical safety functions
- First projects have completed their initiation and on-line consultations and are now in proof of concept stage
- Patient Digital Appointment Correspondence & E-Observations projects are now in procurement stage
- Electronic Medicines Management is now live, E- Prescribing implementation is in progress with a roll-out plan in place for acute wards at PPH.
- We are engaging with 3 Trusts (Leicester, Dorset, Gloucestershire) to select our "Fast Follower"

Progress in other related programmes
 IT Architecture Strategy Implementation Programme
Our new data network went live on 9th Oct, after some delay due to supplier technical challenges.
Email and video conferencing migration to the cloud now in deployment planning & testing.
Desktop migration to Windows 10 platform in 2nd stage User Acceptance Testing.

Connected Care shared record programme
All GP data and RBH admissions, discharge & transfer data is now available.
Frimley admissions, discharge & transfer data is currently under construction.
BHFT data feed for community & mental health data has been delayed until November due to supplier scheduling issues and required focus on acute trust data sets.
There are currently over 1,000 record accesses per month through CC.
Patient portal access for wearable technology is about to be trialled with 400 local NHS staff volunteers across Berkshire.

Measuring our progress and next steps

Our Mental Health Delivery Plan Submissions identified overall good progress in delivery of FYFVMH targets (please see page 11 for a summary of the key targets from NHS England). Areas identified as requiring further work were:
- Elimination of out of area placements for people requiring acute care by 2021. As described on page 7 this is linked to our bed optimisation work and requires work on internal as well as system solutions.
- Establishment of Individual Placement Support (employment support for people with serious mental illness) in all localities on a recurrently funded basis .
- Achievement of CAMHS access targets, given continued growth in demand.

Our Trust Board Vision measures and True North metrics described on page 5 provide a clear focus on our priorities as an organisation. These are at the centre of our Quality Improvement work, which will enable improvements identified by our front line staff.

We have robust arrangements for measuring progress against key mental health targets, and reviewing qualitative and quantitative information through our Executive meetings:
- User safety, people, NHS Improvement, service efficiency and effectiveness and contractual metrics monitored at our Finance Executive
- Patient Safety and Experience issues are reported to our Quality Executive
- Progress of key projects is monitored by our Business and Strategy Executive

These groups support the work undertaken by our Trust Board Committees (Quality Assurance, Finance, Investment & Performance and Audit) in their detailed review of performance and key risks to delivery of Trust Board priorities for our mental health services.

Next Steps

In addition to the areas of focus identified for each of our key initiatives, the following activities will be prioritised for the final quarter to 2017/18:

- Aligning **Quality Improvement and with performance monitoring** requirements for our mental health services. This will provide a clearly linked set of processes between front line and Board level oversight. We will also be progressing the use of visual management from ward/team and individual project level through to our Executive meetings.

- **Progressing mental health initiatives within our ACS** work. We are now part of a national group of ACS mental health leads which aims to support use of an ACS approach to facilitate achievement of national targets and also respond effectively to local population need.

- We will refine our **Delivery Plan** for the achievement of FYFVMH targets – with a particular focus on those areas we have identified as needing further work.

- We will complete our **Workforce Plan** for mental health – in liaison with ACS partners and Health Education England. This will build on work already undertaken with our inpatient services, and include community and specialist services.

- **Funding bids** to access NHS England monies anticipated for IPS and suicide prevention will be prepared in liaison with commissioners and ACS/STP partners

- **Forward planning for 2018/19** will ensure that our True North metrics are embedded within our Plan on a Page, which will guide team planning and individual objectives for staff working in our mental health services.

Five Year Forward View for Mental Health. **By 2020:**

70,000 more children will access evidence based mental health care interventions .
Community eating disorder teams in place for children & young people

Intensive home treatment will be available in every part of England as an alternative to hospital

No acute hospital is without all age mental health liaison services with at least 50% meeting the "core 24" standard

At least 30,000 more women each year can access evidence-based specialist perinatal mental health care

10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 20 17

Increased access to evidence-based psychological therapies will reach 25% of need, helping 600,000 more people

The number of people with SMI who can access evidence-based Individual Placement Support will have doubled

280,000 people with SMI will have access to evidence based physical health checks and interventions

60% of people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks

Inappropriate out of area placements will have been eliminated for adult acute mental health care

New models of care for tertiary MH will deliver care closer to home, reduced inpatient spend and increased community provision

There will be the right number of CAMHS inpatient beds in the right place, reducing the number of inappropriate out of area placements

Trust Board Paper

Board Meeting Date	14 November 2017
Title	**Audit Committee – 25 October 2017**
Purpose	To receive the unconfirmed minutes of the meeting of the Audit Committee of 25 October 2017
Business Area	Corporate
Author	Company Secretary for Chris Fisher, Audit Committee Chair
Relevant Strategic Objectives	2. - Strategic Goal: deliver sustainable services based on sound financial management
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
Equality and Diversity Implications	N//A
SUMMARY	The unconfirmed minutes of the Audit Committee meeting held on 25 October 2017 are provided for information.
ACTION REQUIRED	To receive the minutes and to seek any clarification on issues covered.

Berkshire Healthcare NHS
NHS Foundation Trust

Minutes of the Audit Committee Meeting held on

Wednesday, 25 October 2017, Fitzwilliam House, Bracknell

Present:	Chris Fisher, Non-Executive Director, Committee Chair Mark Day, Non-Executive Director *(deputising for Mark Lejman, Non-Executive Director)*
In attendance:	Alex Gild, Chief Financial Officer Ben Sheriff, Deloittes, External Auditors Clive Makombera, Internal Auditors, RSM Amanda Mollett, Head of Clinical Effectiveness and Audit Guy Northover, Lead Clinical Director *(deputising for Minoo Irani, Medical Director)* Laura Rogers, Deloittes, External Auditors Naomi Coxwell, Non-Executive Director Elect Julie Hill, Company Secretary

Item	Title	Action
1.A	**Chair's Welcome and Opening Remarks**	
	Chris Fisher, Chair welcomed everyone to the meeting and in particular, welcomed Laura Rogers, Deloittes, External Auditors to her first Audit Committee meeting. The Chair also welcomed and introduced Naomi Coxwell, Non-Executive Director elect who would replace Mark Lejman, Non-Executive Director in mid-December and would be a standing member of the Audit Committee. The Chair thanked Mark Day, Non-Executive Director for deputising for Mark Lejman, Non-Executive Director and Guy Northover, Lead Clinical Director for deputising for Minoo Irani, Medical Director.	
1.B	**Apologies for Absence**	
	Apologies were received from: Mark Lejman, Non-Executive Director Mehmuda Mian, Non-Executive Director Debbie Kinch, Counter Fraud, TIAA Minoo Irani, Medical Director Debbie Fulton, Deputy Director of Nursing	
2.	**Declaration of Interests**	
	There were no declarations of interest.	
3.	**Minutes of the Previous Meeting held on 26 July 2017**	
	The Minutes of the meeting held on 25 July 2017 were approved as a correct record.	

4.	**Action Log and Matters Arising**	
	Board Assurance Framework and Corporate Risk Register The Chair said that he would discuss with Chief Financial Officer how best to streamline the risks on the Corporate Risk Register. **Annual Accounts – CNST Liabilities** The Chief Financial Officer reported that the Trust was not holding provisions for the Clinical Negligence Scheme for Trusts' (CNST) claims and that the cost of any claims would be met by NHS Resolution (formerly NHSLA) as part of the scheme. It was noted that the Trust's claims history would have a direct bearing on the following year's CNST premium cost. The Chief Financial Officer agreed to ask the Nursing and Governance Team to report to the Audit Committee on any large claims settlements because of the impact on future years' CNST premiums. The Committee noted the Action Log.	**CF/AG** **AG/HM**
5.A	**Board Assurance Framework – Gaps in Controls and Assurance**	
	The Chair reported that he was rotating the approach to reviewing the risks on the Board Assurance Framework. It was noted that at the last Audit Committee meeting, the Committee had received a deep dive report into two of the eight risks. At this meeting there was a paper which set out the actions being taken to address any gaps in controls and/or assurance. Naomi Coxwell, Non-Executive Director elect commented that the Trust had a structured approach to risk management which was in line with best practice. The Committee reviewed each risk and during the discussion the following points were made: **Risk 1 – Workforce** • The Trust could consider introducing paid short-term sabbaticals as part of its staff retention package. • The Trust needed to get better at strategic workforce planning and where there were gaps identified, there needed to be plans developed to address those gaps. It was noted that the Chair was meeting with the Director of Corporate Affairs and Director of Human Resources to discuss the issue. **Risk 2 – Clinical and Patient Involvement** – nothing further to add. **Risk 3 – National Efficiency Benchmarks** • The Finance, Investment and Performance Committee had discussed the risks to the Trust achieving its control total because of the financial challenges posed by Out of Area Placements and had reviewed the list of possible mitigations. **Risk 4 – Sustainability and Transformation Plans** – this risk was reviewed in detail at the last meeting as part of the risk deep dive report. **Risk 5 – Clinical Standards** • The Chair reported that he had accompanied the Director of Nursing and Governance on an evening visit to Prospect Park Hospital and he was surprised that the handover meeting between the day and night staff involved information being passed from one shift to the other on pieces of paper. • The Lead Clinical Director said that there was a Quality Improvement Programme project looking at staff handovers. • The Chair said that nurses at Prospect Park Hospital on his night time visit were very pleased with the introduction of e-prescribing.	**BS**

6.	**Risk 6 – Risk of other providers acquiring the Trust's services**	
	• Mark Day, Non-Executive Director reported that the Finance, Investment and Performance Committee had discussed the Commissioners' plans for developing a new MSK pathway which would involve a lead contractor to be appointed to manage the whole pathway. **Risk 7 – Failure to Develop Collaborative Relationships** - this risk was reviewed in detail at the last meeting as part of the risk deep dive report. **Risk 8 – Other Providers not delivering the required standard** • The Chair said that if other providers were not delivering services to the required standard, the Trust needed to be proactive and persistent in raising the issue with the Commissioners. The Chair commented that he found the format of the report very helpful in identifying the gaps and the actions being taken to address those gaps. The Chair proposed that at the next meeting, the Committee would receive a paper which set out the evidence for assurance in respect of each risk on the Board Assurance Framework. The Committee noted the report.	**JH**
5.B	**Board Assurance Framework 2017-18**	
	The full Board Assurance Framework had been circulated. Updates since the last Audit Committee were highlighted in red type. The Company Secretary reported that the Strategic Planning Trust Board Away Day held on 10 October 2017 had reviewed the Trust's current risks and had agreed that the risks on the Board Assurance Framework as they were currently worded continued to reflect the Trust's key strategic risks. The Committee noted the Board Assurance Framework.	
5C.	**Corporate Risk Register**	
	The Corporate Risk Register had been circulated. The Chief Financial Officer reported that a new severe risk had been added to the Corporate Risk Register in relation to computer malware. The Chief Financial Officer said that he had an outstanding action to review the Corporate Risk Register to see if any risks could be closed or merged into any of the Board Assurance Framework Risks.	**AG**
	The Chair referred to the ligature risk and asked what more could be done to minimise the risk. The Chief Financial Officer said that the Trust was in the process of reviewing taps. Ben Sheriff, Deloitte External Auditors referred to the risk around the lack of staff awareness about reporting near misses and asked why the target risk score remained high. The Chief Financial Officer said that it was a fair challenge and agreed to discuss it with the Director of Nursing and Governance. The Committee noted the report and the new severe risk in relation to malware.	**AG**
6.	**Standards of Business Conduct Policy – Incorporating New National Guidance on Conflicts of Interests**	
	The Chief Financial Officer reported that the Trust's Standards of Business	

	Conduct Policy had been updated to reflect NHS England's new guidance on managing conflicts of interest.	
	The Chief Financial Officer invited members of the Committee to forward any comments to him. It was noted that the policy would go through the Trust's internal policy ratification procedure. The Chief Financial Officer said that he would report any key changes to the Audit Committee. It was noted that the report would be finalised in time to go out with the email to staff inviting them to make their annual declaration of interests.	**AG**
	It was noted that any breaches to the policy would be reported to the Audit Committee.	
	The Chair commented that the Trust relied upon staff self-declaring interests and asked whether there were any other actions that could be taken. The Chief Financial Officer confirmed that the Counter Fraud Service undertook proactive reviews. Clive Makombera, RSM Internal Auditors said that the Auditors checked various databases and these were cross checked against the register of interests.	
	Mark Day, Non-Executive Director asked whether the Trust had a separate expenses policy. The Chief Financial Officer confirmed that this was the case.	
	Naomi Coxwell, Non-Executive Director elect referred to the equality analysis template which identified that there was no potential impact on groups with protected characteristics and asked about the robustness of the process.	
	The Chief Financial Officer confirmed that as part of the internal policy ratification process, the Trust's Equality and Diversity Manager would test out the equality statement and if necessary, challenge any assumptions.	
	The Committee noted the Standards of Business Conducts Policy.	
7.	**Single Waiver Tenders Report**	
	A paper setting out the single waivers approved between July 2017 and September 2017 had been circulated.	
	The Chief Financial Officer reported that the Trust had agreed a 12 month contract with QA which would enable the Trust to be able to use apprenticeship levy funds whilst a tender exercise was carried out.	
	The Committee noted the report.	
8.	**Information Assurance Framework**	
	The Chief Financial Officer presented the report and highlighted the following points:	
	• A total of 7 data assurance and 7 data quality audits were conducted this quarter; • From the 7 data assurance audits all 7 were rated as green, providing high levels of assurance; • From the 7 data quality audits, there were 4 indicators rated as red and 2 as amber, providing moderate/low levels of assurance. Corrective actions and improvements have been put in place in these areas; • Two indicators were being reviewed monthly as an external audit	

	recommendation (2015-16) Quality account review: MA-01 MH: 7 Day Follow Up and MA-09: Mental Health Crisis Resolution Home Treatment Team gate keeping of inpatient admissions. Delayed Transfers of Care had additional scrutiny. • Appendix 1 of the report contained a list of new indictors that had been included as part of the draft Single Oversight Framework. The final guidance had not been released. The addition of the draft new indicators had increased the priority indicators to 35 which will require rationalisation. The Chair commented that he was surprised to see the number of red data quality audits and requested an update at the January 2018 meeting on the actions that had been taken to address the data quality issues in relation to the four red indicators. Clive Makombera, RSM Internal Auditors pointed out that the Trust was unusual in having such a thorough process in place for data quality assurance and said that he had recommended the Trust's approach to another Trust. The Committee noted the report.	**AG**	
9.	**Losses and Special Payments Report**		
	The Chief Financial Officer reported that the total net value of losses reported between April to September 2017 was £133,292.12. All the losses were included in the outturn position for the Trust up to the end of quarter 2 2017/18. The Chief Financial Officer said that he was particularly disappointed about the write-off in relation to two invoices for the stock that was in situ at the two GP primary care practices that were transferred from the Trust to a new provider. The Chair asked whether it was practicable for the Trust to ask for the return of the stock. The Chief Financial Officer said that he would ask the Finance Team to see whether the cost of any of the items can be refunded. The Committee approved the losses and special payments.	**AG**	
10.	**Clinical Audit Progress Report**		
	The Head of Clinical Audit and Effectiveness presented the report and highlighted the following points: • The progress against the annual clinical audit plan for 2017-18 was summarised in table 1 of the report. In total there were 25 national quality account reportable projects, 3 national projects with the majority linked to CQUINs and 1 project requested by the Quality Assurance Committee. • There were currently no risks identified with the implementation of the clinical audit programme 2017-18. • The National Audit of Psychosis had gone live and required a significant amount of data collection. • The outcome of the Psychosis audit would be used to calculate the Trust's CQUIN allocation. The audit sample size had decreased which meant that only 23 patients would contribute to the CQUIN. The Trust had flagged the issue with NHS England. The Committee noted the report.		

11.	**Charitable Funds Annual Report and Accounts and ISA 260 Report and Representations**	
	The Committee received the 2016/17 Charitable Funds Annual Report and Accounts and these were approved. It was noted that the Corporate Trustees would formally approve the annual report and accounts on 14 November 2017.	
	The Chair asked about the restricted fund for the West Berkshire Community Hospital Renal Unit. The Chief Financial Officer reported that contracts had been issued to build the Renal Unit and he agreed to find out the timescale for completion and update the Corporate Trustees on 14 November 2017.	**AG**
	The Audit highlights memorandum was received and noted.	
	1. *Management Representations* The Committee received KPMG's management representations letter also noting the Trust's response which was approved.	
12.	**End of Year Accounts – Draft Timetable**	
	An indicative timetable showing key dates for the lead up and completion of the year end annual report and accounts for 2017-18 had been circulated.	
	Ben Sheriff, Deloitte reported that since the agenda had been circulated, NHS Improvement had issued more information and the deadline for submitted the audited accounts and the annual report to NHS Improvement had been brought forward from Thursday, 31 May 2018 to Tuesday, 29 May 2018.	
	The Committee noted the timetable.	
13.	**Internal Audit**	
	Clive Makombera, Internal Auditors, RSM, presented the Internal Audit Progress Report and reported that since the last meeting, the following audits had been completed:	
	- Project Planning and Business Cases *(reasonable assurance)* - Location Visits *(reasonable assurance)* - Staff Risk Assessment for Lone Working *(reasonable assurance)* - Appraisals *(partial assurance)*	
	Mr Makombera reported that the Travel and Expenses draft report had been issued and was awaiting management's comments. A further four audits had fieldwork in progress. Start dates have been agreed for the remainder of the audits all work was planned to be completed before the end of the financial year.	
	Mr Makombera reported that the audit opinion in respect of Location Visits was borderline between reasonable and partial assurance, but following further discussions with management, the rating had been assessed as reasonable assurance because staffing incidents were reported on DATIX.	
	Mr Makombera referred to section 2 of the report on the follow up of internal audit actions. It was noted that four medium and three low management actions were overdue. Five of the overdue actions were reported to the last Audit Committee meeting. It was noted that the Internal Auditors did not receive a management response in relation to the WestCall review.	
	The Chief Financial Officer reported that the issue had been escalated and confirmed that he would be contacting WestCall for their management report.	**AG**

	Mr Makombera referred to section 3 of the report which included an analysis of all high priority management actions agreed within RSM's internal audit NHS clients in 2016-17. Mr Makombera confirmed that the Trust was not an outliner in terms of the focus of its internal audit work.	
	The Chair referred to page 176 of the agenda pack and asked whether the overspend in relation to CAMHS additional work at St Mark's Hospital was pre-authorised. Mr Makombera agreed to find out and inform the Committee. The Committee noted the report.	**CM**
	The Chair said that it was disappointing that only partial assurance had been given to the appraisals process. Clive Makombera said that the issue was around a lack of consistency across the Trust in relation to the completeness and quality of appraisal paperwork.	
	The report was noted.	
14.	**Counter Fraud Progress Report**	
	The Counter Fraud Progress Report had been circulated.	
	The Chief Financial Officer referred to page 233 of the agenda pack and reported that TIAA had developed an online Cyber Crime Awareness Training module.	
	The Committee noted the report.	
15.	**External Audit Report**	
	The Chair complimented Deloitte on the clarity of their reports.	
	Laura Rogers and Ben Sheriff, Deloitte presented the paper and highlighted he following points:	
	- Based on Deloitte's understanding of the Trust, the following significant risks for the 2017/18 audit have been identified: - NHS Revenue recognition, for example, CQUIN disputes etc; - Property valuation; and - Management override, including consideration of judgements in revenue and other areas. - Deloitte has considered the key sector developments and issues in setting the audit plan, including those highlighted by the National Audit Office in their draft Auditor Guidance Note "Audit Planning for the Year". There were limited regulatory changes this year, although NHS Improvement has not yet issued the quality guidance for 2017-18. - New accounting standards on revenue and financial instruments will apply for 2018-19 and for leases from 2019-20 and it was important that the Trust considered their impact ahead of implementation. - Although the impact will be limited for most Trusts in 2018-19, the implications of relatively small differences in the context of sustainability and transformation funding payments can be significant. - The report also highlighted key sector developments. Deloitte will continue to review and assess the impact of sector developments on the audit plan throughout the year.	
	Ben Sheriff, Deloitte reminded the meeting that the Trust would need to consult with the Council of Governors about their choice of a local quality account indicator to audit.	

	The Head of Clinical Effectiveness and Audit reported that the Governors would consider the local quality accounts indicator at the next formal meeting of the Council of Governors on 13 December 2017. The Committee noted the report.	
16.	**Minutes of the Finance, Investment and Performance Committee held on 26 July 2017 and 27 September 2017**	
	The minutes of the Finance, Investment & Performance Committee meetings of 26 July 2017 and 27 September 2017 were received and noted. The Chair asked about the strategic review of beds. The Chief Financial Officer said that the Chief Executive had confirmed to the Finance, Investment and Performance Committee meeting earlier today that the strategic review of beds would be commissioned by the end of the financial year. Mark Day, Non-Executive Director and member of the Finance, Investment and Performance Committee said that strategic review of beds would focus on the bed requirement over the next 5-10 years and that the Bed Optimisation Programme led by the Chief Operating Officer was addressing the current bed pressures. Naomi Coxwell, Non-Executive Director Elect reported that she had attended the Finance, Investment and Performance Committee earlier today and confirmed that the Committee had had a full discussion about the current bed pressures and the actions that had been put in place to reduce bed occupancy. The Chief Financial Officer confirmed that a scoping paper for the strategic review of beds would be presented to the next meeting of the Finance, Investment and Performance Committee.	
17.	**Minutes of the Quality Assurance Committee held on 15 August 2017**	
	The minutes of the Quality Assurance Committee meeting of 15 August 2017 were received and noted. The Chair asked when the Internal Audit report on the review of the Trust's mortality review processes would be submitted to the Audit Committee. The Head of Clinical Effectiveness and Audit said that the internal audit review fieldwork was scheduled to start on 16 October 2017 but she had had no communication with the Internal Auditors. Clive Makombera, Internal Auditors agreed to discuss the start of the audit with the Head of Clinical Effectiveness and Audit. The Head of Clinical Effectiveness and Audit said that the Quality Assurance Committee and Trust Board were receiving quarterly Learning from Deaths Reports and that the internal audit review would focus on the mortality review systems and processes.	**CM**
18.	**Minutes of the Quality Executive Committee held on 10 July 2017, 14 August 2017 and 11 September 2017**	
	The minutes of the Quality Executive meetings of 10 July 2017, 14 August 2017 and 11 September 2017 were received and noted. The Committee noted the minutes of the Quality Executive Committee.	

19.	**Draft Annual Audit Committee Report to the Council of Governors**	
	The Chair said that he presented an annual report on the work of the Audit Committee to the December meeting of the Council of Governors.	
	The Company Secretary reported that she would update the draft report to reflect the Committee's discussions at today's meeting. The Chair invited everyone to forward any comments on the draft report to Julie Hill.	**JH**
	The Committee noted the report.	
20.	**Annual Work Plan**	
	The Audit Committee noted the Annual Work Plan.	
21.	**Any Other Business**	
	The Committee noted that no other business was raised.	
22.	**Date of Next Meeting**	
	31 January 2018 2pm	

These minutes are an accurate record of the Audit Committee meeting held on 25 October 2017.

Signed:- _____

Date: -   31 January 2018 _____

Trust Board Paper

Board Meeting Date	14 November 2017
Title	Corporate Risk Register
Purpose	This paper notifies any new severe risks added to the corporate risk register in relation to cyber security and malware
Business Area	Corporate
Author	Chief Financial Officer
Relevant Strategic Objectives	To deliver services that are efficient and financially sustainable
CQC Registration/Patient Care Impacts	Supports the Trust's risk management process.
Resource Impacts	None
Legal Implications	None
Equality and Diversity Implications	N/A
SUMMARY	This paper advises that one new severe risk has been added to the Corporate Risk Register. The Cyber Security Malware Risk profile is attached for noting.
ACTION REQUIRED	To note that a new severe risk in relation to Cyber Security and Malware has been added to the Corporate Risk Register.

Risk Title	Cyber Security and Malware Risk
Risk Description:	Trust network and infrastructure at risk of malware attack which could compromise systems leading to unavailability of clinical systems, loss of data, ransom demands for data and mass disruption.
Executive Director	Alex Gild, Chief Financial Officer
Risk ID	3940
Relevant Strategic Objectives(s)	To deliver services that are efficient and financially sustainable
Initial Risk Score	**Severe** **Risk Score 15 (possible x severe)**
Controls in place:	• Anti-malware software is installed on all computers and servers • The network is protected by firewalls to filter malicious activity • Incoming email is scanned to removed email with suspicious characteristics • Website filtering is in place to prevent access to malicious websites and websites based in certain countries, all Windows operating systems patches are deployed within 1 day to close vulnerabilities • Software installed on Trust computers and servers regularly has security updates applied • Information security policy in place which details acceptable use of IT (e.g. internet browsing, use of USB memory keys). • Incident response is in place in IT to mitigate the effects of an attack such as containing the attack and resumption of service. • Alerts are received from NHS Digital regarding high priority vulnerabilities requiring attention.
Controls assurance	None identified
Positive Assurance	None identified
Control/Assurance Gaps	Anti-malware software is being reviewed to ensure we have the correct protection in place for the current and emerging threats.
Current Risk Score:	**Severe** **Risk Score 15 (possible x severe)**
Target Risk Score:	**High** **Risk Score 8 (unlikely x major)**
Action Plan and progress:	• Security updates to Windows operating systems will be monitored to ensure systems are updated as quickly as possible. • Updates to installed software will be applied as soon as possible, where there are issues updating (for example if an update would disable access to a clinical system) a risk assessment will be carried out and an action plan formulated. • Any computers on the network (such as door access control) deemed a risk (for example Windows XP computers) will be segregated from the rest of the network to prevent any spread of infection. • Incident response plans will be regularly reviewed to ensure there is a rapid and effective response to an incident. • Update review of cyber software and controls with potential investment case (£10-£20k per annum) to January 2018 Information Governance committee and NCRM.
Target Date	31 March 2018
Date of Update	New Risk
Review Date	1 December 2017