Berkshire Healthcare NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 13 December 2017 starting at 10.00 am
At Easthampstead Baptist Church, South Hill Road, Bracknell

(At 9:45am prior to the start of the formal meeting, there will be a private session on feedback from the Chair and Non-Executive Directors' annual appraisals)

AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	**Welcome & introductions**	Chair	2
2.	**Apologies for Absence**	Company Secretary	1
3.	**Declarations of Interest** 1. Amendment to the Register 2. Agenda items	 All All	1
4.1	**Minutes of Last Formal Meeting of the Council of Governors – 13 September 2017**	Chair	2
4.2.	**Matters Arising**	Chair	5
5.	**Election Report** *(Enclosure)*	Julie Hill, Company Secretary	1
6.	**"Talking Therapies" Presentation**	Judith Chapman, Clinical Director	30
7.	**Audit Matters:** **a) Internal Audit Presentation** **b) Annual Audit Committee Report** *(Enclosure)*	Clive Makombera, Internal Auditors Chris Fisher, Chair of the Audit Committee	20
8.	**Quality Accounts Indicator** *(Enclosure)*	Amanda Mollett, Head of Clinical Effectiveness and Audit	10
9.	**Committee/Steering Groups** Reports: *a.* Living Life to the Full *(Enclosure)* - Revised Terms of Reference to be agreed *(Enclosure)* **b.** Membership & Public Engagement *(Enclosure)* **c.** Quality Assurance meeting *(Enclosure)*	Committee Group Chairs and Members	10
10.	**Executive Reports from the Trust** 1. Performance Report *(Enclosure)* 2. Patient Experience Quarter 2 Report	 Julian Emms, Chief Executive	20

	(Enclosure)		
11.	Appointment of the Vice Chairman *(Enclosure)*	Chair	2
12.	**Any Other Business**	Chair	15
13.	**Dates of Next Meetings** 21 February 2018 – Joint Non-Executive Directors and Council of Governors Meeting 21 March 2018 – Council of Governors meeting *(Meetings held at Easthampstead Baptist Church)*	Martin Earwicker, Chair	2
14.	**CONFIDENTIAL ISSUE:** To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Martin Earwicker, Chair	1
15.	**There will be a confidential session of the meeting**		

Berkshire Healthcare NHS
NHS Foundation Trust

Council of Governors

Wednesday 13th September 2017

Minutes

Public Governors	Amrik Banse Paul Myerscough Tom O'Kane Ruffat Ali-Noor John Barrett Andrew Horne Nigel Oliver Pat Rodgers Krupa Patel
Staff Governors	June Carmichael Julia Prince Natasha Berthollier Amanda Mollett
Appointed Governors	Isabel Mattick Bet Tickner Craig Steel Adrian Edwards Suzanna Rose
In attendance	Martin Earwicker, Chair Julian Emms, Chief Executive Jayne Reynolds, Deputy Director of Nursing Julie Hill, Company Secretary Jenni Knowles, Assistant Company Secretary Lesley Buckley, Executive Assistant
Apologies: Governors	Mukesh Bansal Ali Melabie Verity Murricane Sohail Munawar Shamsul Shelim Richard Dolinski Linda Berry Tom Lake June Leeming Gary Stevens Keith Asser

1. Welcome & Introductions

Martin Earwicker, Chair welcomed the Governors to the meeting.

2. Apologies for Absence

Apologies for absence were received and noted above.

3. Declarations of Interest

1. Amendments to the Register – None to note.
2. Agenda items – None to note.

4. Minutes of the previous meeting – 14th June 2017

The minutes of the meeting held on 14th June 2017 were approved after an amendment had been made to minute 7: reference to access to web services was deleted as the Chair had made this comment after the meeting.

5. Matters Arising

There were no matters arising.

6. Audit Matters:

A) BHFT Annual Report and Accounts 2016/17 (Presentation)

Julian Emms, Chief Executive explained that the presentation related to the previous year 2016/17. It was noted that in December 2016, the Care Quality Commission had re-inspected those services which had been rated as "requiring improvement" in the last comprehensive inspection in December 2015. Mr Emms reported that the Care Quality Commission had confirmed that the Trust had addressed all issues raised in the December 2015 visit. All five Care Quality Commission domains (safe, effective, responsive, caring and well-led) were now rated as 'Good'.

Julian Emms reported that the Trust was partnering with KPMG and Thedacare (a United States health care organisation to develop its Quality Improvement Programme which was about delivering culture change in addition to helping staff to learn the tools and techniques of Quality Improvement methodology. A key focus of Quality Improvement Programme was around empowering front line staff to continually make improvements.

Julian Emms commented that the NHS Staff Survey showed the Trust had the most motivated workforce in the NHS. Mr Emms said that the Trust had developed a programme of work to improve the experience of Black, Asian and Minority Ethnic staff.

It was noted that during 2016-17, the Trust had significantly reduced agency spending with the establishment of the NHSp staff bank.

Other highlights from 2016-17 included: investing in Technology (Skype, Connected Care (which enabled more integrated working with primary care), SHaRON, TeleHealth and Interactive Online Therapy.

Julian Emms said that the Trust faced some particular challenges in 2016-17, for example, increasing demand for healthcare with the growing Berkshire population and staff shortages.

It was noted that the Trust's future plans were focused on quality improvement and developing the two Accountable Care Systems (ACS), Frimley in the East and Berkshire West. The Trust's full Annual Report was available from the Trust's website.

Questions/Comments

Bet Tickner commented that the Royal Berkshire Hospital NHS Foundation Trust's had changed the style of their Annual Members Meeting and it was now more of an open day. Bet suggested that the Trust may want to consider having more patient stories and have more opportunities for engaging with the public at the Trust's Annual Members Meeting. The Chair said that he was open to changing the style of future Annual Members meetings.

Amrik Banse said that he was pleased that the excellent work carried out by Community Services was being highlighted as many people thought of the Trust as only being a Mental Health provider. The Chair said that he had carried out visits to the Trust's District Nursing teams.

Tom O'Kane added it would be good to raise the profile of the Trust's Hearing Service.

Adrian Edwards said that he was pleased that agency spend was reducing and there was a £1.2m surplus during 2016-17. Mr O'Kane commented that the performance report later on the agenda had highlighted a number of financial pressures in 2017-18 and questioned whether the Trust would meet its financial targets. Julian Emms explained that the performance report presented the year to date figures and if the Trust delivered its control total, the Trust would receive an additional £2m from central government.

B) Report of the Auditors to the Council of Governors (Enclosure)

The Chair explained this was the last meeting that KPMG would be attending in their capacity as the Trust's External Auditors. The Chair reminded the meeting, that the December 2016 Council of Governors had appointed Deloitte as the Trust's External Auditors from 1 April 2017.

Fleur Nieboer, KPMG presented the External Auditors report and said that the External Auditors had given a clean opinion on the Trust's annual accounts. Ms Nieboer thanked the Finance Team for their help and commented that it was relatively unusual for External Auditors to be able to give a clean opinion. It was noted that the External Auditors had made some recommendations in respect of the recording of data in respect of accuracy and completeness.

Paul Myerscough asked whether the External Auditors had reviewed the Trust's IT systems. Ms Nieboer confirmed that KPMG had checked the authorisation levels and had made no recommendations.

On behalf of the Council of Governors, the Chair thanked KPMG for the work they had done.

7. Presentation on the ASSIST Programme

Natasha Berthollier, Staff Governor and Chartered Psychologist and Team Lead for the ASSIST Programme gave a presentation on the ASSIST programme.

Craig Steel queried why patients with psychosis were not eligible for the programme. Natasha Berthollier advised that the Trust tried to include these patients when appropriate, but patients with psychosis often needed to be stabilised before they could participate in the ASSIST Programme.

Suzanna Rose asked if there were plans for the ASSIST programme to be rolled out across the Trust. Natasha Berthollier advised that currently the programme was only commissioned in the East. Julian Emms advised that Bridget Gemal, Head of Psychological Therapies, was reviewing services for personality disorder patients in the west.

Paul Myerscough said that the ASSIST programme sounded like a great success story but was resource intensive. Mr Myerscough said that potentially a significant number of people across Berkshire would benefit from participation in the programme. Julian Emms explained that the cost of the service was significant and therefore it was important that any funding decisions were based on evidence and evaluation.

Ruffat Ali-Noor asked how much an inpatient mental health bed costed per patient. The Chief Executive advised that the average bed cost was £400 per day per patient.

Isabel Mattick advised Natasha Berthollier of a gardening volunteering opportunity in Bracknell at Jealott's Hill community landshare scheme.

The Chair thanked Ms Berthollier for her presentation.

Committee Steering Groups

7.1 Living Life to the Full

John Barrett, Chair of the Living Life to the Full Group advised that the Group had received two very interesting presentations:

- Liz Chapman, Head of Services Engagement and Experience had presented on the Trust’s reformed Patient Experience and Engagement Group (PEEG).
- Gemma Wilson, Prospect Park Development Programme Manager had updated the Group on the Prospect Park hospital improvement programme.

Mr Barrett said that Suzanna Rose had updated the Group about the Red Cross’ £5m programme in Reading to combat loneliness.

Mr Barrett said that Tom Lake had updated the meeting that in response to lobbying from governors and others, Reading Council had decided to fund Focus House for another year.

Julia Prince queried the comment in the report which said that Prospect Park Hospital was fully staffed. Jayne Reynolds, Deputy Director of Nursing confirmed that certain bands were fully recruited to, but there were still vacancies, especially in respect of registered staff.

Julian Emms advised that the skills mix changes at Prospect Park Hospital had had a big impact on recruitment at Prospect Park Hospital.

7.2 **Membership & Public Engagement Group**

Paul Myerscough presented the update report on behalf of Tom Lake, Chair of the Membership and Public Engagement Group. Mr Myerscough reported that Tom Lake had presented to the Carers Group in Wokingham about what was involved in becoming a member of the Trust.

It was noted that BHFT had a stand at the Royal Berkshire Hospital NHS Foundation Trust's Open Day in 27th September and Tom Lake would be attending.

Krupa Patel commented that feedback she had received suggested that the public often confused the Royal Berkshire Hospital NHS Foundation Trust with BHFT and said that it was important that people understood which Trust they were signing up for membership.

7.3 **Quality Assurance Group**

Due to holiday and sickness, the meeting had been postponed to 20th September.

Carers Strategic Development Group – Paul Myerscough reported that he had attended the Carers Strategic Development Group in April and asked whether any Governors were interested in joining the group.

8. Executive Reports from the Trust

1. Performance Report

Julian Emms, Chief Executive presented the report. The Chair said that it was well presented and clear report. Paul Myerscough reported that Governors had had significant input into the content and format of the Performance Report.

Julia Prince asked about the Slough Health Visiting and School Nursing service transferring to Solutions for Health on 01st October. Julian Emms reported that Helen Mackenzie, Director of Nursing and Governance and David Townsend, Chief Operational Officer had raised a number of concerns with Slough Borough Council about the service transferring to an organisation which had no prior experience of running similar services. It was noted that BHFT staff had transferred to the new provider under the TUPE arrangements and a number of staff had found alternative jobs in the Trust.

Andrew Horne asked about Out of Area Placements. Julian Emms advised that the closure of five beds on Bluebell ward had resulted in greater pressure on beds.

2. Patient Experience Quarter 1 Report

The Patient Experience Quarter 1 Report was presented by Jayne Reynolds, Deputy Director of Nursing.

Jayne Reynolds reported that during quarter one, the Trust had continued to achieve a complaint response rate of 100%.

Jayne Reynolds advised that the Trust was struggling to increase the number of Family & Friends Test responses but were still aiming for a 15% response rate.

June Carmichael asked whether it would be useful to understand the Bed Optimisation work and in order to have an understanding of BHFT's beds and how they were utilised. Julian Emms advised that the Trust was planning to commission an external strategic review of beds towards the end of the financial year.

The Council of Governors noted the report.

9. Appointment of the Lead Governor and Deputy Lead Governor

Julie Hill, Company Secretary reported that she had received one nomination for Lead Governor – Paul Myerscough and one nomination for Deputy Lead – Krupa Patel

The Council agreed that Paul Myerscough would be re-appointed as Lead Governor and Krupa Patel would be appointed as Deputy Lead Governor. Both appointments will run until September 2018.

10. Appointment of a new Non-Executive Director – Recommendation from the Appointments and Remuneration Committee (Enclosure)

To be discussed in confidential part of the meeting.

11. Forward Schedule of Meetings for 2018 (Enclosure)

The Council of Governors agreed the dates of the 2018 meeting with the exception of the Living Life to the Full working group meeting dates which would be re-arranged in consultation with the Chair of the Living Life to the Full working group.

12. Any Other Business

13. Dates of next Council meetings

22nd November Joint Trust Board and Council of Governors Meeting

13th December 2017 – Council of Governors

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

Signed:……………………………………..
(Martin Earwicker, Chair) Date: 13 December 2017

Berkshire Healthcare NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS

13 December 2017

Governor Election Report

For Noting

Author: Julie Hill, Company Secretary

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 30 NOVEMBER 2017

CONTEST –

Public: Reading

RESULT		1 to elect
LAKE, Thomas	95	**ELECTED**
LOBO, Pip	48	

Number of eligible voters		1847
Votes cast by post:	100	
Votes cast online:	45	
Total number of votes cast:		145
Turnout:		7.9%
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		143

CONTEST –

Public: Wokingham

RESULT		1 to elect
SUTHERLAND HORNE, Andrew	52	**ELECTED**
HARTLEY, Jane	26	
BROWN, Nick	24	
DENNIS, Peter	8	

Number of eligible voters		969
Votes cast by post:	76	
Votes cast online:	35	
Total number of votes cast:		111
Turnout:		11.5%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		110

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BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CONTEST: Staff Non-Clinical

RESULT		1 to elect
DAKIN, Guy	210	**ELECTED**
ALI, Sabeen	94	

Number of eligible voters		1129
Votes cast by post:	112	
Votes cast online:	201	
Total number of votes cast:		313
Turnout:		26.9%
Number of votes found to be invalid:		9
Total number of valid votes to be counted:		304

Electoral Reform Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

a) was sent the details of the election and

b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and ERS is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Yours sincerely

Michelle Barber
Returning Officer
On behalf of Berkshire Healthcare NHS Foundation Trust

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ELECTORAL REFORM SERVICES
PART OF THE ERS GROUP

REPORT OF VOTING

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF NOMINATIONS: 5PM ON 23 OCTOBER 2017

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

Public: Windsor, Ascot and Maidenhead **1 to elect**
Peter Stratton

Public: West Berkshire **1 to elect**
Raymond James

Public: Rest of England **1 to elect**
No valid nomination received *1 vacancy remains*

All term lengths are for 3 years unless specified differently above.

Jasper Loxton

Jasper Loxton
Returning Officer
On behalf of Berkshire Healthcare NHS Foundation Trust

ELECTORAL REFORM SERVICES

Berkshire Healthcare NHS
NHS Foundation Trust

Annual Report of Trust Audit Committee to the Council of Governors
13 December 2017

SUMMARY

In line with the NHS Foundation Trust Code of Governance, it is regarded as best practice for the Audit Committee to provide a report annually to the Council of Governors to:

- Highlight any relevant audit issues identified during the year in respect of which the Committee considers action or improvement is warranted and setting out the steps to be taken.
- Comment on the quality of the auditors work and on the reasonableness of the fees. (The guidance states that the Audit Committee "must make a recommendation to the Council of Governors with respect to the reappointment of the auditor").

Introduction

The Audit Committee's chief function is to advise the Trust Board on the adequacy and effectiveness of the Trust's systems of internal control, risk management and governance and also its arrangements for securing economy, efficiency and effectiveness. A copy of the Committee's terms of reference is attached as Appendix 1.

Committee Membership

The members of the Committee during 2017 (all of whom are non-executive directors) were as follows:

Chris Fisher, Non-Executive Director and Audit Committee Chair
Mark Lejman, Non-Executive Director
Mehmuda Mian, Non-Executive Director
Mark Day, Non-Executive Director deputised for Mark Lejman at a couple of meetings.

Naomi Coxwell who will be replacing Mark Lejman as a Non-Executive Director from 13 December 2017 attended the October 2017 Audit Committee meeting as an observer as part of her induction programme. Ms Coxwell will take over as Chair of the Finance, Investment and Performance Committee and will be a member of the Audit Committee.

Executive support to the Committee included regular attendance by the Chief Financial Officer, Deputy Director of Nursing, Medical Director, and Head of Clinical Effectiveness and Audit. The Committee is supported by the Company Secretary.

External representation included representatives of KPMG, External Auditor until May 2017, Deloitte, External Auditors from June 2017, RSM Risk Assurance Services (formerly Baker Tilly), Internal Auditor and TIAA, Counter Fraud Unit.

During 2017, the Committee met on five occasions, including May when the Annual Accounts are presented. All meetings were quorate.

The minutes of each Committee meeting are received at the next available Trust Board meeting and a report on key areas of discussion are reported by the Audit Committee Chair.

Committee Self-Assessment

Annually the Committee undertakes a self-assessment when members and regular attendees are requested to rate the performance of the Committee etc. The results are then considered to determine what action may be necessary. The results of the self-assessment exercise were reported to the January 2017 Audit Committee meeting.

Overall, the results were very positive with only two areas identified for improvement which related to Non-Executive Director succession planning to ensure that there was not an over reliance on one individual who was financially qualified and the other area was in relation to the need for clear communication channels between the Committee and report authors to ensure that the Committee received the information it needed.

The handover process from one chair to another was identified as an area of good practice and had ensured that there was a smooth transition when Chris Fisher took over the chairmanship of the Committee from Keith Arundale in September 2016. The Committee's greater focus on the assurances it received in relation to clinical and risk management and how they linked to the Trust's strategic objectives was also identified as a positive recent development.

Summary of Work Undertaken

During 2017 key activity included:

- Quarterly review of Board Assurance Framework to maintain scrutiny on the management of risks to strategic objectives
- Review of a "Deep dive" report in relation to two risks on the Board Assurance Framework relating to the Sustainability and Transformation Partnerships and working with external partners
- Review of the gaps in assurance and/or control in respect of the risks on the Board Assurance Framework and the actions being taken to mitigate the gaps;
- A presentation on how the Trust embeds the learning from serious incidents, whistleblowing/staff concerns and "near miss" incident reporting
- Receipt of progress reports on clinical audit programme
- Receipt of reports on losses and special payments and single waiver tenders
- Review the process for the pilot audit of the mortality review process
- Receipt of the Mortality Review Assurance Process following the publication of national guidance
- Review of the progress made to deliver the Cost Improvement Programme
- Receipt of the outcome of the Board Sub-Committees' annual review of effectiveness
- Receipt of the Cyber Security Annual Report
- Receipt of the revised Standards of Business Conduct Policy which incorporates new national guidance in respect of managing conflicts of interests;

- Review of the governance arrangements for the mental health global digital exemplar programme
- Review of the Information Assurance Framework to gain assurance on the quality of Trust data
- Approval of the Trust's Annual Accounts on behalf of the Trust Board
- External reports from:
    - External auditor
    - Internal auditor
    - Counter fraud
- Minutes of assurance related Committees, including the Finance, Investment and Performance and Quality Assurance Committees
- Consideration of the Trust's annual accounts and the external auditors report thereon.

There are no substantial issues or concerns that the Audit Committee needs to draw to the Council's attention from its work in 2017, however areas of specific enquiry/discussion or where the Committee has prompted further work to enhance assurance included:

- Developing further the process for reviewing the individual risks on Board Assurance Framework. The Committee agreed that there would be a mix of reports, including "deep dive" reports on individual risks and updates on the actions being taken to address any gaps in assurance and or controls in addition to receiving the full Board Assurance Framework and Corporate Risk Register
- The Audit Committee agreed that it would provide assurance to the Trust Board on the robustness of the Trust's mortality review process, but the Quality Assurance Committee would receive the quarterly reports on learning from deaths.

As mentioned above, as part of the review of the Board Assurance Framework, the Committee requested a "deep dive" report into two of risks which relate to the Trust's external partnership work, in particular the Accountable Care System and Sustainability and Transformation Partnership. By reviewing the controls, sources of assurance and mitigations in more detail, the Audit Committee is better able to provide assurance to the Trust Board about the management of the key strategic risks.

Similarly, the report on the actions being taken to address any gaps in assurance and/or controls provided an opportunity for the Audit Committee to identify any further actions that should be taken as part of the management of the risks.

The Internal and External Auditors and the Counter Fraud Service share national good practice and help the Audit Committee to be keep up to date with any new policy developments.

External Audit Matters

The Council of Governors is responsible for appointed the Trust's External Auditors. Last autumn, a small group of Governors met to review the tender documentation and made a recommendation to the Council of Governors in December 2016, that Deloitte be appointed with effect from 1 April 2017. KPMG, the Trust's former External Auditors attended the Council of Governors meeting on 13 September 2017 and presented their Annual Audit Letter. At the meeting, KPMG reported that the External Auditors had given a clean opinion on the Trust's annual accounts and commented that this was relatively unusual for External Auditors to be able to give a clean opinion.

Deloitte attended their first Audit Committee meeting in July 2017 and have worked closely with KPMG which has ensured a smooth transition.

Internal Audit Reports

A copy of the Internal Auditor's 2016/17 annual report to the Audit Committee is provided as Appendix 2 for fuller information and assurance purposes. The report concluded that based on the work undertaken in 2016/17, the Trust has an adequate and effective framework for risk management, governance and internal control. However, the Internal Auditors identified further enhancements to the framework of risk management, governance and internal controls to ensure that it remained adequate and effective.

During 2016/17, the Internal Auditors did not issue any Red (no assurance) opinions. Amber/Red (partial assurance) opinions were issued in respect of three audit reports:

Temporary Staffing

The Internal Auditors highlighted that the Trust's Agency usage had increased significantly and noted instances of non-Framework Agencies being used. Additionally, only 80% of cost centres were completing weekly returns. It was also noted that E-rostering had not been fully implemented in all areas, and where it had been, concerns had been raised regarding the efficiency of using the system.

Bed Management

At the time of the review, the Internal Auditors identified that there had been a significant overspend against budget on out of area beds owing to the high number of bed requests received. The Internal Auditors noted instances where written approval to use an out of area bed could not be provided and in addition, there were no formal contracts in place with out of area providers.

Location Visits

The Internal Auditors identified issues relating to clinical nursing supervision, testing of fire equipment and recording of sickness absence as well as medical certification for staff members on long term sick leave.

The Committee also received summaries of audits resulting in Green and Amber/Green ratings as shown in Appendix 2.

Currently from the 2017/18 internal audit programme, the following audit has resulted in an AMBER/RED rating, with key recommendations shown:

Westcall

- A review of the drugs ordered through the Mawdsley contract to be undertaken;
- All drug purchases for Westcall will be carried out through the central pharmacy;
- The stock list to be reviewed annually and current stock levels will also be considered during this report. A standard operating procedure will be created to describe this annual process;
- The Trust will continue to ensure that all pharmacy deliveries are accompanied by a delivery note;

- The expiry date of controlled drugs to be recorded in the controlled drug register so that checks can be carried out on whether doctors are carrying expired drugs. Reconciliations will be carried out between the doctor's record book and the controlled drug register to confirm correct and complete records of the return and destruction of expired drugs;
- The controlled drug audit form to be amended to separate the notes and the actions into separate sections and the monthly controlled audit report will be distributed to the Westcall Operational Manager and Service Manager;
- The process for dispensing and recording controlled drugs to be reviewed to ensure more frequent reconciliation and completeness of information being recorded;
- Doctor's record book will be scanned in after the doctors receive controlled drugs to provide the most up to date version of the doctor's record books;

Staff Appraisals

- The Trust does not undertake any structured formalised checking in relation to the completeness and quality of appraisal documentation. Missing information included: Nurse re-validation incomplete, final comments by either the appraisee/appraiser, the objectives and PDP sections had not been completed;
- Testing also identified seven instances where the appraisal documentation was updated on the date the documentation was completed, as such we could not confirm these were completed in the required timeframes. There was a risk that the appraisal process may not achieve the desired outcomes if appraisal documents was not competed in full;
- In many instances sampled, staff members did not have completed personal development plans (PDPs). We identified five instances where the PDP had not been completed at all, and a further five separate instances where individual sections had not been completed. If PDPs were not completed in full or correctly, employees were less likely to achieve short or long career goals;
- In addition, some appraisals did not have SMART objectives in place. If objectives to support staff development were either not set at all or were not 'SMART', employees were less likely to achieve their objectives;

On a positive note, the Internal Auditors; review of temporary staffing and rostering highlighted the significant improvements the Trust had made in agency controls and expenditure run rate.

Overall Internal Audit Programme Progress

The table below sets out the ratings of the audit reviews conducted in 2016-17 which were not finalised when the Council of Governors received last year's annual audit committee report.

The table also sets out the ratings of the audit reviews conducted so far during 2017-18.

Audit Area	***Risk Rating***
(2016/17)	
Cost Improvement Programmes – Part 1	Reasonable Assurance
Cost Improvement Programmes – Part 2	Reasonable Assurance
Board Assurance Framework and Risk Management	Reasonable Assurance
Location visits	Partial Assurance
Budgetary Control and financial control	Substantial Assurance

Audit Area	*Risk Rating*
Data Quality	Reasonable Assurance
(2017/18)	
Westcall	*Partial Assurance*
Travel and Expenses	To be reported to the January 2018 Audit Committee
Staff Risk Assessment for Lone Working	Reasonable Assurance
Project Planning and Business Cases	Reasonable Assurance
Location Visits	Reasonable Assurance
Workforce – Recruitment and Retention	To be reported to the January 2018 Audit Committee
Appraisals	Partial Assurance
Workforce – Temporary Staffing and Rostering	To be reported to the January 2018 Audit Committee
Board Assurance Framework and Risk Management	To be reported to the January 2018 Audit Committee
Unexpected Deaths	To be reported to the January 2018 Audit Committee
Key Financial Systems	To be reported to the January 2018 Audit Committee
Information Governance Toolkit	To be reported to the January 2018 Audit Committee
Data Protection	To be reported to the January 2018 Audit Committee

As at November 2017, the Internal Auditors have not issued any ‘No assurance / Red’ opinions to date either in final or in draft, however, the Internal Auditors have issued one partial assurance opinion in Final (Westcall) and the partial assurance opinions in draft (Travel & Expenses, Location Visits and Appraisals). All four represent negative assurance opinions and as such these will impact on the annual Head of Internal Opinion for the year.

ACKNOWLEDGEMENTS

The Chair would also like to thank Mark Lejman, Non-Executive Director, Mehmuda Mian, Non-Executive Director and Mark Day, Non-Executive Director for their contribution to the work of the Committee throughout the year.

The Audit Committee also commends the sterling work carried out by the Trust’s finance team on the annual accounts this year.

COUNTER FRAUD AND AUDITORS’ CONTRIBUTION:

Throughout the year, the Audit Committee has been supported fully by the Trust’s internal and external auditors and by the Counter Fraud Service.

The Committee is fully satisfied with the quality of the work undertaken by the Counter Fraud Service, TIAA, the Internal Auditors, RSM and the former External Auditors, KPMG and looks forward to working with the Trust’s new External Auditors, Deloitte.

ACTION:

The Council of Governors is invited to note the report and to seek any clarification.

Prepared by: Julie Hill
Company Secretary

Presented by: Chris Fisher
Chair of Audit Committee

Berkshire Healthcare NHS
NHS Foundation Trust

Terms of Reference

Audit Committee

Purpose

This document contains the terms of reference for the Trust Audit Committee.

Document Control

Version	Date	Author	Comments
1.0	12 Mar 08	Garry Nixon	Initial Draft for Committee Chair
2.0	14 Mar 08	Garry Nixon	Updated following Committee Chair comments
3.0	1 May 08	Garry Nixon	Updated following Audit Committee consideration
4.0	22 May 09	John Tonkin	Revised per Internal Audit Report Recommendations on Integrated Governance – Ref: 080902
5.0	28 May 09	Clive Field	Minor amendments
6.0	12 August 2010	John Tonkin	Revision following Audit Committee review July 2010
7.0	14 Sept 2010	John Tonkin	Revision following Board consideration 14 Sept 2010
8.0	8 May 2012	John Tonkin	Revision following Board consideration 8 May 2012
9.0	12 April 2013	John Tonkin	General revision to reflect changes in past year
10.0	23 May 2013	John Tonkin	Revision following Board discussion on 14 May 2013
11.0	11 June 2013	John Tonkin	Board approved – 11 June 2013
12.0	13 May 2014	John Tonkin	Board approved - 13 May 2014
13.0	27 July 2016	Julie Hill	Revision following Audit Committee review – October 2016
14.0	08 November 2016	Julie Hill	Board approved – 08 November 2016

Document References

Document Title	Date	Published By
NHS Audit Committee Handbook	2005	Department of Health & Healthcare
The NHS Foundation Trust Code of Governance	2006	NHS Improvement, Independent Regulator of NHS Foundation Trusts

Authority

1.1 The Audit Committee is constituted as a Standing Committee of the Trust Board of Directors. Its constitution and terms of reference shall be set out as below, subject to amendment at future Board of Directors' meetings.

1.2 The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

1.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary.

Purpose

2.1 To conclude upon the adequacy and effective operation of the Trust's overall internal control system and independently review the framework of risks, controls and related assurances that underpin the delivery of the Trust's objectives.

2.2 To review the disclosure statements that flow from the Trust's assurance processes ahead of its presentation to the Trust Board, including:

a. Annual Governance Statement, included in the Annual Report and Accounts and the Annual Plan together with the external and internal auditors' opinions.

b. Care Quality Commission registration information.

c. Annual Plan declarations relating to the Assurance Framework.

2.3 To approve the financial and self-certification quarterly returns to NHS Improvement on behalf of the Trust's Board of Directors.

Membership

3.1 The membership of the Committee shall comprise three Non-Executive Directors, at least one of whom shall have recent and relevant financial experience, plus, ex officio, the Chair of the Finance, Investment & Performance Committee. The Chair of the Quality Assurance Committee will attend as and when there are appropriate matters to discuss with the Audit Committee.

3.2 The Chair of the Trust and the Chief Executive shall **not** be members.

3.3 The Chair of the Committee will be a Non-Executive Director and will not be a member of any other standing Committee of the Board.

3.4 A quorum shall be two members.

In attendance at meetings

4.1 The Committee will be supported by the following in attendance:

- The Director of Finance, Performance and Information

- The Company Secretary

4.2 The Committee can invite the Chairman and Chief Executive as well as other Trust Directors or Officers to attend to discuss specific issues as appropriate.

4.3 The Committee will be attended by representatives of the following:

- External Audit
- Internal Audit
- Counter Fraud
- Clinical Audit

4.4 The Committee will consider the need to meet privately, at least once a year, with both the internal and external auditors. The internal and external auditors may request a private meeting with the Committee at any time.

Frequency and Administration of Meetings

5.1 The Committee will meet at least 4 times a year. It may meet more frequently at any time should circumstances require.

5.2 It will be supported by the Company Secretary who will agree the agenda for the meetings and the papers required, directly with the Chair.

5.3 Minutes of all meetings shall be formally recorded and submitted, together with recommendations where appropriate, to the Board of Directors.

Duties

Governance Risk Management and Internal Control

6.1 The Committee shall review the establishment and maintenance of an effective system of integrated Governance, risk management and internal control, across the Trust's clinical and non-clinical activities that support the achievement of its objectives.

6.2 The Committee shall ensure that the Board Assurance Framework is effective in enabling the monitoring, controlling and mitigation of risks to the Trust's strategic objectives.

6.3 In particular, the Committee will review the adequacy of the following:

a. All risk and control related disclosure statements, together with any accompanying Head of Internal Audit statement, external audit opinion or other independent assurances, prior to endorsement by the Board;

b. The underlying assurance processes that indicate the following:

   - The degree of the achievement of corporate objectives
   - The effectiveness of the management of principal risks
   - The appropriateness of the disclosure statements

c. The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.

6.4 The Committee shall request and review reports and positive assurances from Directors and managers on the overall arrangements for governance (including clinical audit and data quality), risk management and internal control.

Audit & Counter Fraud

6.5 The Committee shall ensure that there is an effective internal audit function and clinical audit function that provide appropriate independent assurance to the Audit Committee and includes the following:

a. Review the Internal Audit Plan, operational plan and programme of work and recommend this for acceptance by the Trust Board of Directors.

b. The review of the findings of internal audits and the management response.

c. Discussion and agreement with the External Audit of the nature and scope of the External Audit annual plan.

d. The review of all external audit reports, including the agreement of the annual audit letter before submission to the Board and any work completed outside the External Audit annual plan.

e. Review and approval of the Counter Fraud Plan and operational plans.

f. The review of the findings of the Counter Fraud plan and the management response.

g. Review the annual clinical audit plan and receive regular reports on both progress against plan and key audit outcomes.

h) Review the audit findings from the annual audit of the mortality review process in the Trust.

6.6 The Committee shall ensure that there is an effective Clinical Audit process.

6.7 The Committee shall ensure that Internal Audit, External Audit and Clinical Audit recommendations are implemented promptly by management.

Financial Reporting

6.8 The Committee shall review the Annual Accounts and Financial Statements before submission to the Board.

6.9 It will ensure that the financial systems for financial reporting to the Board are subject to review as to completeness and accuracy of the information provided to the Board.

6.10 It will review the annual accounts of the Charitable Trustees prior to submission.

Reporting

6.11 The Committee will routinely review the minutes of:

- Finance, Investment & Performance Committee
- Quality Assurance Committee

- Quality Executive Committee

and will review the work of other committees within the organisation whose work can provide relevant assurance to the Committee.

6.12 The Minutes of the Audit Committee will be formally submitted to the Trust Board.

6.13 The Chair of the Committee shall report to the Board any concerns and assurances relating to the Trust and the Committee's work.

6.14 It will report annually to the Trust Board through an 'Audit and Governance Report' which will include the following:

a. The fitness for purpose of the assurance framework.

b. The completeness and embeddedness of risk management.

c. The integration of Governance arrangements.

d. The Committee's self-assessment and any action required.

Other functions

6.15 The Committee will review and monitor compliance with Standing Orders and Standing Financial instructions.

6.16 It will review the following:

a. Schedules of losses & compensations and making recommendations to the Board

b. Any decision to suspend Standing Orders

c. Decision to waive the competitive tendering rules when requested by the Board

6.17 It will approve changes in accounting policies.

6.18 It will review the performance of the Audit Committee through self-assessment and independent review to be completed at least annually. It will also review the output from the annual self-assessment exercises conducted by other Board Committees.

6.19 It will provide oversight of the Trust's processes for ensuring robust data quality and will review periodic reports on data quality performance.

6.20 The Committee shall provide assurance on the quality checks of data used in the preparation of the Performance Assurance Framework.

6.21 The Committee will provide assurance on the system for identifying cost improvement plans, including the process for ensuring that there are no adverse impacts on quality.

6.22 The Committee will provide assurance that the effective operation of the system surrounding compliance with CQC care standards.

6.23 The Committee shall encourage the sharing of, and learning from, lessons learnt across the Trust from serious incidents.

Amended: October 2016
Board approved: November 2016

Next review: October 2018

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Annual internal audit report 2016/2017

31 March 2017

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1 THE HEAD OF INTERNAL AUDIT OPINION

In accordance with Public Sector Internal Audit Standards, the head of internal audit is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes. The opinion should contribute to the organisation's annual governance statement.

1.1 The opinion

Our **DRAFT** opinion, based on work undertaken up to 31 March 2017, is set out as follows

Head of internal audit opinion 2016/2017
The organisation has an adequate and effective framework for risk management, governance and internal control. **However, our work has identified that further enhancements are required to the framework of risk management, governance and internal control to ensure that the framework remains adequate and effective.**

Please see appendix A for the full range of annual opinions available to us in preparing this report and opinion.

1.2 Scope of our work

The formation of our opinion is achieved through a risk-based plan of work, agreed with management and approved by the audit committee, which should provide a reasonable level of assurance, subject to the inherent limitations described below.

The opinion does not imply that internal audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led assurance framework. As such, the assurance framework is one component that the board takes into account in making its annual governance statement (AGS).

1.3 Factors and findings which have informed our opinion

Internal Audit Plan

To date we have not issued any 'No Assurance' (Red) opinions. We provided 'Partial Assurance' (Amber/Red) opinions in our reviews of Temporary Staffing, Bed Management and Location Visits.

Temporary Staffing:

Our review highlighted that Trust's Agency usage had increased significantly. We also noted instances of non-Framework Agencies being used. Additionally only 80% of cost centres were completing weekly returns. Finally we noted that E-rostering had not been fully implemented in all areas, and where it had been concerns had been raised regarding the efficiency of using this system.

Bed Management:

At the time of our audit we identified there had been a significant overspend against budget on out of area beds owing to the high number of bed requests received. We also noted instances where written approval to use an out of area bed could not be provided. Further to this we noted that there are no formal contracts in place with out of area providers.

Location Visits

Our review identified issues relating to clinical nursing supervision, testing of fire safety equipment and recording of sickness absence as well as medical certification for staff members on long term sick leave.

Travel and Expenses

Our audit identified that the 'Skype for Business' project had not been monitored or reported on to evaluate its effectiveness. We also noted that reports are not generated from the e-expenses system to allow identification and challenge of areas or high spend. Furthermore, we noted that one budget holder for an area with an increase in expenditure on travel and expenses was unaware of the reasons for this.

We provided Reasonable Assurance opinions in our reviews of Medical Appraisals, Cost Improvement Plans (Part 1 and Part 2 (DRAFT)), Equality and Diversity, CQC Registration, Cyber Security, Estates Management, Procurement, Data Quality, Budgetary Control and Financial Control and Board Assurance and Risk Management.

Follow Up

A total of 53 management actions were due for implementation by 31 March 2017. 31 of these management actions were agreed in 2016/17 final reports and the remaining 19 were carried forward from 2015/16. 38 management actions have been implemented. 12 actions (eight medium and four low) are in the process of being implemented and relate to the reviews of Data Quality (15/16) - 2, Equality and Diversity (16/17) – 1, Bed Management (16/17) – 1, Procurement (16/17) – 3, Estates Management (16/17) – 3, Board Assurance Framework and Risk Management (16/17) – 1 and Data Quality (16/17) - 1. The remaining one action is currently outstanding and we are in the progress of following up on this action and it relates to Bed Management (16/17). Additionally, one action brought forward from 2015/16 was superseded and one new action was also superseded.

Partial Assurance Reports

All four actions (one high, two medium and one low) relating to the Bed Management have been implemented.

All six actions (two high, two medium and two low) relating to the Temporary Staffing review have been implemented.

All ten actions (seven medium and three low) relating to Location Visits review are not yet due for implementation and will be followed up at future Audit Committee meetings.

A summary of internal audit work undertaken, and the resulting conclusions, is provided at appendix B.

2 THE BASIS OF OUR INTERNAL AUDIT OPINION

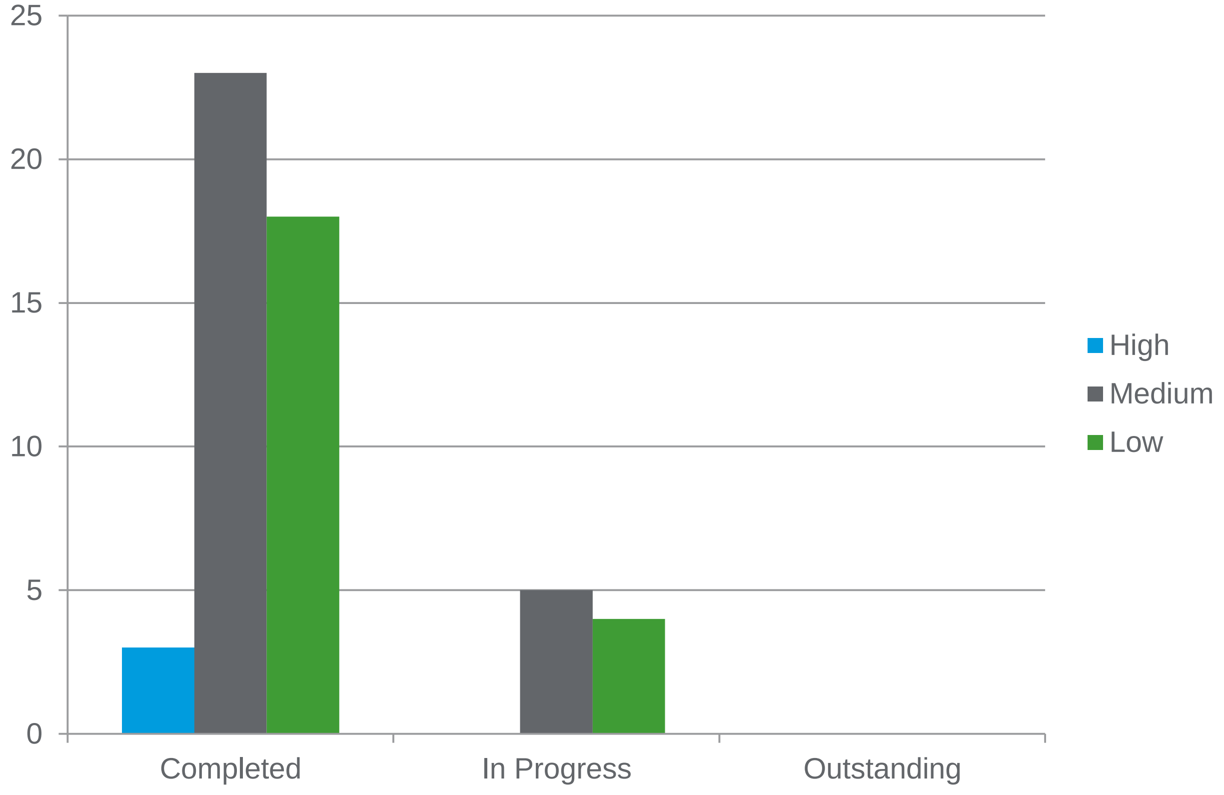
As well as those headlines discussed at paragraph 1.3, the following areas have helped to inform our opinion. A summary of internal audit work undertaken, and the resulting conclusions, is provided at appendix B.

2.1 Acceptance of internal audit management actions

Management have agreed actions to address all of the findings reported by the internal audit service during 2016/2017.

2.2 Implementation of internal audit management actions

Our follow up of the actions agreed to address internal audit findings shows that the organisation had made good progress in implementing the agreed actions.



A total of 53 management actions were due for implementation by 31 March 2017. 31 of these management actions were agreed in 2016/17 final reports and the remaining 22 were carried forward from 2015/16. 42 management actions have been implemented. 9 actions (five medium and four low) are in the process of being implemented and relate to the reviews of Data Quality (15/16) - 2, Procurement (16/17) – 2, Estates Management (16/17) – 3, Board Assurance Framework and Risk Management (16/17) – 1 and Data Quality (16/17) - 1. Additionally, one action brought forward from 2015/16 was superseded and one new action was also superseded.

There are 23 management actions from 2016/17 final reports which are not due for implementation until after 31 March 2017, these will be followed up for reporting at the future Audit Committee meetings.

2.3 Working with other assurance providers

In forming our opinion we have not placed any direct reliance on other assurance providers. We have liaised with the Local Counter Fraud Specialist and External Audit as appropriate.

3 OUR PERFORMANCE

3.1 Wider value adding delivery

Area of work	How this has added value
Health Matters quarterly publications.	We published our Health Matters quarterly publications. These included articles on: • New models of care • Bridging the gap between contract award and business as usual • Improvement and savings – temporary staffing • The changing role of the finance function • Whistleblowing • Cyber risk • Off-payroll tax changes • Financial governance • Cost improvement plans • Sustainability and transformation plans The publication focussed on hot topics within the health sector and highlighted key questions that health organisations should be asking themselves together with areas of good practice that can help strengthen the control environment.
Cyber Security workshop	We also hosted a cyber security workshop during April 2016 for NHS clients focussing on key risks arising in this area along with ways in which potential risks can be mitigated.
Client Briefings	As part of our client service commitment, during 2016/17 we issued news briefings and specific client updates through our progress reports at each Audit Committee meeting.
Audit Committee	We also contributed to the discussions at the audit committee on various items on the agenda in order to ensure that the Trust benefits from wider input in order to strengthen its governance arrangements.
Best Practice	We provided the Trust with best practice advice and guidance in areas such as Board Assurance Framework and Mortality Reviews.
Tax	Our public sector tax team supported the Trust on a VAT review. The review highlighted a potential inefficiency / VAT saving opportunity.

3.2 Conflicts of interest

RSM has not undertaken any work or activity during 2016/2017 that would lead us to declare any conflict of interest. However, our public sector tax team provided advice to the Trust with regards to some tax matters. This team is separate from the Internal Audit team.

3.3 Conformance with internal auditing standards

RSM affirms that our internal audit services are designed to conform to the Public Sector Internal Audit Standards (PSIAS).

Under PSIAS, internal audit services are required to have an external quality assessment every five years. Our risk assurance service line commissioned an external independent review of our internal audit services in 2016 to provide assurance whether our approach meets the requirements of the International Professional Practices Framework (IPPF) published by the Global Institute of Internal Auditors (IIA) on which PSIAS is based.

The external review concluded that ""there is a robust approach to the annual and assignment planning processes and the documentation reviewed was thorough in both terms of reports provided to audit committee and the supporting working papers." RSM was found to have an excellent level of conformance with the IIA's professional standards.

The risk assurance service line has in place a quality assurance and improvement programme to ensure continuous improvement of our internal audit services. Resulting from the programme, there are no areas which we believe warrant flagging to your attention as impacting on the quality of the service we provide to you.

3.4 Performance indicators

A number of performance indicators were agreed with the audit committee. Our performance against those indicators is as follows:

Delivery	Target	Actual	Notes (ref)	Quality	Target	Actual	Notes (ref)
Audits commenced in line with original timescales	100%	100%		Conformance with PSIAS	100%	100%	
Draft reports issued within 10 days of debrief meeting	100%	100%		Liaison with external audit to allow, where appropriate and required, the external auditor to place reliance on the work of internal audit.	Yes	Yes	
Management responses received within 10 days of draft report	100%	73%	Note 1	% of staff with CCAB/CMIIA qualifications	>50%	60%	
Final report issued within 3 days of management response	100%	100%		Turnover rate of staff	<10%	2%	
% audit reports presented to agreed Audit Committee meetings	100%	73%	Note 1	Respond to general enquiries for assistance within two working days	100%	100%	
% of High & Medium actions followed up	100%	100%		Respond to emergencies or notifications of potential fraud within one working day	100%	N/A	

Note 1 – There were some delays in response due to management workload, and we have continued to work with management to get prompt responses to draft reports to enable us to present high quality and accurate reports to Audit Committee.

APPENDIX A: ANNUAL OPINIONS

The following shows the full range of opinions available to us within our internal audit methodology to provide you with context regarding your annual internal audit opinion.

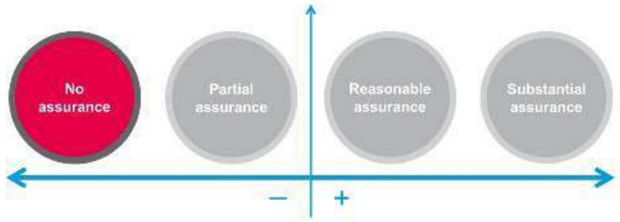
Annual opinions
The organisation has an adequate and effective framework for risk management, governance and internal control.
The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified that further enhancements are required to the framework of risk management, governance and internal control to ensure that the framework remains adequate and effective.
There are weaknesses in the framework of governance, risk management and control such that it could be, or could become, inadequate and ineffective.
The organisation does not have an adequate framework of risk management, governance or internal control.

APPENDIX B: SUMMARY OF INTERNAL AUDIT WORK COMPLETED 2016/2017

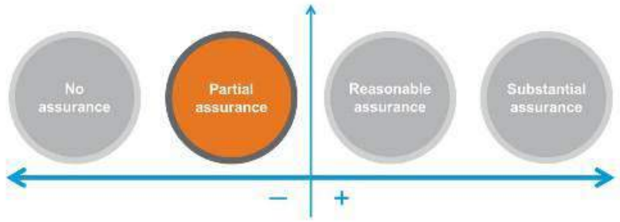
Assignment	Assurance level	Executive lead	Actions agreed		
			H	M	L
Bed Management	Partial	David Townsend – Chief Operating Officer Helen Mackenzie – Director of Nursing and Governance	1	2	1
Board Assurance Framework and Risk Management	Reasonable	Alex Gild, Director of Finance, Performance and Information	0	2	3
Cost Improvement Programmes – Part One	Reasonable	Alex Gild - Director of Finance, Performance and Information	0	2	4
CQC Registration	Reasonable	Helen Mackenzie – Director of Nursing and Governance	0	1	1
Cyber Security	Reasonable	Alex Gild - Director of Finance, Performance and Information	0	1	0
Data Quality	Reasonable	Ian Hayward, Deputy Director of Performance and Information	0	2	1
Equality and Diversity	Reasonable	Bev Searle – Director of Corporate Affairs	0	3	2
Estates Management	Reasonable	David Townsend – Chief Operating Officer	0	2	1
Medical Appraisals	Reasonable	Dr Minoo Irani, Medical Director	0	1	1
Procurement	Reasonable	Alex Gild, Director of Finance, Performance and Information	0	4	1
Temporary Staffing	Partial	Louella Johnson – Director of Human Resources	2	2	2
Budgetary Control and Financial Control	Substantial	Alex Gild - Director of Finance, Performance and Information	0	0	2
Location Visits	Partial	Helen Mackenzie – Director of Nursing and Governance	0	7	3
Travel and Expenses	DRAFT	Alex Gild - Director of Finance, Performance and Information	-	-	-

Assignment	Assurance level	Executive lead	Actions agreed		
			H	M	L
Cost Improvement Programmes (Part 2)	DRAFT	Alex Gild - Director of Finance, Performance and Information	-	1	-

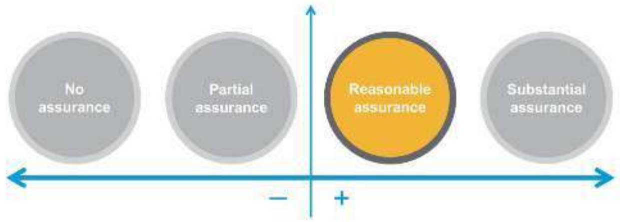
We use the following levels of opinion classification within our internal audit reports. Reflecting the level of assurance the board can take:



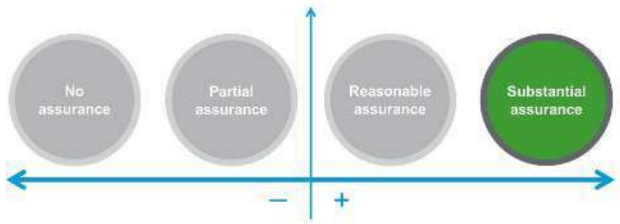
Taking account of the issues identified, the board cannot take assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.
Urgent action is needed to strengthen the control framework to manage the identified risk(s).



Taking account of the issues identified, the board can take partial assurance that the controls to manage this risk are suitably designed and consistently applied. Action is needed to strengthen the control framework to manage the identified risk(s).



Taking account of the issues identified, the board can take reasonable assurance that the controls in place to manage this risk are suitably designed and consistently applied.
However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk(s).



Taking account of the issues identified, the board can take substantial assurance that the controls upon which the organisation relies to manage the identified risk(s) are suitably designed, consistently applied and operating effectively.

FOR FURTHER INFORMATION CONTACT

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Berkshire Healthcare NHS
NHS Foundation Trust

Council of Governors

Meeting Date	13th December 2017
Title	Quality Account Indicators for External Audit in 2017/18
Purpose	The Council of Governors are asked to review and agree the local indicator proposal as mandated by NHS Improvement (The foundation trust regulator).
Business Area	Corporate
Author	Head of Clinical Effectiveness and Audit
Relevant Strategic Objectives	Goal 1- Improving patient safety and experience: To provide safe services, good outcomes and good experience of treatment and care.
CQC Registration/ Patient Care Impacts	Quality Account priorities and quality indicators support maintenance of CQC registration
Resource Impacts	None
Legal Implications	Statutory requirement of the Health Act 2012
Equality and Diversity Implications	None
SUMMARY	The Quality Account reports on a number of quality indicators and metrics. Each year the Council of Governors are required to choose an indicator to be externally validated by our auditors. The auditors review the indicator to ensure that the figure being reported is accurate and give assurance on this in their annual report of the Quality Account. In order to present the council with an indicator for consideration we have reviewed those that are reported on within the quality account and have been reviewed in previous audits and also taken guidance from Deloitte's our external auditors for guidance on indicators which they would advise testing. The report considers 3 indicators which could be tested and recommends the following indicator for review as part of the 2017/18 Quality Account 1. To review the NHSi Single Oversight Framework indicators relating to waiting time for treatment with Improving Access to Psychological Therapies (IAPT). This indicator is relatively new and has not previously been audited to check its robustness.
ACTION	To agree and confirm the indicator for review by our external auditors Deloitte LLP as part of the external assurance audit.

Options and Recommendation for the Local Indicator to be reviewed as part of the Trust Quality Account External Assurance Process

Introduction
All NHS Foundation Trusts are required to produce an annual Quality Report that describes the quality of care they are providing in relation to a number of mandated performance metrics and other national and local quality priorities and indicators. This Quality Report aims to improve transparency and hence public accountability.

As part the assurance process, the Trust is required by NHS Improvement (NHSi) to gain external assurance on this Quality Report to ensure that the data contained within it is robust. These audits are undertaken to test the robustness of the system for collecting and reporting on data and, consequently, they support the validity of the data being reported.

Our external auditors are required to undertake substantive sample testing on three performance indicators contained within the quality report. Two of these performance indicators are mandated by NHSi, with the third being selected locally by Trust Council of Governors. At the time of writing this paper, NHSi has yet to publish its 2017/18 guidance for external assurance on quality reports. However, it is likely that the mandated performance indicators will remain the same.

2. Mandated Performance Indicators (contained within parts 2 and 3 of the Quality Report)
As in previous years our external auditors will be required to provide governors with a limited assurance report on whether two mandated indicators included within the quality report have been reasonably stated in all material respects. External auditors will undertake substantive sample testing of the mandated indicators included in the quality report, which will be undertaken in the first quarter of 2018.

For Mental health NHS foundation trusts, it is likely that two indicators from the following three are required:
1. 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital;
2. Minimising delayed transfers of care; or
3. Admissions to inpatient services had access to crisis resolution home treatment teams (gatekeeping).

The two proposed indicators for review will be CPA follow up and Gatekeeping (numbers 1 and 3 above). It should be noted that indicators 2 and 3 above no longer appear on the NHSi Single Oversight Framework. It is therefore likely that these indicators will be replaced as mandated audit indicators in future years.

3. Locally Determined Indicator for Agreement by Trust Council of Governors
Below are the indicators which have been reviewed in previous years:
- 2010 Minimising delayed transfers of care
- 2011 C Difficile (Infection Control)
- 2012 Complaints
- 2013 Incidents resulting in severe harm death (mandated)
- 2014 Medication Errors
- 2015 Minimising delayed transfers of care
- 2016 C Difficile (Infection Control)
- 2017 Minimising delayed transfers of care

The following indicators have been chosen for consideration by the Council of Governors for the 2017/18 Quality Account Report. They have been chosen based on their potential impact to quality of care and also indicators which can be substantially tested.

Option 1.
To review the NHSi Single Oversight Framework indicators relating to waiting time for treatment with Improving Access to Psychological Therapies (IAPT). These indicators were introduced by the Department of Health in 2015/16 and are of importance to the trust in demonstrating parity of esteem between physical health and mental health. In pursuance of this, the trust reports on two specific IAPT waiting time indicators, details of which are detailed in the table below.

These indicators are also of particular importance to the trust as they help to ensure that patients with common mental health problems get faster access to the most effective evidence-based treatment which, in turn, is more likely to lead to improved outcomes for these patients.

Improving access to psychological therapies (IAPT) Targets	Target	2016/17	2017/18 Q1	2017/18 Q2
People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	98.4%	98.7%	98.7%
People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	99.9%	100%	100%

Option 2.
To review our complaints targets relating to acknowledgement and resolution of complaints. The table below details the specifics of these targets, together with our performance against them. This was previously audited in 2012 when one minor recommendation was made.

Complaints	2014/15	2015/16	2016/17	2017/18 (Q1 and Q2 to date)
100% Acknowledged within 3 working days	100%	96.3%	100%	100%
90% Complaints resolved within agreed timescale of complainant	92%	91.4 %	100%	100%

Option 3
To review the NHSi Single Oversight Framework indicator relating to the 4-hour waiting time for patients to be seen at A&E. The definition of A&E for this purpose includes Minor Injuries Units (MIU) and Walk-In Centres With the management of the Slough Walk-In-Centre moving to a different provider in September 2017, much of the trust's data for this year will relate only to the MIU at West Berkshire Community Hospital.

Recommendation:
All three indicators are important. Option 1 is the recommended indicator to be tested in 2017/18, due to its impact on parity of esteem between physical health and mental health; this indicator is relatively new and has not previously been audited to check its robustness.

The Council of Governors are asked to consider this recommendation and confirm the indicator which they wish to be tested.

Report of Living Life to the Full Group

Council of Governors meeting - Wednesday 13th December 2017

Report on last meeting - 5th October 2017

1. Presentation by Erif Newman – Bed Optimisation Programme Operation Manager

This presentation was suggested by Gemma Wilson as a natural follow up to her talk at our 5th July meeting on her own role as Project Manager on staffing at Prospect Park. Erif, who has been in post since May 2017, is working alongside Gemma, looking at bed optimisation, focussing on patient flow and how the Trusts patients are admitted and discharged.

The aim within her role is to reduce the acute overspill on beds to zero and also reduce bed occupancy to approximately 85%.
Some of the issues which have been highlighted are staffing issues, increase length of stay of patients, high caseloads of referral teams and clustering.
The solutions which are being trialled for improvements also need to be measured by the Trust regularly. For example, bed occupancy is an area which can be monitored and recorded across multiple areas.
A matrix was created to give clear visibility of those areas which would have the greatest impact. 5 topics were subsequently agreed on as detailed below.

- *Offer of care – (merged from 2 of 5 topics - Offer of PPH & Purpose of Admission)*
This includes questions around what does PPH offer to patients? And what is the purpose of admission?
Erif explained that an inpatient stay may not always be suitable for all patients and their safety & wellbeing are crucial when considering admissions. A question needs to be asked around what the patients actually need to improve their mental health. The teams will be capturing this information in future to ensure all other avenues are considered at the same time. It will include a review on risk, vulnerability and specific treatments. The anticipated discharge date will also be recorded within this section. Managing expectations is imperative within this section and patients are included in all discussions as part of standard practice.

- *Cluster 8 Patients*
This will include refining the Cluster 8 policy and include the benefits which the patient will have from this. These patients are potentially chronically risky to themselves or others in the community.
Looking at NICE Guidelines, 72 hour crisis stay & developing a policy for BHFT. The aim of this point is to attempt to use the inpatient stays in an alternative way.

- *Access to medics*
There may be times when patients need medical reviews urgently and are unable to arrange a meeting in a timely manner. There may be alternative support that the Trust can offer as an interim measure. Some alternatives are already being trialled, including having more medics available to reduce inpatient stays. Also looking at informal patients – would support of medic at point of entry help?
No solution yet identified – looking at other projects.

- *Crisis & Home Treatment Team - Skill Mix*
Would a different skill mix in CHRT reduce admissions into PPH and keep them as active members of the community.

For example having support from a Nurse Prescriber or a Pharmacist.
Need to re-design gate keeping/first admission process. Clarify on the record what the perceived benefit is. Also Crisis Team will be asked to say when they could have a person discharged back to community care and the impact this would have on Home Treatment case load.

Erif shared some of the immediate changes which have already been implemented, these include;

- Team leads have been recruited into the Crisis & Home Resolution Team
- Changes in the Bed Management system, including a new bed manager, a member of CHRT who sits in PPH. They have a clinical background and make judgements on who is admitted when and looking at how, and when, they can be discharged.
- Daily 10.00 am 15 to 20 minute conference calls to discuss hospital bed state
- A patient tracker (Shared drive between PPH, CHRT, CMHT's & Senior Exec) has been created for clear visibility across all staff and managers.
  This gives an oversight of each patient with red (stay) and green (discharge) flags.

2. Terms of Reference – General Review

Authority & Summary Purpose
It was agreed these paragraphs are adequate and require no amendments.

Membership
John Barrett noted that this group is open to all Governors. However it is unusual for Governors to attend if they are not regular members. Currently actively pursuing staff representation from Adult Mental Health and inviting the new Trust Chaplin to join us.

Responsibilities
Isabel Mattick highlighted that responsibility number 5 relates to partner organisations and suggested that the majority of Governors are related to external companies in some way, these links need to be utilised more in the future.

Overall, it was agreed that the Terms of Reference can be put forward to the Formal Council of Governors meeting on 13th December 2017 with minor wording charges to clarify the group membership makeup and how the group works with Partner Organisations.

3. Events and Services – A few of the many items discussed. (Full minutes for more)

- *Recovery College in WAM – John Barrett*
  WAM council have commissioned the funding of the former Richmond Fellowship Team, who transferred to BHFT based at Nicholson House from 1st Oct 2017, to run the Recovery College in WAM. John Barrett has been working with the group actively in Focus groups & an Open Event in May 2017 at Maidenhead Town Hall.
  The official launch for the newly named college is 'Opportunity Recovery College' is Friday 13th October 2017.
  Tom O'Kane will also be attending this day with John Barrett.

- *Men's Matters – John Barrett*
  This group is charity run by Radian Housing based in Windsor. They won the WAM Get Involved Volunteer Team of the Year award for 2017.
  They now have weekly drop in sessions in Windsor, Langley and Maidenhead.
  On Thursday 19th October they have an event to raise awareness around how to reach older isolated men who are lonely.
  "How to reach the invisible men?" is at Maidenhead Town Hall 12 noon to 2pm.

To book onto this event, you need to do it through Event Bright (online booking form). Dr Chris Allen from WAM Older Persons Mental Health Team will be attending with the aim of forming closer links to the WAM Men In Sheds group that he helped set up.

- *Bracknell new town centre – Isabel Mattick*
  Isabel shared that the Bracknell regeneration formally opened on Thursday 7th September 2017. There have been trips arranged for adults with disabilities to be shown around the construction sites to find out how the changes were made – these have been very successful and appreciated.

- *Self-care week – Isabel Mattick*
  Self-care week is w/c 13th November 2017. Street doctors will be available, tea parties are being organised and exercise classes will be accessible. The aim of this initiative is to improve people's wellbeing.

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- *8 Bells For Mental Health – Newbury – Verity Murricane*
  The Mental Health Group continues to meet regularly and now has over 100 members. Over 30 members use it daily which is exceeding the capacity of the building. The coordinator is completing advocacy work with some members and attending tribunals when support is needed. Verity noted that more support for this group is needed and the demand is constantly growing.

- *World Mental Health Day- Verity Murricane*
  On Thursday 14th October 2017, Newbury is celebrating World Mental health day in Northbrook Street in the centre of Newbury.

- *Louis Baylis (Maidenhead Advertiser) Charitable Trust – John Barrett*
  It was noted that this local paper was set up many years ago and 80% of the operating profits raised through purchases are given to the Trust to support the local community. Trustees meet twice a year, in July and December to review grant applications. Since 1962 the Trust has put almost £6Million back into the community.

  Men's Matters Windsor received £500 and Get Together Club (Community Mental Health Team) received £525 from the July 2017 awards which totalled £127,747.

- *Men In Sheds WAM (based in Maidenhead) – John Barrett*
  This initiative is moving from Braywick Nurseries to the grounds at the Bourne Grove Community Resource Centre in Courthouse Road Maidenhead.
  Optalis operate the Adult Learning Disability service (16 to 65 year olds) from this centre, which also is home for Ways Into Work.
  The move, prompted by RBWM plans to build a new leisure centre at Braywick Park, will give more space for the Men In Sheds, including an actual shed in place of the poly tunnel at Braywick, which means they can open all year round.
  Members will also be able to use the toilet facilities and the library in the main building.
  Chris Allen and members from the group will be at the Opportunity College Launch Event on 13th October.

All Governors are welcome at next LLTTF on Wednesday 7th February from 10.00 to 12.00 in the Boardroom.

John Barrett - Chair, Living Life to the Full Group – 3rd December 2017.

Berkshire Healthcare NHS
NHS Foundation Trust

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COUNCIL OF GOVERNORS
LIVING LIFE TO THE FULL GROUP

TERMS OF REFERENCE

Authority

The Group is established and authorised by the Council of Governors who are also responsible for approving these terms of reference and any amendments thereto.

Summary Purpose

To champion Good Practice so enabling people to live their lives beyond diagnosis by supporting autonomy, expertise and well-being.
To help develop this philosophy both within the Trust and in its work with partner organisations by promoting training opportunities and supporting mechanisms to share information.

Membership

Open to all Governors.
All Governors are welcome to attend individual meetings to hear specific presentations about BHFT services or talks by 3rd Sector organisations.
The aim is to have a diverse membership with Public Governors from all localities, plus Appointed and Partnership Governors, in order to provide input and feedback from all areas within which the Trust operates.
Clinical and operational staff input is essential from a range of service areas, within both mental and physical health, in providing relevant information to help the group's discussions.
Co-opting of specific clinical or Operations staff, on a short or longer term basis, will also be considered as different objectives and policies are developed by the Trust.

Responsibilities

The Living Life To The Full Group will be responsible for the following:

1. To act as a focal point to promote a greater general understanding of all aspects of helping people live a full life post diagnosis.

2. To ensure the Council of Governors make informed input to discussions of Trust Policy and Strategic Objectives from a "Living Life To The Full" perspective.

3. To encourage and actively pursue collaboration inside and outside the Trust working in the areas of Recovery and self-management, thus supporting autonomy and well-being.

4. To initiate, or collaborate in, reviews of specific types of services, by providing expertise and opinions on practises that enable people to live fuller lives.

5. To help facilitate working with partner organisations including statutory bodies, the voluntary sector and user groups including inviting them to give presentations at the quarterly meetings of the group.

6. To stimulate innovative thinking and to highlight current and new working practises by organising and supporting conferences where ideas can be shared and exchanged between staff, patients, carers, GP’s and Commissioners.

Agreed by Group: 4th October 2017

Approved by Council:

Review Due: October 2019

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Berkshire Healthcare NHS Foundation Trust – Council Of Governors
13th December 2017

Report from Membership and Public Engagement Governors Group
Tom Lake

At our October meeting the membership report showed 7,397 public Trust members out of a very satisfactory total of 11,685 in total. This was achieved without an expensive and volunteer-hungry presence at the Berkshire show. Reading Pride resulted in 188 new members this year and members were also recruited at events on World Mental Health Day when governors took a lead in Slough. We still need stronger representation from people of Asian background and the Slough, WAM and West Berkshire localities.

In terms of member engagement, we have heard proposals for the magazine to change and move to an all-electronic format – will this have the same impact? We discussed moving to one electronic and one hard copy issue a year. We have suggested an approach which emphasises the professional standing of the Trust with features on research, members of staff and governors as well as new developments and human interest spots.

Director of West region, Gerry Crawford, joined us at the October meeting and gave us a very full and interesting presentation on public engagement by various services in the Trust. The motivation for public engagement by clinical teams can cover raising public knowledge of the Trust's services, enabling the Trust to express its point of view where services are changing, spreading knowledge of wellbeing in the interests of health promotion, discouraging activities harmful to health and reaching significant stakeholders. He illustrated the talk with many examples of public engagement by community services. A particular point of interest is new work on community engagement, where it is planned in 2018 that community champions will be invited to engage with the Trust's work on the Equality Delivery System (EDS).

We noted that Paul Myerscough has worked with Jennifer Knowles to arrange for information on forthcoming public engagement events to be circulated to governors – we hope this is helpful rather than unwanted.

While the group considered that the 2017 AGM had gone well, it offered suggestions to Julie Hill on possible changes – changing time to evening and venue to a more easily accessed and prominent venue.

Lastly, we will be taking up the option to meet at 1pm after Council meetings in 2018. Our first meeting is after the February meeting of Council with NEDs and will include an update on volunteering within the Trust. All governors will be welcome.

QA Group Report to Council of Governors December 2017

Meetings

Our last meeting took place on 20 September. A scheduled meeting in early November was cancelled because of the proximity to the previous one.

We welcome interest particularly from non-staff Governors as the service visits carried out by members of this group provide a real insight into the Trust operation at a grass roots level.

The next meeting are:- Thurs 18th Jan, Thurs 12th Apr.

Service Visits

Reports were received for the following service visits by govenors:-

1. **Older Persons Mental Health Service** in Slough. This visit included a team meeting, and visit to a patient in a care home, and discussion with the lead of the Memory Clinic. In all ways this seemed an exemplary service and with good recognition from CQC and through assessments by peers in the profession. We were interested to note that the staff appreciated the working environment at Upton Park Hospital – which is an old building – much preferred over their previous location at Wexham Park Hospital.

2. The Reading **Homeless Outreach Liaison Team**. Reading is said to have one of the highest homelessness rates in the country. This small team has an important role in helping some of the most vulnerable people re-engage with the health services.

They operate a drop-in service from a different location each day of the week. Early on one morning each week they join St Mungo's (commissioned by the local authority) to sweep an area of Reading in order to identify new rough sleepers.

Their role is assessment and signposting rather than continuing care. We understood that the client base needs none medical help too, and these two highly experienced practitioners could probably do with more support that the one support worker allocated to them.

3**. Paediatric Physiotherapy** at Avenue Road School in Reading. The Avenue School is a 'special needs academy' and around 35 of the 200 children there require on-going long-term physiotherapy. In addition the service supports children at other schools in Reading.

A significant element of the team's work is in training carers and parents. This is a modern school with fine facilities and the BHFT staff are motivated by the positive relationship they have with the children. We were deeply impressed by the team's work. We felt a large caseload meant delivery was constrained and that there is room for more, particularly in support for parents and carers.

4. **Erleigh Road Clinic** Reading. This is one of the older properties the Trust operates from. As a hub for psychological services this brings together several distinct offerings in a collegiate environment.

Governors visited the **Neuropsychology** service which is concerned with brain injury and conditions such as ASD and ADHD in adults. This service is well-regarded among peers. The scope, however, like several other services offered by the Trust, is limited by funding to a level lower than demand warrants. It is felt that the 9 month waiting list of 100 ASD patients and 16 months waiting list for 180 ADHD patients is damaging to the reputation of the service and the Trust with the public.

Governors also talked to members of the **Clinical Health Psychology** Service which provides psychological support to those who have difficulty coping with physical health or disability issues. By its nature this role requires time-consuming liaison work with other services, and governors received the impression that the team could have better support at managing referrals to other services. Patients that do not have a good command of English are particularly challenging.

The services at Erleigh Road are likely to be moving to the University campus. Governors hope that the cultural aspects of the current environment are not lost, while more space and better facilities provide benefit to clinician and patients alike.

5. **Bluebell Ward, Prospect Park Hospital**. Bluebell ward has recently reduced the number of operational beds from 27 to 22, in order to meet safe-staffing guidelines. This ward is dedicated to patients from Newbury and Wokingham.

During the visit governors found the ward quiet and well managed. Staff were happy and upbeat with a considerate and caring attitude to their patients.

Complaints

Statistics show the level of complaints in the Trust is extremely low, and that all are dealt with within the target time frame.

At each meeting we review the correspondence around a complaint chosen at random by the Director of Nursing. This not only reveals how the Trust responds to complaints but also areas around our services where there are common misunderstandings or difficulties.

The complaint considered this meeting was around a discharge from Prospect Park Hospital. It is clear that this can be a difficult process with several hurdles to trip the smooth transition of a vulnerable patient.

Two problems highlight by the complainant related to accommodation after discharge – which is the responsibility of local authority, and the transfer of responsibility to the community mental health team. Re-adjustment to living in the community is not entirely a CMHT responsibility, but the cross-over between social services and support for eg taking medication regularly seems to indicate that joint teamworking in this is essential.

We were happy to learn that a manager is now responsible for all discharges at PPH, and the situation where several PPH wards were managed by interims as responsible managers were on longterm sick has improved. We expect, as a result, that well coordinated discharges will be the rule in future.

Service Visits

The prior list of service visits have been re-assessed in relation to the schedule for Quality Management Training.

Each visit generates a report, which is available to Governors and Trust Management.

Visits planned for the next few months but not scheduled include:-

Location	Address
CAMHS, wokingham	Wokingham Community Hospital, 41 Barkham Road, Clinic Building, Wokingham, Berkshire, RG41 2RE
CRHTT West	Prospect Park Hospital, Honey End Lane, Tilehurst, Reading, RG30 4EJ
Dietetics	Skimped Hill Health Centre, Skimped Hill Lane, Bracknell, RG12 1LH
ARC clinic	Upton Hospital, Albert Street, Slough , Berkshire, SL1 2BJ
Podiatry	Podiatry headquarters at WBCH, London Road , Benham Hill, Thatcham , Berkshire, RG18 3AS
Reading CMHT	Prospect Park House, Honey End Lane, Tilehurst, Reading, RG30 4EJ
CAMHs, Newbury	Lower Henwick Farmhouse, Turnpike Road, Thatcham, Berkshire, RG18 3AP
Orchid Ward Ward	Prospect Park Hospital, Honey End Lane, Tilehurst, Reading, RG30 4EJ
CMHT, Windsor and Maidenhead	Nicholson House, Nicholson Walk, Maidenhead , Berkshire, SL6 1LD
District Nursing, Slough	Upton Hospital, Albert Street, Slough , Berkshire, SL1 2BJ
Intermediate Care, Wokingham	2nd Floor, The Old Forge , 45-47 Peach Street, Wokingham , Berkshire, RG40 1XJ
Occupational therapy, Slough	New Horizons, Pursers Court, Slough , Berkshire, SL2 5BX
CMHT, Bracknell	Church Hill House, 51-52 Turing Drive, Bracknell, RG12 7FR
School Nursing Berkshire West	WBCH, London Road , Benham Hill, Thatcham , Berkshire, RG18 3AS
Henry Tudor Ward	St Marks Hospital, St Mark's Road, Maidenhead SL6 6DU
Rose Ward	Prospect Park Hospital, Honey End Lane, Tilehurst, Reading, RG30 4EJ
Intermediate Care, West Berks	WBCH, London Road , Benham Hill, Thatcham , Berkshire, RG18 3AS
Health visiting, Reading	Talk to Sarah re: where to visit as on multiple sites
Health visiting, Wokingham	As above
Windsor and Ascot Wards	Wokingham Community Hospital, 41 Barkham Road, Clinic Building, Wokingham, Berkshire, RG41 2RE
Rowan Ward	Prospect Park Hospital, Honey End Lane, Tilehurst, Reading, RG30 4EJ

Berkshire Healthcare NHS Foundation Trust

Performance Report to Council

December 2017

As part of the review of the quarterly performance report to Council, the Governor Reference Group asked that future reports include a highlights report from the CEO on key matters of interest/significance to supplement the performance data.

National context

- Sustainability and Transformation Partnerships (STPs) – NHS England has published its ratings of the 44 STPs. NHS England has assessed Frimley Health and Care as a "category 1" STP (outstanding) and the Buckinghamshire, Oxfordshire and West Berkshire STP as a "category 2" STP (advanced). It should be noted that only five STPs have been rated as "outstanding".
- Sustainability and Transformation Partnerships (STPs) – the Department of Health and NHS England have announced that the "strongest" 15 STPs will share £325m of capital investment.
- The Secretary of State has announced an increase of 1,500 medical school places from 2018-19. The extra places will be phased with 500 allocated in 2018-19. Plans also include funding for an additional 10,000 nurses, midwife and allied health professional training places.
- NHS Digital has published NHS vacancy statistics covering the period 1 February 2015 to 31 March 2017 and figures show that nationally there were more than 86,000 posts unfilled between January 2017 and March 2017. Nurses and midwives accounted for the highest proportion of shortages, with 11,400 vacant posts in March 2017.

Local situation

- Every year we arrange for a Patient-Led Assessment of the Care Environment (PLACE) for all of our wards with more than 10 beds. This is a national programme which, with the help of people who have used our services, our Governors and Healthwatch, assesses the care environment on our wards. The assessment does not look at the clinical care provided, however it looks in detail at:

1. Cleanliness
2. Food quality
3. Privacy and dignity
4. Condition and maintenance
5. Dementia friendly
6. Disability friendly

- The results for 2017 have placed the Trust first for five out of six areas (we came second for 'privacy and dignity') for Trusts in our category in the South of England and no lower than fifth across all areas in the country.
- Our Health Hub has now transformed into the Berkshire Integrated Hub and is taking referrals for health (across Berkshire) and adult social care (Wokingham by phone only and Slough through GP's only).
- From September 2017 people across the Thames Valley (Berkshire, Buckinghamshire and Oxfordshire) have new and improved access to urgent care services. The new Thames Valley 111 service provides access to a wide range of clinical care through a single call, including dental, pharmacy and mental health services, making sure patients get the right care, first time. The service is provided by South Central Ambulance Service NHS Foundation Trust in collaboration with ourselves, Oxford Health NHS Foundation Trust and Buckinghamshire Healthcare.
- In April 2017, we successfully removed the use of agency Health Care Assistants from our services. The plan to stop using certain groups of agency administrative staff from January 2018 has now been approved by the Agency Programme Board and has been endorsed by NHS Improvement.
- Jeremy Hunt, Secretary of State for Health visited Prospect Park Hospital on 9 November 2017 to talk to our staff about his focus on patient safety and his ambition for transparency and culture change across the NHS.

The regulator view (NHSi)

Financial Sustainability Risk Rating - YTD

Marked on a scale of 1 to 4 with 1 being the lowest financial risk and best score.

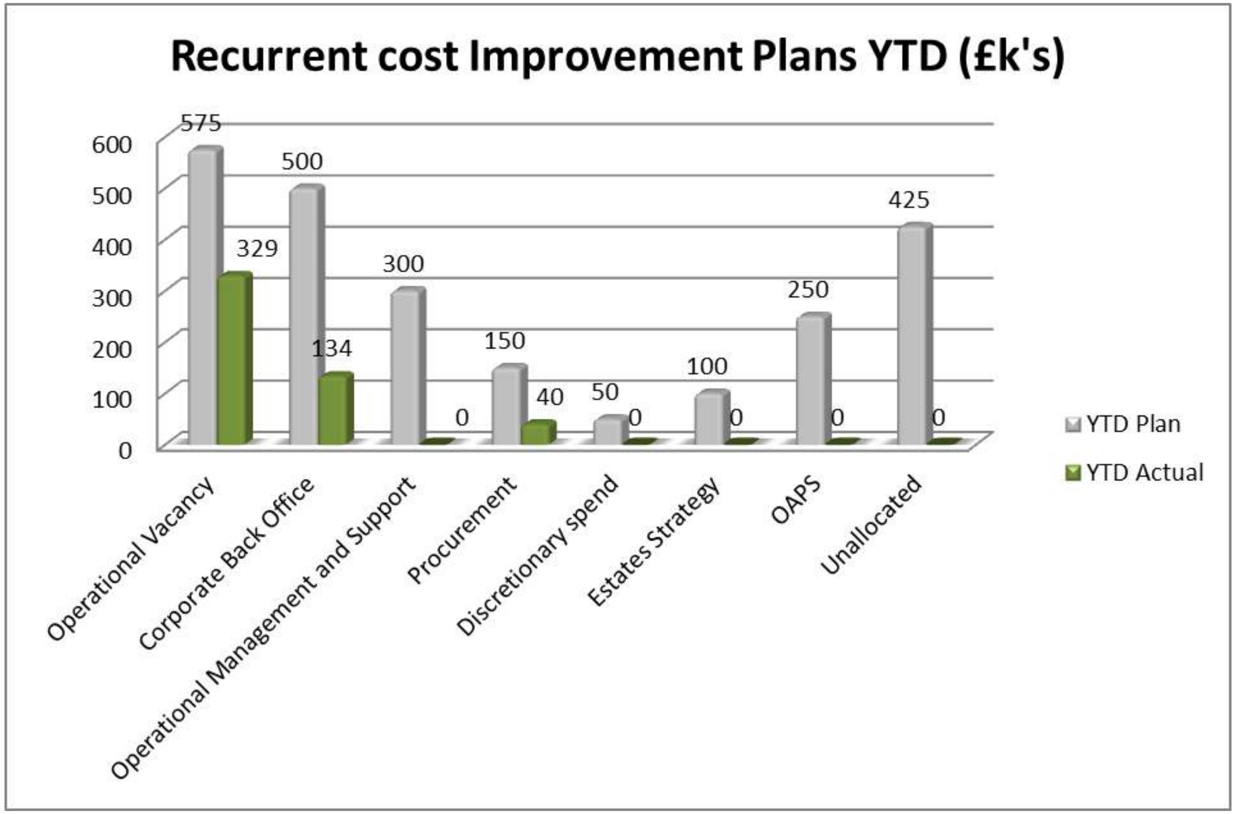
Capital Service Cover	2.0	times	Scores a 2
Liquidity	8.7	days	Scores a 1
I&E Margin	0.6	%	Scores a 2
I&E Margin variance from plan	0.2	%	Scores a 1
Agency spend	-28.3	%	Scores a 1
Overall Rating			**1 Overall**

To note the metrics are equally weighted to give an overall score, rounded to the nearest whole number. However, to note scoring a "4" in any metric would cap the overall score to a "3".

The thresholds (minimums) for each of the measures are as follows:-

Thresholds	*1*	*2*	*3*	*4*
Capital Service Capacity (times)	*>2.5*	*1.75-2.5*	*1.25-1.75*	*<1.25*
Liquidity (days) (-)	*>0*	*(7)-0*	*(14)-(7)*	*<(14)*
I&E Margin (%)	*<=-1%*	*-1%*	*0%*	*1%*
I&E Margin Variance from plan (%) (-)	*>=0%*	*(1%)-0%*	*(2%) - (1%)*	*<=(2%)*
Agency Spend (%)	*<=0%*	*0% -25%*	*25%-50%*	*>50%*

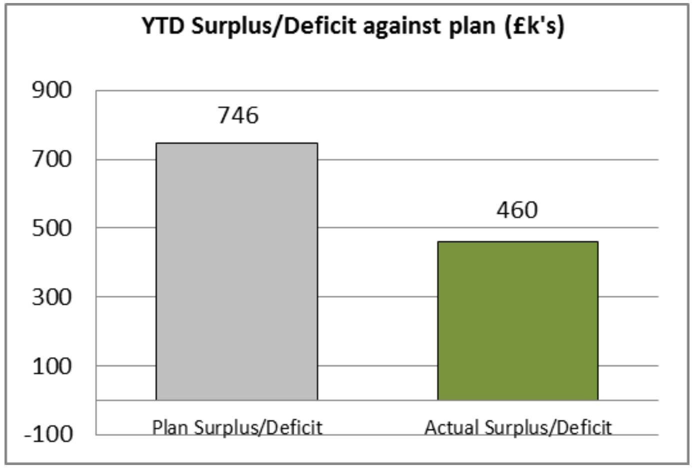
CIP Achievement YTD (£K's)



As a public body, it is the trusts duty to look to be efficient in every £ that it spends. An efficiency factor is applied to the Trusts contract prices each year. In 2016/17 the efficiency requirement was 2%. As part of this, ways of reducing costs are reviewed every year as part of Cost Improvement Plans.

Of the £4.7m Recurrent Cost Improvement target for FY17/18, £2,039k has had an opportunity identified or released from budgets. In terms of the phasing of the budgets over the year £201k is realised in month 6, leaving a gap of £191k which is offset by vacancies across the Trust.

YTD Surplus/Deficit Against Plan (£k's)



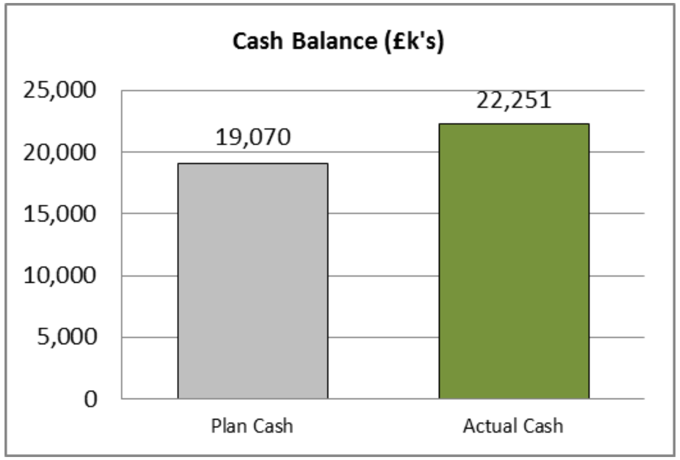
The trust ends September 2017 with a surplus of £746k, this was above what was expected in the plan of £460k. (Variance of +£286k). This is after excluding any charitable donations for the Rernal Unit which when reporting to NHSi is not taken into account when considering the Trust position against plan.

The trust received STF funding in 1718 of £1.7m which equates to £606k at the end of Q2.

The main cost presure so far this year has been acute overspill beds (-£1,436k).

This has been largely offset by vacancies across the Trust.

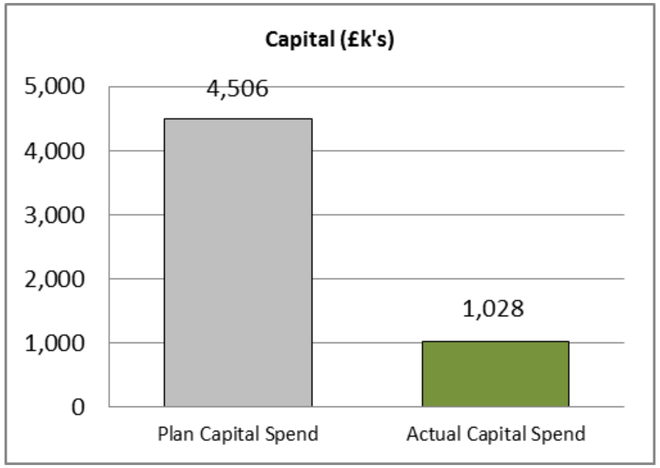
Latest Cash Position (£k's)



The trust end the second quarter of the year £3.2m ahead of its cash forecast, £2.7m is a result of slippage against the Capital IT replacement programme, invoices not yet received from NHS Property Services for rental and service charges totalling £2.5m offset by aged receivables over 30 days of £3.0m.

The cash surplus shown in the graph supports liquidity and capital expenditure.

YTD Capital (£k's)



Capital spend was behind plan by £3.478m, the main projects underspends were the replacement of infrastructure (desktop and mobile kit), and the move of Learning Disability services to Jasmine.

Capital Spend is cash spent on items that last longer than 1 year and have a value of over £5,000. Examples of this are buildings and networked IT. It is important that the trust re-invests in capital items to provide good facilities and equipment for patient care.

Friends and Family Test

Indicator	RAG Rating	Target
Recommendation Rate	97%	**85%**

The above number shows the proportion of patients who when surveyed would recommend the Trust services to their friends and family. In September 2017 this was 97%.

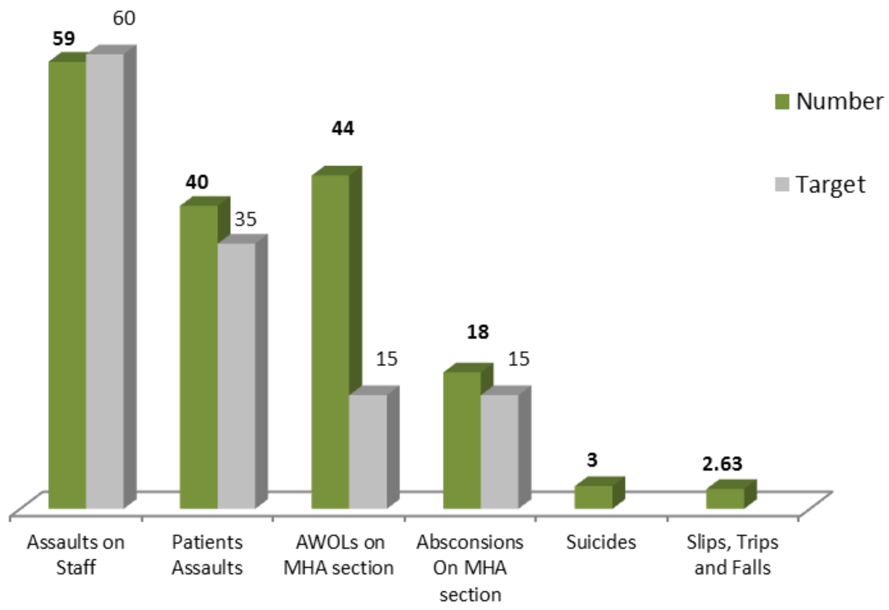
The response rate was 15.58% in September 2017 against a target of 15%.

Safer Staffing

Indicator	RAG Rating
Safe Staffing	

There is a shortage of registered nursing staff available in the Thames Valley area and therefore registered nursing vacancies are hard to fill and good registered temporary nursing staff are equally hard to find. While we continue to actively advertise and take steps to recruit into the registered nursing vacancies on the wards we are using good temporary care staff who are available and know the wards to fill shift gaps because it is safer for patients. Whilst filling shifts with care staff maintains patient safety, having more registered nursing staff once recruited will improve staff morale as there will be greater peer support, more supervision of care staff and ultimately improved patient care.

Mental Health User Safety



The above chart is showing the September 2017 rolling quarter Actual Vs target. Please note that lower than the stated target means KPI has achieved its target   There has been an increase in patient on patient assaults, absent without leave (AWOL) and absconsions by patients detained under the mental health act. There has been a reduction in patient on patient assaults on staff and falls in September 2017.

Performance Report to Council of Governors - People July to September 2017

Staff Turnover

Target	Actual
15.20%	17.80%

Agency Position

Target	Actual
< 8%	6.0%

Sickness

Target	Actual
< 3.5%	3.68%

Note: lower than the stated target means KPI has achieved its target

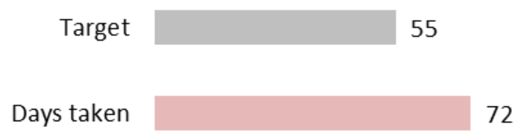
Note: lower than the stated target means KPI has achieved its target

Appraisals

Target	Completed %
> 95%	95.10%

The target was achieved in June 2017.

Days Taken For Recruitment



Note: Equal or lower than the stated target means KPI has achieved its target

Performance Report to Council of Governors – Risk   July to September 2017

The Board Assurance Framework sets out the key risks to the Trust achieving its strategy.

Each risk has an action plan, key control and sources of assurance.

The risk summary sets out the risk description and key mitigations.

Risk Description	Mitigations
Risk 1 Failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost could impact on our ability to meet our commitment to providing safe, compassionate, high quality care to our service users	There are continuing supply challenges particularly for Band 5 nurses at Prospect Park Hospital and West Berkshire Community Hospital. The Trust is working to maximise the benefits of the apprenticeship levy in order to support recruitment.
Risk 2 Failure to involve clinicians and patients in the development of new pathways of care could result in less clinically effective services and poorer patient experience	Clinical involvement is a key component in the Quality Improvement methodology. Patients and carers are involved in any proposed service redesigns. The Trust has recruited five Patient Leaders.
Risk 3 Failure to achieve national efficiency benchmarks could impact on the Trust's future sustainability and lead to increased regulatory scrutiny	Finance and Operational Teams continue to work closely together to reduce the financial and patient experience issues associated with Out of Area Placements.
Risk 4 Failure of the Sustainability and Transformation Plans to deliver transformational change and required investment in mandated national priorities, including in the mental health five year forward view, could result in the local health economy not being able to safely keep pace with the rising costs and demand for services.	The Trust is continuing to proactively influence and maximise the opportunities presented by the Sustainability and Transformation Partnerships and Accountable Care System working.
Risk 5 Failure to maintain clinical standards could put patients at risk of poor quality care and could lead to reputational damage and a loss of commissioner and public confidence in the quality of the Trust's services.	The Quality Improvement Programme started in April 2017. Four Community Health wards and one Older People's ward are receiving Quality Management Information Systems training as part of the Quality Improvement programme.
Risk 6 There is a risk that other providers may acquire the Trust's adult and children's community services which would impact organisational sustainability and reduce the Trust's scope to develop new models of out of hospital care	The Trust has robust business and development and horizon scanning processes in place. The Trust has regular meetings with the Commissioners and plays an active role in both the Berkshire West ACS and Frimley Health and Care STP.
Risk 7 Failure to develop collaborative working relationships with key strategic partners could result in the Trust losing influence in key decisions leading to less effective services for local people	The Berkshire West Accountable Care System and Frimley Health and Care Sustainability and Transformation Partnership have been selected by NHS England as national exemplars. Frimley Health and Care STP is developing the governance structure to become an Accountable Care Systems, informed by the Berkshire West Accountable Care System work.
Risk 8 Failure of other Providers and Commissioners to deliver their services to the required standard due to financial constraints could impact on the Trust's ability to deliver high quality services	The Trust was fully involved in the development of the Sustainability and Transformation Plans and the Accountable Care System. The Trust is also represented at a number of system wide meetings, for example, the Emergency Care Board and the Learning Disability Transformation Steering Group.

Performance Report to Council of Governors - Monitor Requirements July to September 2017

KPI	Target	Actual
Mental Health 7 day follow up from hospital discharge	95%	96.41%
People with common mental health conditions referred to IAPT will be assessed within 6 weeks from referral	>75%	99%
People with common mental health conditions referred to IAPT will be treated within 18 weeks	95.00%	100%
Early Intervention in Psychosis: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral	50%	76.92%
Crisis Resolution/Home Treatment Team Gate Keeping Of Mental Health Inpatient Admissions	95%	99.4%
A&E: maximum wait of four hours from arrival to admission/transfer /discharge : Per cent	95.00%	100%
Referral to Treatment Community: incomplete	92.00%	100%

The regulator NHS Improvement has issued guidance for monitoring Performance from Quarter 3 2017/2018, the above indicators are included and these were the positions in Quarter 2.

Berkshire Healthcare NHS
NHS Foundation Trust

Patient Experience

Quarter Two 2017-18

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*

	2017/18			2016/17					
Service	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.

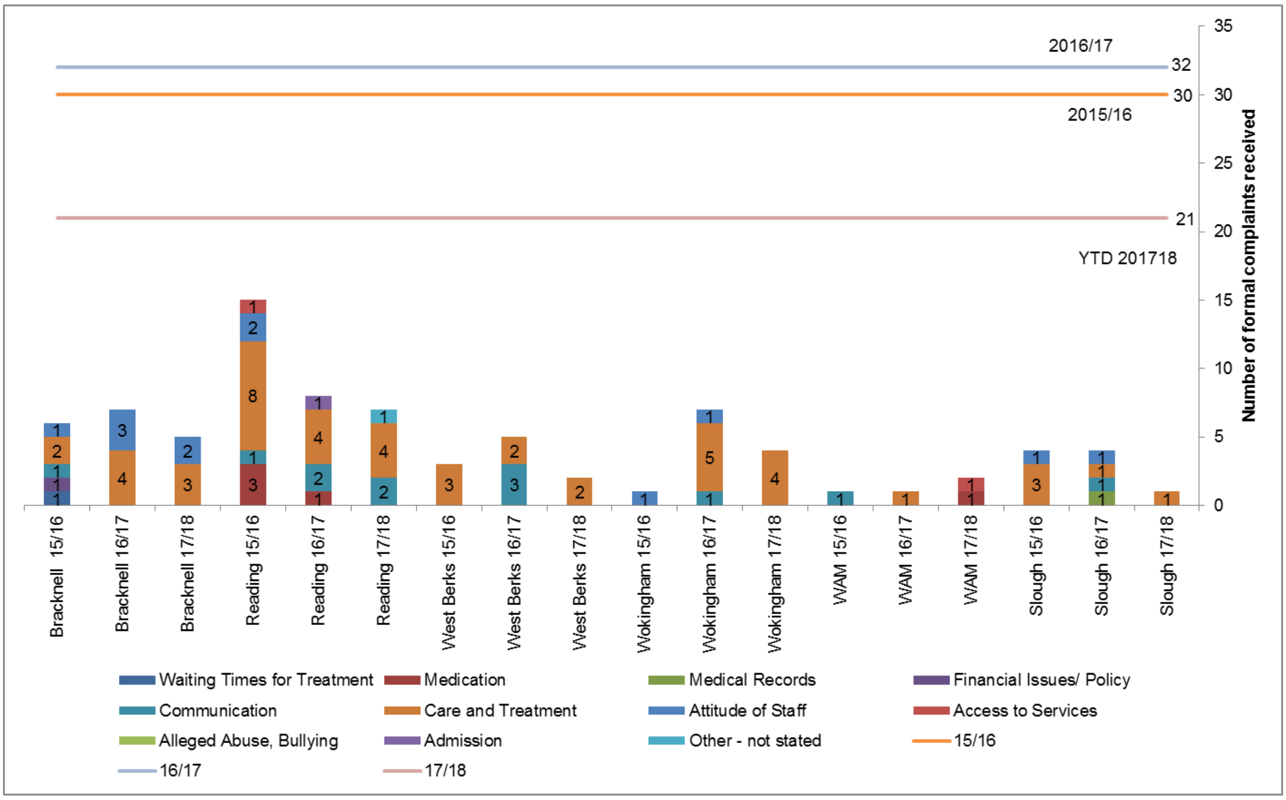
A selection of services are specifically highlighted within this report because they have previously received a higher number of complaints and/or there have been quality concerns. The services identified are CMHT; mental health inpatients, community inpatient wards, CRHTT and CAMHS.

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*

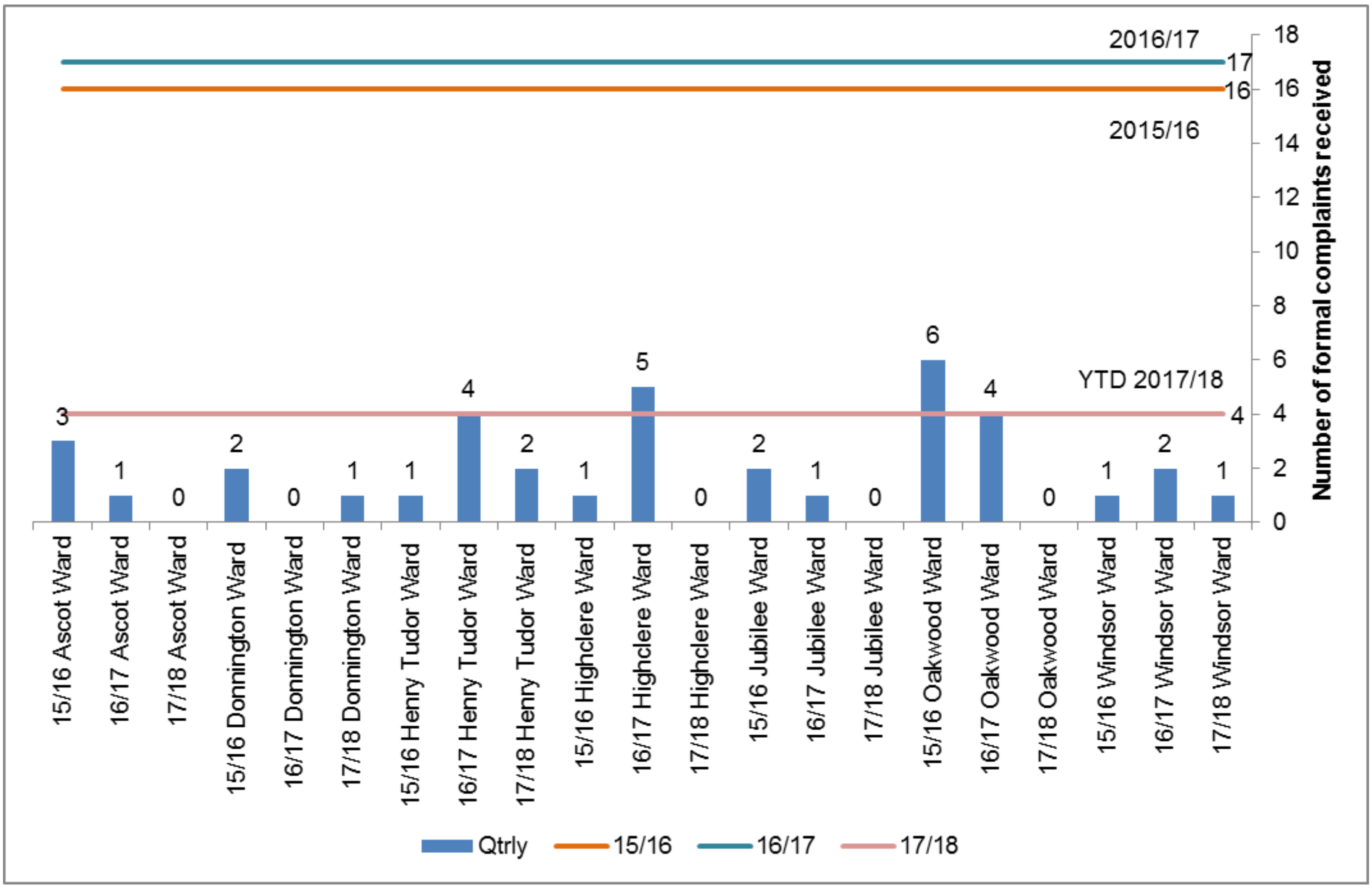
Locality	Access to Services		Attitude of Staff		Care and Treatment		Communication	
Bracknell			1	9.09%	3	27.27%		
Reading					1	9.09%	2	18.18%
West Berks					2	18.18%		
Windsor, Ascot and Maidenhead	1	9.09%						
Wokingham					1	9.09%		
Grand Total	1	9.09%	1	9.09%	7	63.64%	2	18.18%

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.

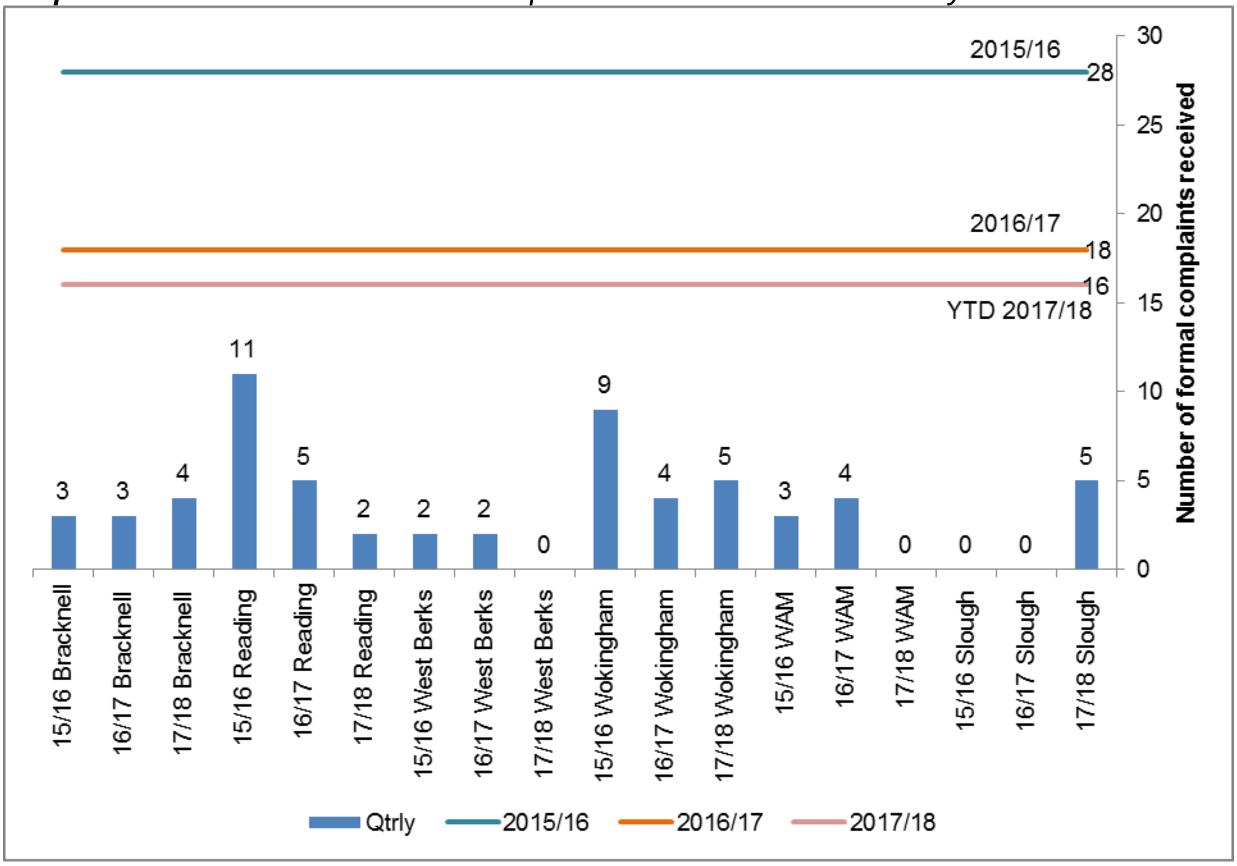
Table Five: *Theme of complaints received by Community Inpatient wards during 2017/18*

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*

	Theme					
Locality of service	Attitude of Staff	Care and Treatment	Confidentiality	Communication	Medication	Total
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)*

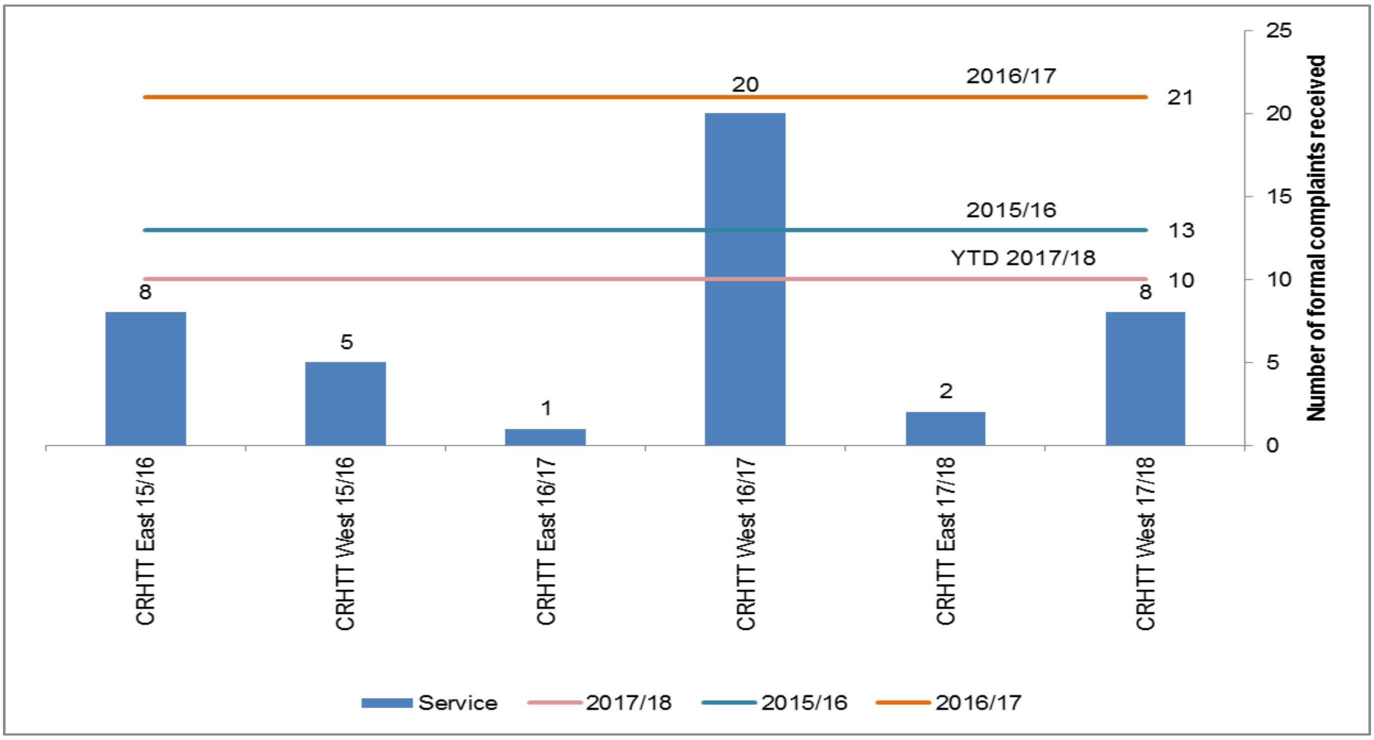


Table Seven: *Theme of complaints received by CRHTT during 2017/18*

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*

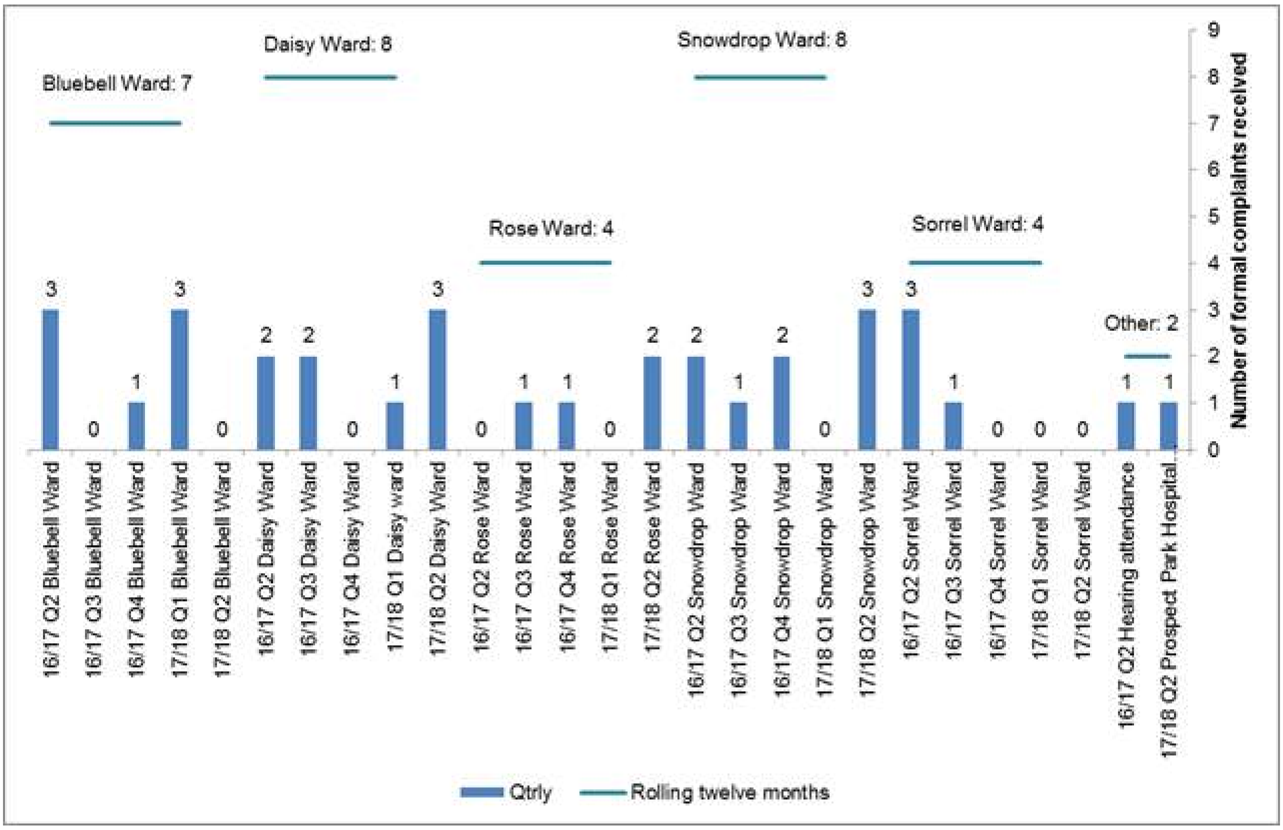


Table Nine: *Themes of all formal complaints received*

	2017/18			2016/17					
Theme	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

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*

	Outcome						
Service	Case not pursued by complainant	Local Resolution	Not Upheld	Partially Upheld	Referred to other organisation	Upheld	Grand Total
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.

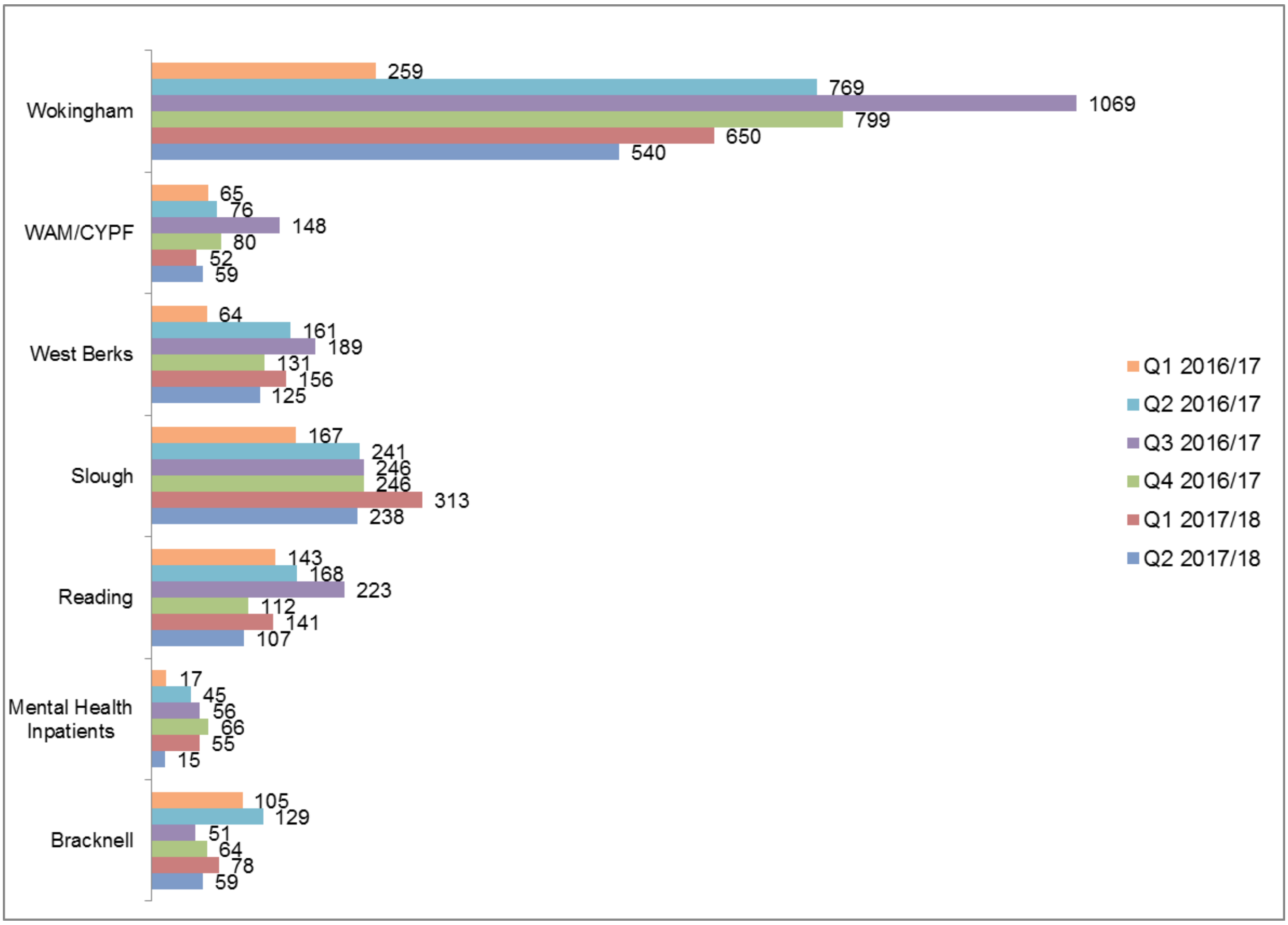
The majority of the compliments that we receive are thanking staff for their time and care and are not specific about what made the difference.

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

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

2016/17: 5950

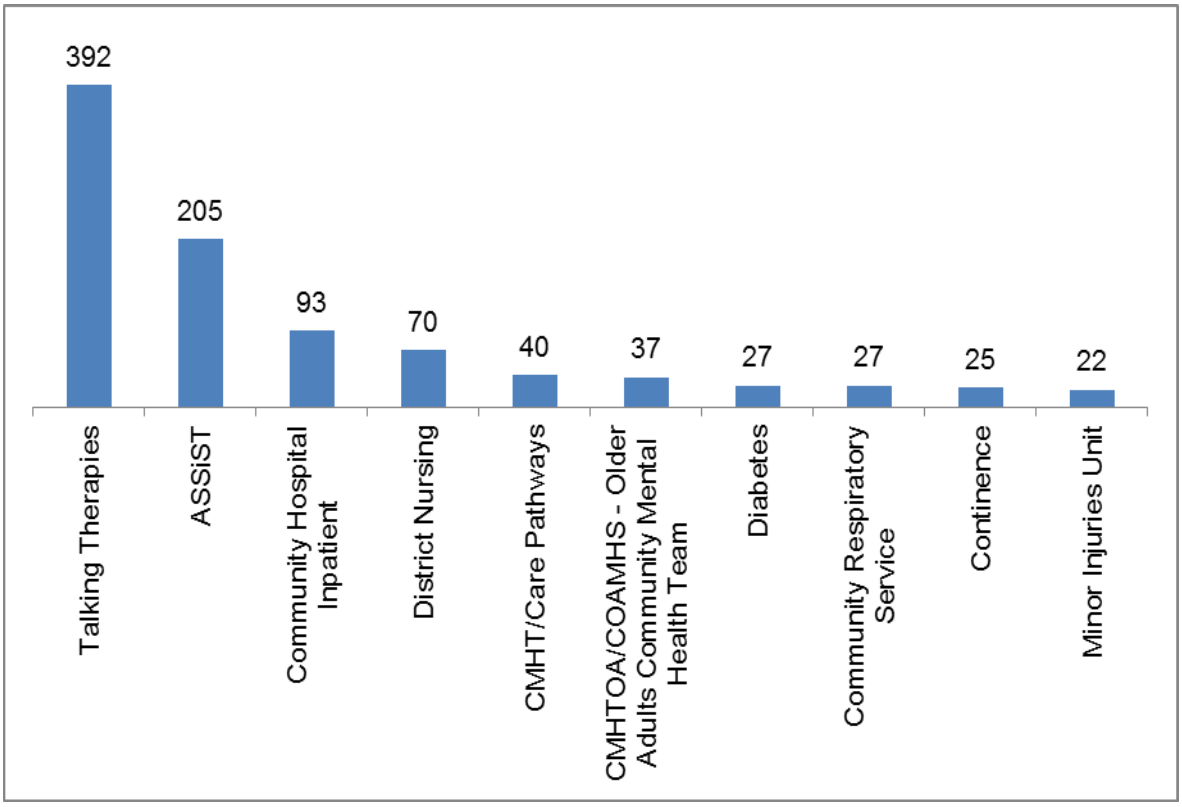
Graph Eight: *Number of compliments received since quarter one 2016/17*



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*

		2017/18		2016/17				2015/16		
Ward	Ward type	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*

	2017/18		2016/17				2015/16	
Walk-in Services	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

	Aug-17				May-17		Feb-17	
Trust Name	**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

	Aug-17				May-17		Feb-17	
Trust Name	**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.

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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/COA MHS - 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

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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

Paper for the Council of Governors Meeting – 13 December 2017

Appointment of Vice Chair of Trust

Summary

With the departure of Mark Lejman, Non-Executive Director and Vice Chair, the Council of Governors is invited to approve the appointment of Ruth Lysons, to that position.

Introduction

Mark Lejman, Non-Executive Director and Vice Chair of the Trust stepped down on 12 December 2017 after seven years on the Board.

Given his role as Vice Chair, it is necessary to appoint another Non-Executive Director to the Vice Chair position.

Having considered the matter carefully the Chairman seeks agreement to appoint as his Deputy, Ruth Lysons, the Trust's Senior Independent Director. As Governors will know, Ms Lysons has been a Non-Executive Director for five years and is also Chair of the Trust's Quality Assurance Committee.

The Council of Governors' Appointments and Remuneration Committee met on 27 November 2017 and supported the Chairman's choice of Vice Chair.

Ms Lysons has indicated that she would be happy to take on this additional responsibility if the Council shares the Chairman's view that this would be in the best interests of the Trust and of the Board.

Action

The Council of Governors is invited to approve the appointment of Ruth Lysons as Vice Chair with immediate effect.

Author: Julie Hill, Company Secretary

Presented by: Martin Earwicker, Trust Chair