

**BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST**

**TRUST BOARD MEETING HELD IN PUBLIC**

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

**AGENDA**

<b>No</b>	<b>Item</b>	<b>Presenter</b>	<b>Enc.</b>
<b>OPENING BUSINESS</b>			
1.	Chairman's Welcome	Martin Earwicker, Chair	Verbal
2.	Apologies	Martin Earwicker, Chair	Verbal
3.	Declaration of Any Other Business	Martin Earwicker, Chair	Verbal
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Martin Earwicker, Chair	Verbal
5.1	Minutes of Meeting held on 13 December 2017	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
<b>QUALITY</b>			
6.1	Quality Board Visit: Daisy Ward Prospect Park Hospital	Ruth Lysons, Non-Executive Director	Enc.
6.2	Oxford Academic Health science Network: A summary of work programme and engagement with BHFT	Minoo Irani, Medical Director	Enc.
6.3	Guardian of Safe Working Hours: quarterly report (Nov 2016-2 Feb 2017)	Minoo Irani, Medical Director	Enc.
6.4	Patient Experience Report Qtr 3	Helen Mackenzie, Director of Nursing and Governance	Enc.
<b>EXECUTIVE UPDATE</b>			
7.1	Executive Report	Julian Emms, Chief Executive	Enc.
7.2	Equality and Inclusion Strategy Progress Report	Bev Searle, Director of Corporate Affairs	Enc.
<b>PERFORMANCE</b>			
8.1	Month 09 2016/17 Finance Report	Alex Gild, Director of Finance, Performance and Information	Enc.
8.2	Month 09 2016/17 Performance Report	Alex Gild, Director of Finance, Performance and Information	Enc.
8.3	Finance, Investment & Performance Committee – 28 December 2016 and 25 January 2017	Mark Lejman, Chair of the Finance, Investment and Performance Committee	Verbal
<b>STRATEGY</b>			
9.1	Strategy Implementation Plan 2016-17 – Update Report	Bev Searle, Director of Corporate Affairs	Enc.
<b>CORPORATE GOVERNANCE</b>			

No	Item	Presenter	Enc.
10.1	Annual Review of Board Declarations	Julie Hill, Company Secretary	Enc.
10.2	Minutes of the Audit Committee held on 25 January 2017	Chris Fisher, Chair of the Audit Committee	Enc.
10.3	Annual Health and Safety Report	David Townsend, Chief Operating Officer	Enc.
10.3	Use of the Trust Seal	Alex Gild, Director of Finance, Performance and Information	Enc.
10.4	Board Planner 2017	Martin Earwicker, Chair	Enc.
<b>Closing Business</b>			
11.	Any Other Business	Martin Earwicker, Chair	Verbal
12.	Date of the Next Public Trust Board Meeting – 11 April 2017	Martin Earwicker, Chair	Verbal
13.	<b>CONFIDENTIAL ISSUES:</b> To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Martin Earwicker, Chair	Verbal

**AGENDA ITEM 5.1**

**Unconfirmed minutes**

**BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST**

**Minutes of a Board Meeting held in Public on Tuesday 13 December 2016**

**Boardroom, Fitzwilliam House**

**Present:**

Martin Earwicker	Chairman
David Buckle	Non-Executive Director
Julian Emms	Chief Executive
Chris Fisher	Non-Executive Director
Alex Gild	Director of Finance, Performance & Information
Dr Minoo Irani	Medical Director
Mark Lejman	Non-Executive Director
Ruth Lysons	Non-Executive Director
Helen Mackenzie	Director of Nursing and Governance
Mehmuda Mian	Non-Executive Director
Bev Searle	Director of Corporate Affairs
David Townsend	Chief Operating Officer

**In attendance:**

Julie Hill	Company Secretary
Louella Johnson	Director of Human Resources ( <i>present for item 16/340</i> )

<b>16/325</b>	<b>Welcome</b> (agenda item 1)
	The Chair welcomed everyone to his first meeting as Chair, including the Governors: June Leeming, Public Governor and Tom O’Kane, Public Governor and the Trust’s “Guardians of Safe Working” - Dr James Jeffs and Dr Matthew Lowe.
<b>16/326</b>	<b>Apologies</b> (agenda item 2)
	Apologies were received from: Mark Day, Non-Executive Director.
<b>16/327</b>	<b>Declaration of Any Other Business</b> (agenda item 3)
	There was no other business declared.
<b>16/328</b>	<b>Declarations of Interest</b> (agenda item 4)
	<b>i. Amendments to Register</b> - none declared.
	<b>ii. Agenda Items</b> Chris Fisher, Non-Executive Director declared an interest in agenda item 6.2 (Guardians of Safe Working) because he was Chair of the Assurance Committee of Health Education Thames Valley which was the body which was responsible overseeing the Guardians of

	Safe Working process.
<b>16/329</b>	<b>Minutes of the previous meeting – 08 November 2016</b> (agenda item 5.1)
	The Minutes of the Board meeting held in public on Tuesday 08 November 2016 were approved.
<b>16/330</b>	<b>Action Log and Matters Arising</b> (agenda item 5.2)
	The schedule of actions had been circulated.  <b>The Trust Board:</b> noted the schedule of actions.
<b>16/331</b>	<b>Quality Board Visit Report – Talking Therapies (Improving Access to Psychological Therapies) at Wokingham Hospital</b> (agenda item 6.1)
	<p>The Director of Nursing and Governance reported that she had recently conducted a Quality Board Visit to the Talking Therapies service. The Director of Nursing and Governance said that the Talking Therapies Service was a high volume, efficient and well run service and that this was evident from her visit.</p> <p>It was noted that in response to feedback from staff about the lack of career progression, the service now provided more opportunities for staff to progress, for example, band 4 Psychological Wellbeing Practitioners could access a Clinical Psychology training course.</p> <p>The Director of Nursing and Governance said that the online service was particularly popular with men who tended to prefer this mode of access over face to face consultations.</p> <p>The Chair reported that he had visited the service and had been impressed by the strong team spirit and by the excellence of the leadership.</p> <p>It was noted that improving access to psychological therapies was a national initiative with defined outcomes and therefore there was good benchmarking data available. The Chief Executive commented that based on the benchmarking evidence, the Trust’s service had positive outcomes with good rates of recovery.</p> <p><b>The Trust Board:</b> thanked the Director of Nursing and Governance for sharing her reflections about her Quality Board Visit to the Talking Therapies service at Wokingham Hospital.</p>
<b>16/332</b>	<b>“Guardians of Safe Working” Implementation Report</b> (agenda item 6.2)
	<p>The Medical Director presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The Guardians of Safe Working were responsible for protecting the safeguards outlined in the 2016 Terms and Conditions of Service for Doctors and Dentists in training.</li> <li>• The Guardians will ensure that issues of compliance with safe working hours were addressed as they arose with the doctor and/or employer as appropriate and would also provide assurance to the Trust Board that Doctors’ working hours were safe.</li> <li>• In the Trust, the role of the Guardian will be covered by two Consultant Psychiatrists on a job share basis. The Guardians were appointed in July 2016 and have been implementing the requirements of the role in shadow form.</li> <li>• Transition to the new Terms and Conditions of service for Junior Doctors will come</li> </ul>

	<p>into effect from February 2017.</p> <ul style="list-style-type: none"> <li>• Further quarterly reports would be presented to the Trust Board in July and October 2017.</li> </ul> <p>Ruth Lysons, Non-Executive Director asked whether junior doctors who worked outside of the Trust had to declare the number of hours they worked.</p> <p>The Medical Director said that junior doctors were required to declare the whole scope of their professional working as part of the appraisal system. The Medical Director said that the role of the Guardians of Safe Working was to safeguard against junior doctors working excessive hours.</p> <p>Mark Lejman, Non-Executive Director asked whether there was a similar Guardian role for nurses. The Director of Nursing and Governance said that nurses did not have a Guardian role but commented that the NHS Professionals system enabled to Trust to identify any agency/bank nurses who were working excessive hours.</p> <p><b>The Trust Board:</b> noted the report.</p>
16/333	<p><b>Senior Clinical Leadership Programme Update Report</b> (agenda item 6.3)</p>
	<p>The Medical Director presented the report and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The report provided an update on the Senior Clinical Leadership Programme which was aimed at building the leadership capabilities of senior clinicians in the Trust.</li> <li>• The second cohort of doctors would start the programme in January 2017.</li> </ul> <p>David Buckle, Non-Executive Director said that he welcomed the programme. Dr Buckle commented that the Royal Berkshire NHS Foundation Trust and the local Clinical Commissioning Groups ran similar clinical leadership programmes and suggested that the Sustainability and Transformation Plans and Accountable Care System working may provide opportunities for more joint clinical leadership development work.</p> <p>Mehmuda Mian, Non-Executive Director asked about the application process for joining the programme. The Medical Director said that doctors at consultant level were invited to self-select for the programme. It was noted that applicants who did not secure a place on the first programme were offered a place on the subsequent programme.</p> <p>Chris Fisher, Non-Executive Director asked whether there was scope to work with a local University to accredit the programme to provide doctors with a transferable qualification.</p> <p>The Medical Director said that it was possible but the accreditation process was a long and complex route.</p> <p>The Chair said that the Senior Clinical Leadership Programme was a good start in building the Trust's senior clinical leadership.</p> <p><b>The Trust Board:</b> noted the report.</p>
16/334	<p><b>Quality Assurance Committee Meeting – 14 November 2016</b> (agenda item 6.4)</p>
	<p>Ruth Lysons, Chair of the Quality Assurance Committee reported that in addition to the standing agenda items, the meeting on 14 November 2016 had discussed the Quality Improvement Tender Specification and the Trust's mortality review process. It was noted</p>

	<p>that the Committee had also reviewed the annual Clinical Audit Report and had approved the Clinical Audit Programme for 2017.</p> <p>Chris Fisher, Chair of the Audit Committee referred to section 6.2 of the minutes (Mortality Review) and commented that the Audit Committee would also have a role in providing assurance that that Trust's mortality review processes were fit for purpose.</p> <p><b>The Trust Board:</b> noted the minutes of the Quality Assurance Committee meeting held on 14 November 2016</p>
16/335	<p><b>Executive Report</b> (agenda item 7)</p>
	<p>The Executive Report had been circulated. The following issues were discussed further:</p> <p><b>Temporary Staffing Report</b>  The Chair referred to page 46 of the agenda pack and asked why the percentage of shifts breaking the agency rules had spiked during October.</p> <p>The Director of Nursing and Governance explained that NHS Improvement had changed the reporting rules which meant that agency costs had to include the cost of administration (NHS Professionals charged 70p per agency member of staff per shift) and this had resulted in a sharp increase in the number of non-compliant shifts.</p> <p>The Director of Nursing and Governance said that the Trust was going back to the agencies to try and negotiate a price reduction which would bring the costs back in line with the agency cap.</p> <p>The Chair asked whether the agency cost trend was going in the right direction. The Director of Nursing and Governance said that the trend appeared to be flat lining at the moment but she hoped that agency costs would start to come down when the Trust stopped using agency Health Care Assistants from January 2017.</p> <p>The Chief Executive said that the Trust's agency costs compared with that of both Frimley and Royal Berkshire NHS Foundation Trusts and that it was not going to be easy to continue to reduce agency spending.</p> <p><b>Early Recognition of Sepsis</b>  David Buckle, Non-Executive Director congratulated the Westcall Out of Hours GP service on their work on the early recognition of Sepsis which had been rated as "outstanding" by the Care Quality Commission.</p> <p><b>Flu Campaign 2016-17</b>  David Buckle, Non-Executive Director said that there was clear evidence that the flu vaccination programme of healthcare staff significantly reduced the prevalence of flu in the community.</p> <p>The Director of Nursing and Governance reported that so far 65% of the Trust's staff had been vaccinated and the target was for another 230 staff to be vaccinated by Christmas which would meet the 75% target.</p> <p><b>Leadership Award Nominations</b>  Ruth Lysons, Non-Executive Director asked about the leadership award nomination process. The Chief Executive said that the Trust's Senior Leadership Team was involved in reviewing the applications and in identifying the staff to be put forward for a leadership award.</p>

	<b>The Trust Board:</b> Noted the report.
<b>16/336</b>	<b>Month 07 2016-17 Finance Report</b> (agenda item 8.1)
	<p>The Director of Finance, Performance and Information presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The Finance, Investment and Performance Committee had reviewed the Trust's finances in detail and had noted that the Trust was in line to meet the control target at year end, but had acknowledged that it would be tight because of ongoing operational pressures, especially the number of out of area placements.</li> <li>• As previously noted, it was hoped that agency spending would reduce further early in the New Year following the decision to no longer use agency Healthcare Assistants.</li> </ul> <p>The Chair asked whether the Trust was delivering its Cost Improvement Plans. The Director of Finance, Performance and Information said that the Trust was broadly delivering its Cost Improvement Plans.</p> <p>Chris Fisher, Non-Executive Director asked whether the increased usage of out of area placements was due to the increased acuity of patients or was the result of "bed blocking". The Director of Finance, Performance and Information said that it was a combination of both factors.</p> <p>Mark Lejman, Chair of the Finance, Investment and Performance Committee had received a paper from the Chief Operating Officer on the Bed Optimisation Project and had been assured by the work the Trust was doing to reduce bed occupancy.</p> <p>Chris Fisher, Non-Executive Director referred to page 54 of the agenda pack and commented that the list of variances were relatively small amounts and congratulated the Finance Team on their financial planning and forecasting. Mark Lejman, Non-Executive Director echoed Mr Fisher's comments and said that the Trust's management of cash was excellent.</p> <p><b>The Trust Board noted:</b> the following summary of financial performance and results for Month 06 2016/17 (October 2016):</p> <p>The "use of resource" metric came into effect from 1 October 2016. A rating of 1 is the highest rating possible with 4 being the lowest. The metric incorporates visibility on agency control.</p> <p><b>Year to Date (Use of Resource) metric:</b></p> <ul style="list-style-type: none"> <li>• Rating 2 (plan 2) <ul style="list-style-type: none"> <li>○ Capital Service Cover 2.23 (rating 2)</li> <li>○ Liquidity metric 2.37 (rating 1)</li> <li>○ Income and Expenditure Margin 0.39% (rating 2)</li> <li>○ Income and Expenditure Variance 0.03% (rating 1)</li> <li>○ Agency 18.89% (rating 2)</li> </ul> </li> </ul> <p><b>Year to Date income and expenditure</b> (including sustainability and transformation funding):</p> <ul style="list-style-type: none"> <li>• Plan: £488k net surplus</li> <li>• Actual: £512k net surplus</li> </ul>

	<ul style="list-style-type: none"> <li>• Variance: £24k favourable</li> </ul> <p><b>Month 07: £304k surplus (including sustainability and transformation funding) +£31k variance from plan:</b></p> <p>Key variances:</p> <ul style="list-style-type: none"> <li>• Short term overspill: <b>-£253k</b>; - principally due to 20 acute placements required in month due to bed pressures;</li> <li>• Independent Hospital Placements: <b>-£78k</b> due to observations in budgeted placements and new additional placements;</li> <li>• Mental Health Inpatients: <b>-£90k</b> – net pay spend in month largely due to vacancy cover and observations;</li> <li>• Children’s Services: <b>+£220k</b> – due to vacancies across Children’s Services, including £133k in Health Visitors.</li> </ul> <p>The in-month underlying position, excluding sustainability and transformation funding is: £151k surplus.</p> <p>To offset the high cost of overspill beds, £131k provision was released into the month’s position.</p> <p><b>Cash:</b> Month 07: £17.8m (plan £18.3m)</p> <p>The variance to plan was primarily due to delayed receipt of an invoice to NHS England for £0.2m and ongoing (process related) issues relating to the Royal Berkshire NHS Foundation Trust.</p> <p><b>Capital expenditure:</b> Month 07: £1.5m (plan £1.4m)</p> <p>The small variance was due to low value items not included in the re-profiled plan.</p>
16/337	<p><b>Month 07 2016/17 Performance Report</b> (agenda item 8.2)</p>
	<p>The Month 07 2016/17 Performance Summary Scorecard and detailed Trust Performance Report had been circulated.</p> <p>The Director of Finance, Performance and Information presented the report and highlighted the following issue:</p> <ul style="list-style-type: none"> <li>• “Service Efficiency and Effectiveness was “red RAG rated this month.</li> <li>• The “People” and “Contractual” Performance indicator groupings were RAG rated as “amber”.</li> </ul> <p>The Chair referred to page 64 of the agenda pack (user safety exception report) and asked whether there were any discernible links between the issues highlighted in the report or whether there were a variety of factors at play. The Director of Nursing and Governance said that there was a downward trend in some of the mental health safety indicators, including a rise in the number of patient to patient assaults and that steps were being taken to address the issues.</p> <p>Mark Lejman, Chair of the Finance, Investment and Performance Committee reported that the Committee had discussed the increase in the number of patient to patient assaults and would be considering the issue further at their next meeting.</p> <p>The Director of Finance, Investment and Performance agreed to include some trend lines as part of the Performance Assurance Framework exception reporting.</p> <p><b>Action: Director of Finance, Performance and Information</b></p>



	<p>The Chair asked whether the Trust's sickness absence rate was on the high side. The Chief Executive said that the Trust's target was an ambitious 3.5% but if the Trust remained at 4%, its performance would still be just above the national average.</p> <p>Mehmuda Mian, Non-Executive Director referred to page 68 of the agenda pack and commented that the Trust was amongst the highest users of Prone Restraint (at 448 per 100,000 bed days compared against a mean of 160 per 100,000 bed days and asked for an explanation.</p> <p>The Director of Nursing and Governance said that the Trust's Personal Safety Lead was investigating the issue and was currently reviewing whether there was a reporting issue which may reflect the Trust's openness to report the use of Prone Restraint which was not generally the case in other Trusts.</p> <p>The Chief Executive commented that this was the first year of the Prone Restraint benchmarking data and it was important that the Trust did not dismiss the benchmarking results as a data issue. The Chief Executive requested that the Director of Nursing and Governance present more information about the use of Prone Restraint to the Quality Assurance Committee.</p> <p style="text-align: right;"><b>Action: Director of Nursing and Governance</b></p> <p><b>The Trust Board:</b> noted the month 07 2016/17 Trust performance report.</p>
16/338	<p><b>Finance, Investment and Performance Committee – 30 November 2016</b> (agenda item 8.3)</p>
	<p>Mark Lejman, Chair of the Finance, Investment and Performance Committee reported that in addition to the standing items, the Finance, Investment and Performance Committee meeting on 30 November 2016 had discussed the draft two year Operational Plan; the Trust's falls prevention work, including the use of technology; the new band 4 and band 6 roles to address the national shortfall in band 5 registered nurses; and the Thames Valley 111 contract which had been awarded to Care UK but who had subsequently withdrawn from the contract.</p> <p>The Chair thanked the Chair of the Finance, Investment and Performance Committee for his update.</p> <p><b>The Trust Board:</b> agreed that Chris Fisher, Non-Executive Director would substitute for Mark Day, Non-Executive Director at the Finance, Investment and Performance Committee.</p>
16/339	<p><b>Mental Health Strategy</b> (agenda item 9.1)</p>
	<p>The Director of Corporate Affairs presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The Trust Board had had an opportunity to discuss the draft Mental Health Strategy at the last In Committee meeting.</li> <li>• The Mental Health Strategy had been revised to reflect the Trust Board's comments and to reflect comments made by the Governors at the last Governor Strategy Group meeting.</li> <li>• The Mental Health Strategy set out the key priorities for action over the next five years to deliver mental health services. The Strategy reflected national policy requirements, research evidence and good practice guidance, as well as the views of service users and carers, local commissioners, partners and staff.</li> </ul> <p>The Chair referred to page 95 of the agenda pack and commented that the target</p>

	<p>aspiration to be in the top performance quartile was difficult to quantify without more information. The Director of Corporate Affairs reported that the implementation plan which would accompany the Mental Health Strategy would include more information about the key performance indicators.</p> <p>Ruth Lysons, Non-Executive Director asked whether it would be better to change the order of the strapline: “safer, improved services with better outcomes supported by technology” by putting “better outcomes” first.</p> <p>The Chair asked the Executive Team to reflect on whether or not change the word order of the strapline.</p> <p style="text-align: right;"><b>Action: Chief Executive</b></p> <p>The Chief Executive asked whether the Trust Board would receive quarterly updates on the implementation of the Mental Health Strategy. The Director of Corporate Affairs confirmed that quarterly update reports would be presented to the Trust Board.</p> <p style="text-align: right;"><b>Action: Director of Corporate Affairs</b></p> <p><b>The Trust Board:</b> approved the Mental Health Strategy 2016-2021</p>
16/340	<p><b>Workforce Development Strategy</b> (agenda item 9.2)</p>
	<p>The Chair welcomed the Director of Human Resources to the meeting.</p> <p>The Director of Corporate Affairs presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The Trust Board had had an opportunity to discuss the draft Workforce Strategy at the last In Committee meeting.</li> <li>• At the Trust Board Away Day in October 2016, workforce had been identified as the Trust’s top risk on the Board Assurance Framework.</li> <li>• The final document would include a plan on a page summary and an equality impact assessment.</li> </ul> <p>Chris Fisher, Non-Executive Director said that it would be helpful going forward to set out what the workforce position would be if the Trust took no action and the impact of the Trust’s actions in addressing the workforce gaps.</p> <p>The Director of Corporate Affairs said that it was likely that the actions which made a difference would be multi factorial and it may be difficult to single out any particular actions which made a difference.</p> <p>The Chair asked whether the Trust had a “buddy” system to help new staff feel at home when they joined the Trust. The Director of Corporate Affairs said that this was something the Trust would consider.</p> <p style="text-align: right;"><b>Action: Director of Corporate Affairs</b></p> <p><b>The Trust Board:</b> approved the Workforce Strategy 2016-2021 subject to some minor amendments.</p>
16/341	<p><b>Council of Governors – Update</b> (agenda item 10.1)</p>
	<p>The Chair reported that the Council of Governors had met on 9 December 2016 and had approved the appointment of the Trust’s External Auditors. The Trust’s current External Auditors had attended the meeting to present the Annual Audit Letter.</p>

<b>16/342</b>	<b>External Audit Letter 2015-16</b> (agenda item 10.2)
	<p>A copy of the External Audit Letter from KPMG had been circulated.</p> <p>Ruth Lysons, Non-Executive Director referred to the External Auditors' one medium priority recommendation in respect of the enhanced Care Programme Approach patients and asked for more information.</p> <p>The Director of Finance, Performance and Information reported that this meant that going forward the External Auditors would widen the sample testing to include more patients.</p> <p>The Trust Board: noted the External Audit Letter 2015-16.</p>
<b>16/343</b>	<b>Revised Programme of Meetings</b> (agenda item 10.3)
	<p>A revised programme of Trust Board meetings for 2017 had been circulated. The new programme included four private discursive meetings.</p> <p>The Trust Board: noted the revised programme of Trust Board meetings for 2017.</p>
<b>16/344</b>	<b>Any Other Business</b>
	<p><b>Flu Vaccination Update</b></p> <p>The Director of Nursing and Governance reported that she had received an update on the percentage of staff who had received the flu vaccination which had now reached 71%.</p> <p>The Chair concluded the meeting and thanked the observers for attending.</p>
<b>16/345</b>	<b>Date of Next Meeting</b> (agenda item 12)
	12 February 2017
<b>16/346</b>	<b>CONFIDENTIAL ISSUES:</b> (agenda item 13)
	The Board resolved to exclude press and public from the remainder of the meeting on the basis that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.

I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the Trust Board meeting held on 13 December 2016.

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

BOARD OF DIRECTORS MEETING: 14/02/2017

Board Meeting Matters Arising Log – 2017 – Public Meetings

**Key:**

Green – completed

Unshaded – not due yet

Red - overdue

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
13.09.16	16/240AB	Equality Benchmarks and Performance Report and Workforce Race Equality Standard	A summary of the Trust's equalities and diversity work to be presented to a future meeting of the Trust Board.	14.02.17	DT	On the agenda
08.11.16	16/301	Research and Development Annual Report	The Medical Director to consider when it would be useful for the Trust Board to receive an update about the work of the Academic Health Science Network.	Spring 2017	MI	On the agenda

08.11.16	16/304	Performance Report	The Director of Corporate Affairs to discuss any learning with Mehmuda Mian from an event on reducing sickness and absence.	13.12.17	<b>BS</b>	To be arranged
13.12.16	16/337	Month 07 2016/17 – Performance Report	A report on the use of prone restraints to be presented to the Quality Assurance Committee	21.02.17	<b>HM</b>	Data requested and report in development
13.12.16	16/339	Mental Health Strategy	The Executive Team to consider whether or not to change the Mental Health strategy strapline by putting outcomes first.	14.02.17	<b>CEO</b>	The Executive Team considered the issue and agreed that safety was paramount and therefore the strapline would remain the same.
13.12.16	16/339	Mental Health Strategy	Quarterly updates on the implementation of the Mental Health Strategy to be presented to the Trust Board.	14.02.17	<b>BS</b>	The Trust Board annual planner has been updated to include quarterly update reports to the Trust Board.
13.12.16	16/340	Workforce Development Strategy	Consideration to be given to introducing a buddy system for new members of staff.	14.02.17	<b>BS</b>	This will form part of the guidance for the “First 100 Days” work we

						are doing to ensure a positive experience for all staff who join our organisation.
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**Trust Board Paper**

<b>Board Meeting Date</b>	14 February 2017
<b>Title</b>	<b>Quality Board Visit Report – Daisy Ward, Prospect Park Hospital</b>
<b>Purpose</b>	To receive the report of the Quality Board Visit undertaken Ruth Lysons, Non-Executive Director
<b>Business Area</b>	Corporate
<b>Author</b>	Company Secretary
<b>Relevant Strategic Objectives</b>	1. To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
<b>CQC Registration/Patient Care Impacts</b>	Providing additional Board level assurance on patient safety and quality of care
<b>Resource Impacts</b>	None
<b>Legal Implications</b>	None
<b>SUMMARY</b>	Board members conduct Quality Visits to Trust services and Localities throughout the year and reports are produced which are circulated to all Board members for information. At regular intervals during the year, a Board Quality Visit report is selected for inclusion on the agenda for discussion.
<b>ACTION REQUIRED</b>	To receive and note the report and discuss any matters raised.

**BERKSHIRE HEALTHCARE BOARD QUALITY VISIT TO 'DAISY WARD', Prospect Park Hospital, 24 October 2016.**

**People participating:**

Rob Binks, Acting Ward Manager

Ruth Lysons, Non-Executive Director

In addition, I briefly met:

- The Deputy Ward Manager
- The Staff Nurse
- Two patients

**Introduction**

I was met at the Hospital reception by Rob, who took me to his office on the ward, where I was made to feel welcome and where I felt that we had a very open, honest and constructive discussion. It soon became clear that this was a busy day on Daisy Ward.

This is a 23-bedded locked ward, currently caring for 23 in-patients, of whom 15 were detained under the Mental Health Act and 8 were informal. In addition there were 2 patients currently on leave from the Ward. Another patient had been transferred to Sorrel Ward after an incident 2 days earlier in which a fire alarm had been seriously damaged, with the consequence that Daisy Ward was without hot water, and some of the internal doors could not be locked. Although this was being attended to, inevitably, the problem was “non-standard” and a replacement part was needed from mainland Europe. The situation was complicated by shortage of nursing staff due to one person phoning-in sick, only an hour before the shift started. In spite of this, the atmosphere on the ward was calm and well organised.

**The work of Daisy Ward**

- **The Clientele.** The team cares for adults suffering from varied Mental Health problems. The ward has two beds funded by the Local Authority for alcohol treatment services. Typically, patients are referred to Daisy Ward by the Crisis Resolution & Home Treatment Team. They are admitted for assessment of their health and housing needs, and this enables a care plan to be developed for them. Patients are sometimes verbally challenging, and less frequently may exhibit physical aggression to staff or others. The average length of stay on the ward in September was 73 days (against a target of below 30 days), but some patients stay for over 100 days. The longer stays reflect patients with complex problems, where there is difficulty identifying and securing accommodation which meets their needs. Such cases include patients with significant physical health needs, foreign nationals who are too sick to be re-patriated, people of no fixed abode, and those with severe enduring



mental health issues who need specialist supported accommodation. Rob felt that the problem of delayed discharges had worsened recently as Local Authority budgets came under increasing pressure.

- **The Ward.** The ward was busy but calm and clean when I visited. Some rooms are entirely artificially lit, and Rob felt it would be beneficial to patients if there was more access to daylight. I was told that some parts of the ward also tend to become stuffy and uncomfortably hot. Rob showed me around the ward, highlighting the Relaxation room (complete with mood lighting, bean bags and daylight), the clinic room (used for medical emergencies), and the two small enclosed gardens. One of these, the Tranquil Garden has clear therapeutic gardening potential, but is in need of refurbishment. The bedrooms were all in use, but most patients were in the communal sitting area, the kitchen, or walking around the corridors, when I visited.
- **The service.** Following admission to the ward, new patients are assessed for their health and housing needs, a process which typically takes 3 days. This enables a tailored care-plan to be developed. The ward provides medical and nursing care (for both mental and physical health), appropriate medication, as well as psychological and occupational health therapies. In addition, each Mental Health ward takes turns to staff the Prospect Park Hospital Places of Safety.
- **The team.** The ward has a multidisciplinary team comprising, doctors, nurses, healthcare assistants, psychologists, occupational health therapists, and administrators. This is currently broadly up to complement with the notable exception of staff nurses, where the complement for Daisy ward is 15.9 whole time equivalents (wte), and the current actual staffing is 6.8 wte.

### Observations and Discussion points

- **Recruitment difficulties and staff complement.** Daisy Ward is experiencing persistent problems with recruitment and retention of sufficient nursing staff. Wherever possible, the shortfall of staff is made up from the “Bank”. This situation adds stress to an inherently challenging job, and Rob emphasised the importance he attached to ensuring that staff do not work excessive numbers of shifts. This is an issue mirrored across BHFT and the NHS in general, and one which the Director of Nursing and the Operations Director are actively addressing. However, there is no obvious “quick fix”.
- **Ward Manager.** Rob is lead nurse for Clinical Governance across PPH. In addition, he has been acting Ward manager for Daisy since 24 December 2015. He is due to retire in 3 months and my impression is that his extensive experience and calm management style will be sorely missed. It is essential that effective succession planning is put in place.
- **Fire.** The fire and tragic death of a patient on Daisy Ward last December continue to be distressing and pre-occupying for staff. Rob has implemented various actions to minimise the risk of any recurrence. Rob reported that the Trust’s Fire Officer has been very active within the hospital, setting up training for the staff and updating the operational procedures to make a safer environment, including twice-weekly searches of the ward for cigarette lighters and matches.

- **Other Incidents.** Soon after the fire, another SRI occurred in which a patient discharged himself from the ward against medical advice, and subsequently committed suicide. Since then, there have been 3 instances of patients being found absent from the ward without leave for over 72 hours. These are also under investigation. We discussed whether the Quality Initiative currently being piloted, could be valuable in prevention of future instances. Rob felt that this could offer very useful insights, particularly for less experienced colleagues.

### **Conclusion**

I visited Daisy Ward on a typically busy day. Bed occupancy is persistently high, mainly due to difficulties in identifying and securing appropriate onward placements for patients with complex needs. Difficulties recruiting staff nurses, and succession planning for the ward manager are additional challenges.

In regard to the physical environment, aside from the short term consequences of “vandalism” to the fire alarm over the weekend, the ward appeared clean and well managed. Refurbishment of the Tranquil Garden would be desirable to enhance patient experience.

Nevertheless, the team appeared to be very well organised, and the people I met were busy and actively caring for patients. I should like to thank Rob and his colleagues for their time with me on Monday, and more importantly, for the expertise and dedication they demonstrate in caring for their patients, especially those whose illness can make their behaviour challenging.

**Ruth Lysons, Non-Executive Director**  
**26 October 2016**

**Trust Board Paper**

<b>Trust Board Meeting</b>	14 February 2017
<b>Title</b>	<b>Oxford Academic Health science Network:</b> A summary of work programme and engagement with BHFT
<b>Purpose</b>	To update the Trust Board about the wider work of the Oxford AHSN and its Clinical Networks and their engagement with BHFT clinical services
<b>Business Area</b>	Medical Director
<b>Author</b>	Minoo Irani
<b>Relevant Strategic Objectives</b>	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
<b>SUMMARY</b>	<p>This paper summarises the work of the Oxford AHSN with Clinical Innovation Adoption, Wealth Creation and its Patient and Public Involvement activities. The focus of this paper is on the Clinical Networks and their engagement with BHFT staff and clinical services.</p> <p>The AHSN family of Clinical Networks comprises of 8 Clinical Networks. This paper summarises the collaboration between BHFT and AHSN on 4 of these clinical networks. Of the remaining 4 clinical networks, BHFT Pharmacy staff had some involvement with the Medicines Optimisation Network in its early days. The Children’s network contributes to the wider public health of children through its immunisation programme; BHFT children’s services are not directly involved with the work of this network. The Maternity and Imaging Network activities do not apply to BHFT.</p> <p>In an AHSN model based upon collaborating to deliver measurable improvements in patient outcomes, BHFT have contributed clinical expertise and good practice examples to and also benefitted from the support of the AHSN Clinical Networks.</p>
<b>ACTION REQUIRED</b>	<p>The Board is asked to:</p> <p>Note the activities of the Oxford AHSN which relate to BHFT clinical services</p>

## **Oxford Academic Health Science Network**

A summary of work programme and engagement with BHFT

### **Introduction and context**

Oxford Academic Health Science Network is a partnership of NHS providers, commissioners, universities and life science companies to improve health and prosperity in Bedfordshire, Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire. Success comes from collaborative working by the partners and stakeholders across the region.

The AHSN manages 7 programmes and themes which facilitate shared work across all partners:

- Best care clinical networks
- Clinical innovation adoption
- Research and Development
- Wealth creation
- Patient and public involvement, engagement and experience
- Informatics
- Patient safety

The benefits of collaboration across the whole system, facilitated by the AHSN are:

- Leverage clinical and management best practice and expertise to improve patient outcomes
- Share clinical evidence and benchmarking
- Scale clinical innovation adoption
- Learn from each other
- Enable sharing of operational, patient and research data to improve outcomes

BHFT engages with some of the Oxford AHSN's 7 programmes above and the best care clinical networks have positively contributed to the mental health (and community health) services provided by the Trust.

### **Best Care Clinical Networks**

Best Care Clinical Networks are a key part of Oxford AHSN's drive to fulfil its NHS England core objectives. They are each clinically led and locally focussed. They are guided by two principles:

- Design and deliver projects which improve outcomes for patients
- Build an engaged local community and deliver through co-design and collaboration

The AHSN family of Clinical Networks comprises of 8 Clinical Networks. This paper summarises the collaboration between BHFT and AHSN on 4 of these clinical networks. Of

the remaining 4 clinical networks, BHFT Pharmacy staff had some involvement with the Medicines Optimisation Network in its early days and our R&D Pharmacist has collaborated with the AHSN through a MSC degree dissertation and a couple of safety initiatives. The Children's network contributes to the wider public health of children through its immunisation programme; BHFT children's services are not directly involved with the work of this network. The Maternity and Imaging Network activities do not apply to BHFT.

## **1. Early Intervention in Psychosis (EIP) Clinical Network**

Network objective: To improve health and social outcomes for patients with first episode psychosis, including symptom reduction and engagement with education and employment.

People: The EIP Network is Clinically Led by Prof Belinda Lennox and Dr Matthew Broome both of Oxford University. The Network manager is Matt Williams. The Berkshire Healthcare representatives on the Advisory group are Zoe Emms (Service Manager EIP Services), Alexandra Luke (Head of Mental Health Services West Berks) and Dr Yousuf Rahimi (Consultant psychiatrist).

Network Activities/ achievements:

### *South of England Preparedness*

Hosted by the Oxford AHSN this service was commissioned by NHS England in 2016 to support the South Region to achieve the EIP access and waiting time standards. The project was tasked with:

- raising awareness
- benchmarking EIP services
- supporting commissioners and providers to develop effective plans that address:
  - Investment;
  - Workforce Capacity & Competencies;
  - Performance and Outcomes Data.

As part of this work, it developed a matrix to describe the performance of each service in the South Region against agreed standards (which include but go beyond the national access and waiting standards). Being able to compare service performance with a degree of reliability across the region is key to driving up quality. The team was also instrumental in making the case for the re-establishment of an EIP service in Berkshire, and in demonstrating the value of this service to the health economy.

For further information about the South Region EIP programme--<http://time4recovery.com>

### *Reducing Outcome Variability*

The project has agreed and is implementing an agreed Common Assessment framework that will support EIP services throughout the Oxford AHSN region to compare data of a consistent quality and completeness. This work stream involves the deployment of the EIP Common Assessment Tool as part of provider's Electronic Health Records, and is at a frequency and level of granularity which goes beyond that of the South Region's matrix, as outlined above. It allows reporting and analysis of the last 12 months of outcome data, enabling a measurement of variability and collaborative service improvement within the AHSN footprint.

### *Improving Patient Experience*

This work is establishing a network of young people with experience of psychosis. In partnership with National Institute of Health Research Collaboration for Leadership in Applied Health Research and Care--NIHR CLAHRC (Thames Valley and South Midlands) it is harnessing young people's accounts of their experiences of mental health services. A multi-media internet resource (HealthTalk module) is being created to raise awareness of the issues faced by young people and their families, including the potential effect on their study/work, social life and relationships, decisions on treatment options and side-effects of treatments.

### *Value Analysis*

EIP services in the Oxford AHSN region have pioneered a data driven approach to service improvement. The AHSN, in collaboration with Janssen Health Innovations, was able to demonstrate the value of EIP services compared with outcomes in areas where EIP services were either not present or inadequately resourced. The rich data spanned acute and mental health providers in Berkshire, Oxford, Buckinghamshire and Milton-Keynes.

The evidence from the analysis identified a need, and on the back of this analysis commissioners have released extra funding for EIP services throughout the region. <http://bmjopen.bmj.com/content/6/10/e012611>

## **2. Dementia Network**

Network objective: To improve the memory assessment pathway, and the patient and carer experience of the assessment and management of dementia

People: The Dementia Network is Clinically Led by Dr Rupert McShane, University of Oxford. The Network manager is Fran Butler. Berkshire Healthcare representatives on the Network Advisory group are Dr Jacqui Hussey (Consultant in Old Age Psychiatry), and Vicki Matthews (Older Peoples Mental Health Service Development Manager).

Relevant Activities:

### *Young Onset Dementia (YOD)*

The Dementia Network supported the existing West Berkshire charity service 'Young People With Dementia' (YPWD) to demonstrate its effectiveness and value to the local health economy through the collection of a range of outcome measures. This value proposition convinced the local commissioners to provide recurrent funding for the service. Shortly after, the network funded the service to expand into East Berkshire, and following a similar model of collecting outcome measures to demonstrate value, this service has also been recurrently funded by the local commissioners.

The service has demonstrated reduced levels of carer stress, isolation and a reduction in patient psychological and behavioural symptoms, with (in cases) corresponding reduction in antipsychotic drug use and reduced or delayed access to institutionalised care.

The YPWD service is co-located with Berkshire Healthcare at Wokingham Hospital and the team have honorary contracts with Berkshire Healthcare.

### *MSNAP Accreditation*

The network works with memory clinics throughout the AHSN region to achieve the Royal College of Psychiatrists' [MSNAP accreditation](#), sharing best practice from across the region. Memory clinics in Berkshire were accredited prior to the project and served as the exemplars, coming together to inform a programme of improvement which could then be applied to the remaining six clinics in Buckinghamshire, Oxfordshire and Milton Keynes. These remaining six were accredited by January 2016, three of them receiving the highest 'excellent' rating. All 12 of the memory clinics in the region are now accredited (a national first), with two in the process of re-accreditation.

### *Webinars*

The network has run a total of 32 webinars, with over 700 live attendees across a range of roles within dementia care (and a further 100 listeners to recordings). A survey undertaken in June 2016 showed that over half of webinar attendances resulted in a change in practice.

### *Care Home In-reach teams*

This project builds on work developed in a NIHR-funded research project – WHELD – to improve the wellbeing and health of people with dementia living in care homes. The study has shown that combining a person-centred care approach with social interventions and antipsychotic review is effective in reducing mortality and can improve quality of life for residents.

The Dementia Clinical Network has established a best practice network for in-reach teams across the region to support their use of evidence-based approaches. So far two workshops have been held and all teams, including 3 from Berkshire, have identified projects they would like to take forward and feed back to the group (see below for detail). Projects identified by the teams include establishing a system where pain is routinely assessed, training and supporting dementia champions within care homes, and improving oral care for residents in care homes.

CHST (WB)	Training and supporting Dementia Champions (DC) within care homes (CH)	Establishing agreement with CH managers; Identifying DCs; Providing Training. Identifying with DC and CH what their focus is going to be.  DC in first care home is working on improving staff knowledge on dementia and PCC. Their aim is to have a Dementia Champion in each home by the end of 2017.
WAM (EB)	Employing coaches in care homes	Identifying a coaching organisation & securing funding. Training has already been completed in some CHs. Establish agreement with CH to work with coaches.  Longer term outcomes – Psychosocial practice learnt in training is sustained maintaining outcomes achieved (see next box), Resident quality of life, Staff confidence, satisfaction & knowledge.  The aim is to pilot having a Coach in two care homes to promote sustained implementation of the psychosocial

		interventions care staff have been trained to deliver. In addition to the CCG dashboard monitoring, staff turnover and staff satisfaction will be measured.
SLOUGH (EB)	The team has some psychologist time which the manger would like to use in a care home project. By January 2017 the plan is to have defined a project, agreed timescale and agreement of partner agencies.	

### **3. Anxiety and Depression Network**

Network objective: To improve the number, rate and duration of recoveries from anxiety or depression, through better identification of patients, better access to evidence-based psychological therapies and improved clinical knowledge.

People: The A&D Network is clinically led by Prof David Clark, Oxford University and Prof Shirley Reynolds of Reading University. The Network manager is Ineke Wolsey. Berkshire Health representative on the Network Advisory group is Judith Chapman (Clinical Director for Berkshire IAPT services)

Relevant Activities:

#### *Enhanced Recovery Rates*

The network analyses patient outcome data to quantify variations in access rates and outcomes (recovery and reliable improvement rates) by service, by clinical condition (depression, post-traumatic stress disorder, generalised anxiety disorder, social anxiety disorder, obsessive-compulsive disorder, panic disorder, health anxiety and specific phobias), and by patient demographics.

Once outcome variability has been quantified, the network aims to identify predictors of that variability in terms of service models, procedures, types of interventions, therapist training, etc.

These findings are fed back to services through quarterly Enhancing Recovery workshops and have identified and addressed a range of clinical issues through exchange of ideas or though focussed training seminars with international speakers. The particular highlights have been:

- Focus on accurate early diagnosis leading to more focussed treatment
- Improved treatment practice for PTSD and Social Anxiety Disorder

Regionally, the recovery rates have stabilised and remain some 7% higher than the national average this year whilst the number of patients undergoing treatment has significantly increased (quarterly number of patients treated in the AHSN region was 600 more in 2016 compared to 2015)

#### *Support for Long Term conditions*

The network has been instrumental in securing funding for Thames Valley CCGs for Integrated IAPT expansion funding and all services in Berkshire have been funded to become Early Implementer Sites. This funding will be used to develop co-located services for people suffering with Long Term Conditions and co-morbid depression and/or anxiety over the next 18 months.

The network has also been awarded funding by NHS England to design and support the data collection/ health economics evaluation for all of these new services. Working closely



with commissioners to ensure the design of the evaluation will give them the outputs they need for their commissioning decisions.

#### *CYP (Children and Young People) psychological therapy services*

The network is supporting the development of the Child and Young Person IAPT service through a collaborative network of practitioners across the AHSN region. The focus has been on supporting completed collection and reporting of PROMs. This work has resulted in a 20% increase in the collection of outcome data for the majority of our services, though there is still a way to go.

The Network has taken a leading role in implementing the PPEPCare (Psychological Perspectives in Education and Primary Care) project which supports staff in education and primary care to better recognise and understand mental health difficulties in children and young people and provides psycho-educational training drawing on relevant psychological techniques. To date over 1,500 Thames valley staff have attended training sessions.

#### **4. Children's Network**

Network Objective: To improve the health outcomes and experiences of children in the Oxford AHSN region by reducing variation in the prevention, diagnosis and treatment of conditions which are commonly the leading causes of hospital admission.

People: The Children's Network is clinically led by Professor Andrew Pollard, Oxford University and Dr Craig McDonald, Bucks Healthcare NHS Trust. The Network manager is Tim Gustafson.

##### Relevant Activities

The Network is primarily focussed on general acute paediatrics. There is however a significant element working on childhood immunisation.

##### *Vaccinations*

The Network supports the children's flu vaccine programme, working closely with NHS England and Public Health England. The Network has developed [Flu information pages](#) on its website. These are visited regularly and fill a gap by providing a repository of flu resources for health professionals as well as pages for children and families. Children's Network Nurses have delivered training for GPs, practice & school nurses and health visitors (25+ sessions across the whole region in 2015/6) on flu immunisation. A flu poster competition for children in years 1 & 2 as well as outreach work in children's centres in Slough and other public events have all contributed to improving the uptake of the vaccine. The Children's Network developed best practice tips which were subsequently incorporated into PHE's "[Best Practice Guidance for GPs](#)" published in 2016.

The network is working with one hospital in the region to support an innovative programme, offering the children's flu vaccine in paediatric outpatients. This is only the second such trial in the country, and we are collecting data to support this model to increase vaccine uptake next year, both for children and, potentially, other cohorts such as adults in clinical risk groups and the over-65s.

The Children's Network has worked with Commissioners, GPs and secondary care Providers to explore the potential of different models of paediatric care, breaking down the boundaries between primary and secondary care.

## **5. Respiratory Network**

### **COPD & Asthma**

This network began 9 months ago, but has already released a report analyzing variation in COPD and asthma outcomes in the region. It has used this analysis to engage a community of respiratory clinicians, led by a steering group including Joanne King, Berkshire COPD Nurse Consultant, and Katy Beckford, Community Respiratory Team Leader. The network is focusing on primary care treatment regimes and management of patients (QoF adherence), creating education packages where there is an identified need, and raising awareness of existing rehabilitation courses.

## **Other AHSN Activities**

### **1. Clinical Innovation Adoption (CIA)**

The Clinical Innovation Adoption Programme has 43 projects running across its portfolio. During the second year of activity, NHS partners requested that AHSN continue with the original projects as not all had the opportunity to participate in year 1. AHSN are now in our third year of the programme. 12 of the projects have moved into the measure and monitor stage and this has created opportunities for new projects to be taken on board during Q3. While the majority of CIA projects involve other NHS organisations, BHFT are involved in the following:

- Falls (FallSafe Bundles and Falls innovation)—implementation status
- Eating disorders (SHaRON Programme)—supporting status

#### *i) FallSafe Care Bundle Project*

The FallSafe approach is to complete multifactorial assessment and intervention upon a patients' admission to a care setting to identify and treat the underlying reasons for falls and to ensure preventative steps have been taken to ensure patients do not fall while in the care setting. Many of the care bundles are already in hospitals' policies and protocols, but they are not being delivered to patients nearly as often as they should or as a 'packaged innovation' solution. This project is working with Oxford Health, Berkshire Healthcare and Frimley Health trusts to implement the FallSafe Care Bundles and/or improve utilisation rates where FallSafe Care Bundles have already been implemented.

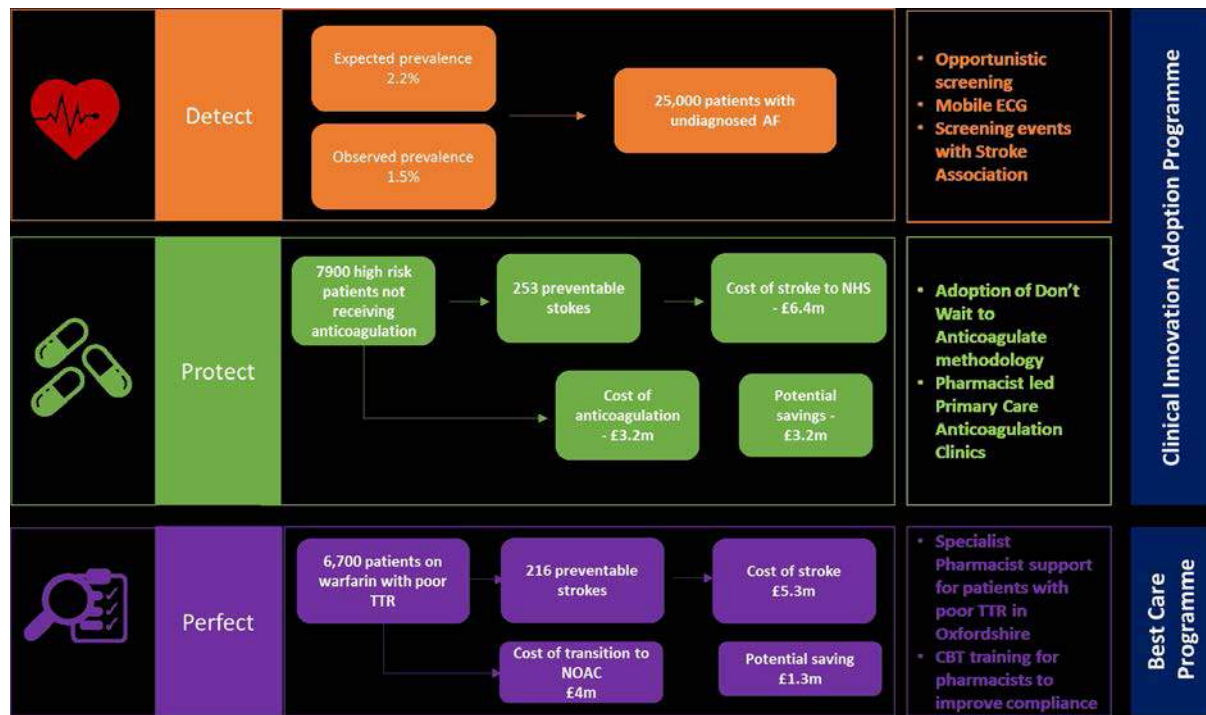
#### *ii) Improving detection and management of atrial fibrillation (AF)*

Overview summary : The Oxford AHSN is working with regional partners to introduce improvements and innovations in the detection and management of Atrial Fibrillation (AF), leading to a reduction in AF-related stroke.

Challenge identified : Atrial Fibrillation (AF) is the most common sustained cardiac arrhythmia and is estimated to affect 70,000 people within the Oxford AHSN region. About 25,000 of these people (36%) are unaware they have the condition. AF is a major cause of stroke - the risk of stroke for a patient with AF is around five times that for a person with normal heart rhythm. In addition to the higher risk of strokes, strokes caused by AF tend to be more severe with higher mortality and resulting in greater disability. Oral anticoagulation therapy with warfarin or a direct oral anticoagulant (DOAC) can reduce the risk of stroke in patients with AF by up to 65%. However, not all people who are at risk of an AF stroke are receiving the appropriate anticoagulation therapy.

Actions taken: The Oxford AHSN AF workstream, part of the Clinical Innovation Adoption programme, supports CCGs, GPs and others to deliver innovations in AF care under the themes of:

- 1) Detect – increasing diagnosis of AF
- 2) Protect – ensuring that patients who are at risk of an A- related stroke are anticoagulated
- 3) Perfect – optimising anticoagulation therapy



### Impacts/outcomes:

#### Pharmacist-led primary care anticoagulation initiation service

The Oxford AHSN was successful in securing funding from Pfizer and Bristol-Myers Squibb to run a proof of concept (pilot) of a pharmacist-led anticoagulation initiation service, based in general practice. Counselling patients on the risks and benefits of anticoagulation and the various options available is a complex and time-consuming process. Currently this burden sits with GPs who have to navigate themselves and the patient through a complex area of pharmacology within a ten-minute appointment slot. Recognising the pressures on primary care capacity and the impact that a high quality consultation has on medicines adherence (and therefore stroke risk), the Oxford AHSN wishes to evaluate the feasibility of providing a pharmacist-led service, based in the GP practice. To deliver the project, the AHSN is partnering with Buckinghamshire Healthcare NHS Trust which has successfully set up a secondary care-based anticoagulation initiation service led by a consultant pharmacist. The service will commence in April 2017 serving a population of 500,000. The aim is to improve the quality and consistency of anticoagulation prescribing and also medicines adherence. The project will be evaluated in terms of anticoagulation rates as well as patient and GP acceptability.

#### Buckinghamshire stroke prevention in AF project

The Oxford AHSN is working with the Buckinghamshire CCGs to deliver a project based on the 'Don't Wait to Anticoagulate' project methodology developed by the West of England AHSN. The project is a collaboration between the CCGs, the Oxford AHSN, Interface Clinical Services (ICS) and Buckinghamshire Healthcare NHS Trust. The project will identify those patients with AF who have a high stroke risk but are not currently receiving anticoagulation and offer them a review with a specialist pharmacist or GP with a view to providing anticoagulation where appropriate. The project will be run as a quality improvement project to ensure that change can be sustained. The first wave of the project goes live in January 2017 with 15 practices and a second cohort before the end of 2016/17. It is hoped that 20 strokes can be prevented as a result of this project.

National AHSN Network priorities addressed:

- Focusing on the needs of patients and populations
- Speeding up adoption of innovation into practice to improve clinical outcomes and patient experience
- Building a culture of partnership and collaboration

Future plans:

- Evaluate project delivery and facilitate spread to other CCGs
- Support CCGs in accessing NHS England funding for mobile ECG

## **2. Wealth Creation**

Title: New standard measures to improve care for patients with Inflammatory Bowel Disease (IBD) developed by international collaboration

Overview summary: New standard measures aimed at improving care for thousands of patients living with a long-term condition have been developed by an international collaboration including the Oxford Academic Health Science Network.

Challenge identified: IBD includes ulcerative colitis and Crohn's disease – long-term chronic conditions that involve inflammation of the gut. IBD affects about one person in 250 – approximately 12,000 in the Oxford AHSN region and 250,000 in the UK. 'Standard Sets' are standardised collections of measures aimed at improving patient care relating to specific medical conditions by enabling quick and easy comparisons. The Standard Set approach aims to shift clinical practice towards a system based on outcomes rather than simply processes. IBD was identified as one area where patients could benefit from this approach.

Actions taken: Since 2015 the Oxford AHSN has been working with the International Consortium for Health Outcomes Measurement (ICHOM) to develop a 'Standard Set' of clinical outcomes measures for IBD. The Oxford AHSN commercial team secured grant funding from AbbVie in the United States for \$100,000 to support some of the work in developing the IBD Standard Set. ICHOM brings together patient representatives, clinical leaders and registry leaders from all over the world to develop these Standard Sets, of which 21 have been developed since 2012.

Impacts/outcomes:

The final agreed IBD Standard Set was published on 12 December 2016. Details can be found here: <http://www.ichom.org/medical-conditions/inflammatory-bowel-disease/> It provides a template for meaningful, comparable, and easy-to-interpret measures that can be implemented in any healthcare setting, anywhere in the world. It includes a simple patient-reported outcome tool that takes, on average, just 30 seconds to complete, as well as data on anaemia, steroid use and other measures, with a timeline for regular completion.

National AHSN priorities addressed:

- Focusing on the needs of patients and populations
- Speeding up adoption of innovation into practice to improve clinical outcomes and patient experience
- Building a culture of partnership and collaboration
- Creating wealth through co-development, testing, evaluation and early adoption and spread of new products and services

Future plans: Planning is now underway with ICHOM to disseminate the IBD Standard Set across the Oxford AHSN region. The Oxford AHSN hopes to work with ICHOM on other Standard Sets in the future.

### **3. Patient and Public Involvement, Engagement & Experience (PPIEE)**

The PPIEE team includes lay partners and the team have been actively involved in training (the popular Leading Together Programme), public engagement (the Living Well project for dementia) and developing networks and communications (opportunities for involvement across research, service delivery and education).

Over 100 people have completed The Leading Together Programme - an innovative leadership development course co-created and co-delivered by patients, carers, professionals and the public. This is the only course for professionals and lay people that has been evaluated and spread. The programme is an innovative approach to changing culture - bringing together patients, carers and the public with professionals to reflect and learn from each other. It consists of three one-day workshops, spread over three months, for equal numbers of lay people and professionals from the same geographical area. This, in conjunction with a joint project, aims to develop local sustainable relationships.

Thanks to the Leading Together Programme, local health systems across the south of England are developing a cohort of lay people and professionals who really get co-production. They have learnt together and worked together on a project and can take this relationship forward into local strategic work, for example as part of the development of Strategic and Transformation Plans. This helps to develop sustainable relationships and people able to advocate for and implement co-production more widely. This critical mass is essential to create culture change for person-centred care.

Nationally, the programme is contributing to the expanding evidence base for the benefits of co-production, describing participants' experiences and their projects as case studies to support spread locally and nationally. The co-produced projects are works in progress with some already delivering results – from new ways to get information to patients to strengthening workforce resilience.

### **4. Stakeholder Surveys - local and national**

Key findings include:

- 80% agreed that the network is building a culture of collaboration and partnership
- 64% said that the Oxford AHSN added value to their work
- 73% who knew at least a little about the Oxford AHSN felt team members were effective in working with them.

These findings reflect an increasing awareness and appreciation of Oxford AHSN and its work to spread innovation, improve patient outcomes and support economic growth with partners across the NHS universities and industry.

## **Conclusion and future engagement**

In an AHSN model based upon collaborating to deliver measurable improvements in patient outcomes, BHFT have contributed clinical expertise and good practice examples to and also benefitted from the support of the AHSN Clinical Networks. Although the direct benefit of this involvement to quality of patient care and clinical outcomes in BHFT clinical services has not been formally evaluated, it can be assumed (based upon informal feedback from BHFT staff involved) that engagement with the AHSN clinical networks has added value to the respective clinical services.

AHSNs will be relicensed from 2018. Funding from NHS England is expected to reduce significantly. AHSN will develop alternative approaches and models to support clinical engagement, to deliver innovation adoption and support system transformation across a broader range of clinical specialties.

Oxford AHSN will hold its partner road-show in Berkshire on 2<sup>nd</sup> May 2017. BHFT and Royal Berkshire Foundation Trust are collaborating to enable the AHSN to hold a joint road-show for both organisations.

**Trust Board Paper**

<b>Meeting Date</b>	14 February 2017
<b>Title</b>	Guardian of Safe Working Hours: quarterly report (Nov 2016- 2 Feb 2017)
<b>Purpose</b>	Quarterly reporting for information for Trust Board covering the period November 2016 to 2 February 2017
<b>Business Area</b>	Medical Director
<b>Author</b>	Dr James Jeffs, Dr Matthew Lowe, Ian Stephenson
<b>Relevant Strategic Objectives</b>	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
<b>Resource Impacts</b>	Currently 1 PA medical time allocated for this role
<b>SUMMARY</b>	<p>The guardian is responsible for protecting the safeguards outlined in the 2016 Terms &amp; Conditions of Service for doctors and dentists in training. The guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the doctor and /or employer, as appropriate. The Guardian will provide assurance to the Trust Board or equivalent body that doctors' working hours are safe.</p> <p>The first batch of doctors in training who have been issued with the new contract has started work in BHFT on 2 February 2017. Hence, future reports from the Guardians to the Board will have information (if it applies) in the exception reporting table. This report represents a point of transition into the new contract, and therefore does not contain data on which conclusions about safe working can be drawn. However, no significant concerns have been raised about safe working as yet.</p> <p>It is proposed that the Guardians report quarterly to the Quality Assurance Committee (QAC) of the Trust Board; the minutes of this committee are available to the Trust Board and also publicly available. Any concerns from the Guardians or the QAC chair about exception reports/ working hours can be escalated for attention of the full Trust Board, as required.</p>
<b>ACTION REQUIRED</b>	<p>The Trust Board is requested to:</p> <p>Note the report on safe working hours and agree to the future reporting proposal-- Guardian of safe working reports quarterly to the Quality Assurance Committee of the Trust Board.</p>

## **QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING FEBRUARY 2017**

### **Executive summary**

This is the second quarterly report for consideration by Trust Board from the Guardians of Safe Working, following on from the previous, and first report (Trust Board Meeting 13/12/2016).

This report is largely for information and does not raise significant issues as the implementation of the new junior doctors' contract, which appointed and instructed the Guardians of Safe Working, will occur at the end of this quarter. Thus, no exception reports have been received.

We report on the successful implementation and continuation of Trainee forum. Further we can assure the Trust that an exception reporting policy has been drafted, as is required, and will be considered by the trust LNC. We can also confirm that an electronic system of exception reporting DRS 4.8.0 is now in place, and we will continue to assess whether this will meet the needs of the trust and trainees moving forward into live usage.

We do not foresee any problems with the implementation of the new contract, starting with the February 2017 intake of trainees.

### **Introduction**

Guardians of Safe Working are a requirement of the 2016 Junior Doctor's contract and have a number of responsibilities and powers to directly intervene in issues of patient safety relating to junior doctors working. They are independent of the management structure of the organization. Their responsibilities include the following: To act as the champion of safe working hours; to receive exception reports and record and monitor compliance; to escalate issues for decision and action; to intervene to reduce any identified risks to doctors or patient safety; to require work schedule reviews to occur where there are persistent breaches of working hours; and to distribute monies received as a consequence of financial penalties to improve Junior Doctor training and service experience. In addition, they have the authority to intervene in any instance where the guardian feels the safety of patients and/or doctors is compromised, or that issues are not being resolved satisfactorily.

The Guardians of Safe Working are required to produce a report for the trust board no less than quarterly. They can also raise with the Trust Executive any issues that have not been addressed in the appropriate timescale locally, if they feel this to be appropriate.

The Guardians of Safe Working in BHFT are not formally responsible for Foundation Years doctors. FY doctors will report to the Guardian at The Royal Berkshire NHS Foundation Trust. Reports to the BHFT board will not therefore include formal data in regard to FY doctors, but will include any concerns raised by them in regard to patient safety.



## High level data

Number of doctors in training (total): 33 (FY1 – ST6)

(The trust has one locum training grade doctor in post as 'Locum Appointment for Service' who is not included in the above figures and has not been issued with the 2016 TCS).

Number of doctors in training on 2016 TCS (total): 33

Amount of time available in job plan for guardian to do the role: 0.5 PAs Each (job share)

Admin support provided to the guardian (if any): Medical Staffing

Amount of job-planned time for educational supervisors: 0.25 PAs per trainee

### a) Exception reports (with regard to working hours) – N/A as only came in on 1<sup>st</sup> February 2017

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Psychiatry	0	0	0	0
Dentistry	0	0	0	0
Sexual Health	0	0	0	0
Total	0	0	0	0

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
CT 1-3	0	0	0	0
ST 4-6	0	0	0	0
Total	0	0	0	0

Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Psychiatry	0	0	0	0
Dental	0	0	0	0
Total	0	0	0	0

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
CT1-2 / ST1-2	0	0	0	0
ST4-6	0	0	0	0
Total	0	0	0	0

Hours monitoring exercises (for doctors on 2002 TCS only) from 24 <sup>th</sup> October to 6 <sup>th</sup> November 2016					
Specialty	Grade	Rostered hours	Monitored hours	Banding	WTR compliant (Y/N)
Psychiatry	CT1-3	48:35	48:17	1A	Y

(Hours monitoring for Out of Hours Rota for CT doctors)

**b) Work schedule reviews**

There have been no work schedule reviews in this quarter (since there have been no exception reports to trigger a work schedule review). The Medical Staffing department has created Generic Work Schedules. The DME, working with tutors, the School of Psychiatry and Clinical Supervisors, has worked to develop Specific Work Schedules. These are both required by the contract.

Work schedule reviews by grade	
CT1-3	0
ST4-6	0

Work schedule reviews by department	
Psychiatry	0
Dentistry	0
Sexual Health	0

**c) Locum bookings**

(All data provided below for locum bookings covers the period 1<sup>st</sup> November 2016 – 31<sup>st</sup> January 2017)

**i) Bank**

Locum bookings (bank) by department					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Psychiatry	22	21	1	192	184
Dentistry	0	0	0	0	0
Sexual Health	0	0	0	0	0
Total	0	0	0	0	0

Locum bookings (bank) by grade					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
CT1-3	22	21	1	192	184
ST4-6	0	0	0	0	0
Total	0	0	0	0	0

Locum bookings (bank) by reason*					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Mat leave gap	13	13	0	124	124
Sickness	6	5	1	40	36
Other -DNA	3	2	0	28	24
Total	22	20	1	192	184

How was any uncovered work covered/consequences:

One 4 hour evening shift (sickness) was not covered by our trainees, but was covered by an agency specialty doctor already working at the Trust.

One 4 hour evening shift the trainee did not attend and the shift was covered by the other junior doctor on the rota also down to cover the evening shift, with the help of the consultant on-call

The junior in question felt unable to cover this evening shift, but had failed to adequately communicate this. The work scheduled for this doctor was then required to be covered over the next weekend (2 long days); since then, this doctor has taken up full duties.

## ii) Agency

Locum bookings (agency) by department				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Psychiatry	1	1	4	4
Dentistry	0	0	0	0
Total	0	0	0	0

How was any uncovered work covered/consequences:

Locum bookings (agency) by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Specialty doctor covered CT shift	1	1	4	4
ST4-6	0	0	0	0
Total	0	0	0	0

Locum bookings (agency) by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	0	0	0	0
Sickness	1	1	4	4
Total	0	0	0	0

**d) Locum work carried out by trainees**

Locum work by trainee						
Specialty	Grade	Number of shifts worked	Number of hours worked	Number of hours rostered per week	Actual hours worked per week	Opted out of WTR?
<b>Total</b>						

*Trainees opting out of the WTR may work over the contracted hours to do voluntary locum work. Safety would depend on the pattern of the working. We are not planning to encourage contract breach in this manner.*

Locum work carried out by our trainees is recorded under bank as that is how we currently collect the data. Currently we make no distinction between our trainees; our specialty doctors who cover shifts and our zero hours bank locums (all former members of staff). Going forward we will refine our data collection to provide a more complete and nuanced picture.

**e) Vacancies**

Vacancies by month						
Specialty	Grade	Month 1	Month 2	Month 3	Total gaps (average)	Number of shifts uncovered
Psychiatry	CT	1	1	1	1	0
<b>Total</b>		1	1	1	1	0

The only gap was the maternity leave gap but we covered all of the OOH shifts associated with this role.

**f) Fines**

Fines levied by the Guardians of Safe Working should be applied to individual departments, as is the intent of the contract. No fines have been levied in this quarter.

Fines by department		
Department	Number of fines levied	Value of fines levied
None	None	None
<b>Total</b>	0	0

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
£0	£0	£0	£0

## **Qualitative information**

The junior doctors' forum continues under the oversight of the junior doctor leads, and has been well attended thus far. Several junior doctors raised concerns about handovers from nursing staff not having key patient information. They were encouraged to discuss this with the Clinical Director for inpatient services (who was advised of this matter) and collect objective information about the issue. No immediate patient safety concerns have been raised thus far.

## **Issues arising**

This report represents a point of transition into the new contract, and therefore does not contain data on which conclusions about safe working can be drawn. However, no significant concerns have been raised about safe working as yet.

## **Actions taken to resolve issues**

No direct actions required. The Clinical Director for Inpatient Services was identified as being the appropriate point of contact for the Junior Doctors' Forum leaders to raise the concerns made above, which is not in the purview of the Guardians of Safe Working.

## **Summary**

All rotas are currently compliant. The 2016 contract will be implemented as planned February 2017. It is not predicted that any trainees will breach the key mandated working limits of the new contract.

The main risk to unsafe hours would be excessive locum shifts voluntarily taken by trainees. At this point in the implementation of the contract we have asked trainees to ensure they do not work unsafe hours from taking locum shifts, as is their responsibility under the contract.

The Guardians give assurance to the Trust Board that no unsafe working hours have been identified, and no other patient safety issues requiring escalation have been identified.

## **Questions for consideration**

The Guardians ask the Board to note the report and the assurances given above.

The Guardians make no recommendations to the Board for escalation/further actions.

## **Appendices**

This report contains no appendices.

*Report compiled by the Guardians of Safe Working Hours, Dr James Jeffs and Dr Matthew Lowe and Ian Stephenson, Medical Workforce Lead.*

### Trust Board Paper

<b>Board Meeting Date</b>	14 February 2017
<b>Title</b>	Patient Experience Quarter 3 report
<b>Purpose</b>	The purpose of this report is to provide the Board with information on patient experience within the trust
<b>Business Area</b>	Nursing and Governance
<b>Author</b>	Liz Daly, Head of Engagement and Service User Experience Jayne Reynolds, Deputy Director of Nursing Helen Mackenzie, Director of Nursing and Governance
<b>Relevant Strategic Objectives</b>	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
<b>CQC Registration/Patient Care Impacts</b>	Supports maintenance of CQC registration and supports maintaining good patient experience
<b>Resource Impacts</b>	N/A
<b>Legal Implications</b>	N/A
<b>SUMMARY</b>	<p>Boards are required to review patient feedback in detail. In quarter three, the Trust received 36 formal complaints which is an decrease on the previous quarter.</p> <p>The top reasons for complaints being made during quarter one were:</p> <ul style="list-style-type: none"> <li>• care and treatment</li> <li>• attitude of staff</li> <li>• communication</li> </ul> <p>The formal complaint response rate, including those within a timescale re-negotiated with complainants was 100% for the quarter which continues to be exceptional performance.</p> <p><b>Patient and Public Involvement</b> Just below 90% of patients rated our services as good or better in the trust's internal patient survey.</p>
<b>ACTION REQUIRED</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• Consider the report and reflect on the patient feedback received</li> </ul>

## 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 three patient experience report. In my overview I have considered elements of the feedback received by the organisation and drawn conclusions.

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

During quarter three, the trust continued to achieve a complaint response rate of 100%. The average number of days taken to resolve a complaint was 33 although a small number of complaints took longer than 40 days. Just over 65% of complaints were upheld or partially upheld which enables us to conclude that our complaint investigation is objective. It was useful to read that the process for identifying named members of staff is working and that assurance is being sought that behaviours have been addressed.

Overall the trust saw a decrease in the number of complaints received however two services received the highest number of complaints as in the previous quarter, the Community Mental Health Teams and Prospect Park Hospital acute mental health wards. The Crisis Resolution Home Treatment Team (CRHTT) featured again as a service that received a higher number of complaints.

It's important to note that Bracknell and West Berkshire Community Mental Health Teams received slightly more complaints than the other localities. Clinical care remained the common subject, with no specific themes identified. Both of these teams have experienced significant change over the last few months, Bracknell has had a number of staffing vacancies and West Berkshire has undergone a significant service change with local authority staff having been removed from the team leaving only health staff. It's interesting to see the Windsor, Ascot and Maidenhead (WAM) position with only one complaint received in each of the last two years. The Clinical Director for East Berkshire mental health is reviewing the position to ensure that patients know how to complain if they have a poor experience.

Prospect Park Hospital (PPH) acute ward's complaints has shown that a high number were categorised as 'alleged abuse, this would include allegations of bullying, physical, sexual and verbal'. This includes instances where patients have raised concerns about their experience of PMVA (prevention and management of violence and aggression) techniques and about the behaviour of staff and other patients during their stay on the ward. The trust is noted as an outlier in the use of prone restraint in the most recent national benchmarking so further work is required in this area even though only one complaint was partially upheld. Each restraint incident is reviewed by the lead nurse for personal safety. As the board is aware there are significant staff vacancies on the wards and therefore high agency and bank use which will affect patient experience.

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.

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

I have asked the team to look at the following areas for trends in light of the number of complaints received:

- Henry Tudor, Oakwood and Ascot community health inpatient wards
- Reading, Wokingham and WAM Child and Adolescent Mental Health Services

As per previous quarters the top reasons for complaints being made during quarter two were care and treatment, attitude of staff and 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 CQC published the annual Community Mental Health Survey in November 2016, later than usual. We were rated overall as performing the same as the majority of other trusts. The survey was conducted early in 2016. It was concerning to see that Crisis Care satisfaction has decreased and the patient satisfaction 'deep dive' commissioned will help understand the steps we need to take to improve. However it was heartening to see that there has been a significant increase in satisfaction with being supported to find work as a result of our employment service work. I find frustrating that commissioners are still unwilling to fund this service. The 2017 survey is due to commence shortly.

Our 15 steps programme continues to provide helpful, positive feedback however it was disappointing to read the observations by the team about Windsor Ward. The Wokingham wards do fluctuate in their performance and as a consequence this has been raised with the Locality and Clinical Directors. It was good to read that the experience of Sorrel and Campion was good which will hopefully be supported by the CQC when we receive their report from the most recent inspection.

The national benchmarking for the Friends and Family Test (FFT) with local similar trusts indicates a good performance however without a 15% response rate the results are not robust. The focus from the board on improving our response rate in key metrics will be helpful.

The patient and public involvement information collection is our long standing internal patient survey which asks patients how they rate their experience, 89.7% reported the service they received as good or better. This is a decrease in performance which is disappointing and I would hope to see an improvement in the next quarter. The patient experience team are going to review the use of the survey.

## **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 three (October to December 2016), the report also compares this data with that of previous quarters so that trends and themes can be identified which help both the Trust and individual services to better understand the experience of patients and monitor the impact of changes made as a result of feedback received.

### **1. Formal Complaints**

#### **1.1 Formal complaints received**

The Trust has received 36 formal complaints in quarter three; as detailed in table one, this is a decrease in comparison on the previous three quarters. The West Berkshire locality was the only locality to see an increase in the number of formal complaints received, in comparison with the last quarter, of the other localities: Slough received the same number and all of the other localities saw a decrease.

In addition to the complaints detailed in this section of the report, the following complaints have been received by other organisations (such as NHS England and Acute Trusts) with an element relating to the services we provide (compared with three in quarter two, two in quarter one) and relate to:-

- The advice and responsiveness from our Crisis Resolution/Home Treatment Team (CRHTT).
- The waiting time to see a psychiatrist and follow up support from the community mental health service.
- A complaint where a patient received a letter saying that they had not attended an appointment with the Diabetic Eye Screening Service when they had made contact with the service.
- A complaint about the care and record keeping provided by the community nursing service to a patient.

**Table One: Formal complaints received by Locality tables**

	2016/17			2015/16				2016/17 YTD	2015/16 Annual	2014/15 Annual
	Q3	Q2	Q1	Q4	Q3	Q2	Q1			
Mental Health Inpatients	5	11	10	8	15	3	10	26	36	47
Bracknell	6	7	4	10	4	6	8	17	28	37
West Berkshire	8	2	5	3	2	6	7	15	18	28
Reading	7	12	13	16	9	12	9	32	46	28
Slough	4	4	7	5	3	3	3	15	14	19
Windsor, Ascot and Maidenhead	2	10	9	8	3	13	11	21	35	36
Wokingham	4	10	17	13	10	8	9	31	40	41
Other inc Corporate	0	0	1	0	1	0	0	1	1	8
<b>Total</b>	<b>36</b>	<b>56</b>	<b>66</b>	<b>63</b>	<b>47</b>	<b>51</b>	<b>57</b>	<b>158</b>	<b>218</b>	<b>244</b>

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

For reporting purposes a complaint is logged under the Locality that the service receive their line management from, therefore services that operate trustwide for example Child and Adolescent Mental Health Services (CAMHS), although providing services in all localities will have any complaints about their services logged under one locality and not the locality where the services was received.

There has been a significant decrease in the number of formal complaints received during quarter three in comparison with both quarters one and two. The table below shows that half of these complaints were for the community nursing service and Community Mental Health Teams (CMHT). There was no commonality between the two CMHT complaints, however as the Community Nursing complaints raised concern about the clinical care provided by the same member of staff, specific competency monitoring and support practices have been put in place. The Chief Executive also asked for assurance that the concerns were being addressed.

**Table Two: Formal complaints received for the West Berkshire Locality by Service**

West Berkshire Locality - Service	2016/17		
	Q3	Q2	Q1
Community Nursing	2		1
CMHT/Care Pathways	2		2
Podiatry	1	1	
Integrated Pain and Spinal Service	1		
CMHTOA/COAMHS - Older Adults Community Mental Health Team	1		
Community Hospital Inpatient	1		1
Phlebotomy		1	1
<b>Grand Total</b>	<b>8</b>	<b>2</b>	<b>4</b>

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

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

Service	2016/17				2015/16				
	Q3	Q2	Q1	% of total received	Q4	Q3	Q2	Q1	Total
CMHT/Care Pathways	7	8	9	15.19	11	6	6	7	30
Crisis Resolution & Home Treatment Team (CRHTT)	3	4	10	10.76	2	7	2	2	13
Adult Acute Mental Health Admissions	4	7	5	10.13	4	7	1	6	18
CAMHS - Child and Adolescent Mental Health Services	2	5	6	8.23	5	2	11	10	28
Community Hospital Inpatient	3	3	7	8.23	5	2	2	7	16
GP - General Practice	1	4	4	5.70	7	1	5	6	19
Out of Hours GP Services	1	3	4	5.06	5	1	5	3	14
Community Nursing	3	2	3	5.06	3	7	3		13
PICU - Psychiatric Intensive Care Unit	1	3	1	3.16	1			2	3
Minor Injuries Unit (MIU)	0	1	2	1.90	1	2		2	5
10 other services – no trends identified	11	16	15		19	12	16	12	59
Grand Total	36	56	66		63	47	51	57	218

The services with the highest number of formal complaints during quarter three were CMHT/Care Pathways, Acute Adult Mental Health inpatients, Crisis Resolution/Home Treatment Team (CRHTT), Community Hospital inpatients and Community Nursing.

However, CRHTT did see a continued decrease in comparison with quarters one and two, and the Clinical Director for CRHTT continues to review all of the complaints received to ensure that there are no particular themes or trends that require specific action.

For CMHT and Community Hospital inpatients the number of complaints was similar to the number received in quarter two, and Adult Acute Mental Health inpatients saw a significant decrease.

During 2016/17 a number of services are being specifically highlighted within this report because they received a higher number of complaints during 2015/16 and/or there have been quality concerns. The services identified are CMHT, Community Inpatient wards, CRHTT and CAMHS.

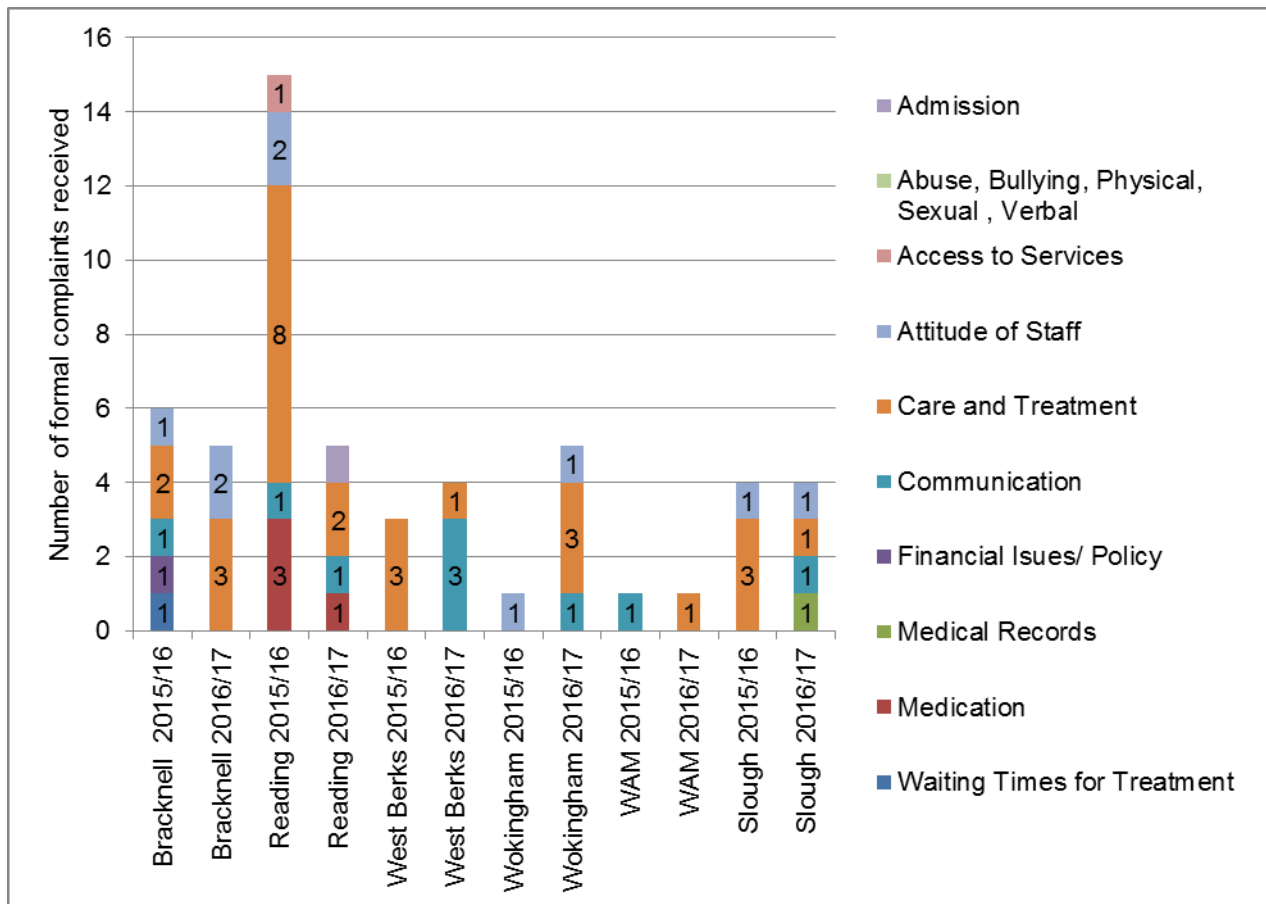
For these services the graphs below detail the total number of complaints by reason for 2015/16 and for complaints to date this year.

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

### CMHT/Care Pathways

During quarter three, CMHTs received 7 formal complaints a decrease from 8 in quarter two, 9 in quarter one and 11 in quarter four 2015/16. Bracknell and West Berkshire received the highest number of complaints (three and two respectively). Clinical care remained the common subject of complaints, with no specific themes identified.

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

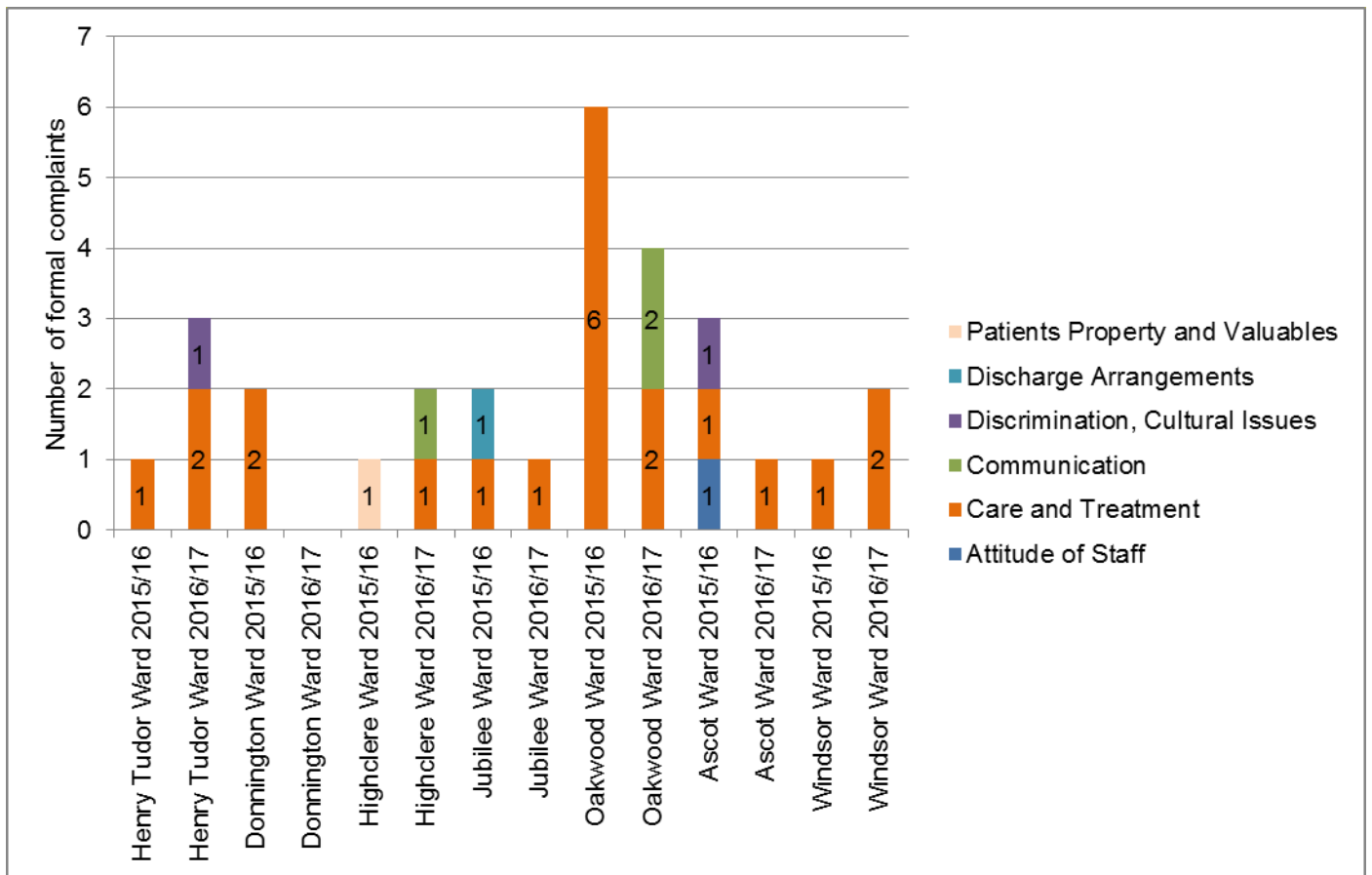


### Community Hospital Inpatient Wards

During quarter three there were 3 formal complaints received about the community wards, this is the same as in quarter two and a sustained decrease compared with 7 in quarter one.

These were about the clinical care received on Henry Tudor Ward, Highclere Ward and the Oakwood Unit.

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

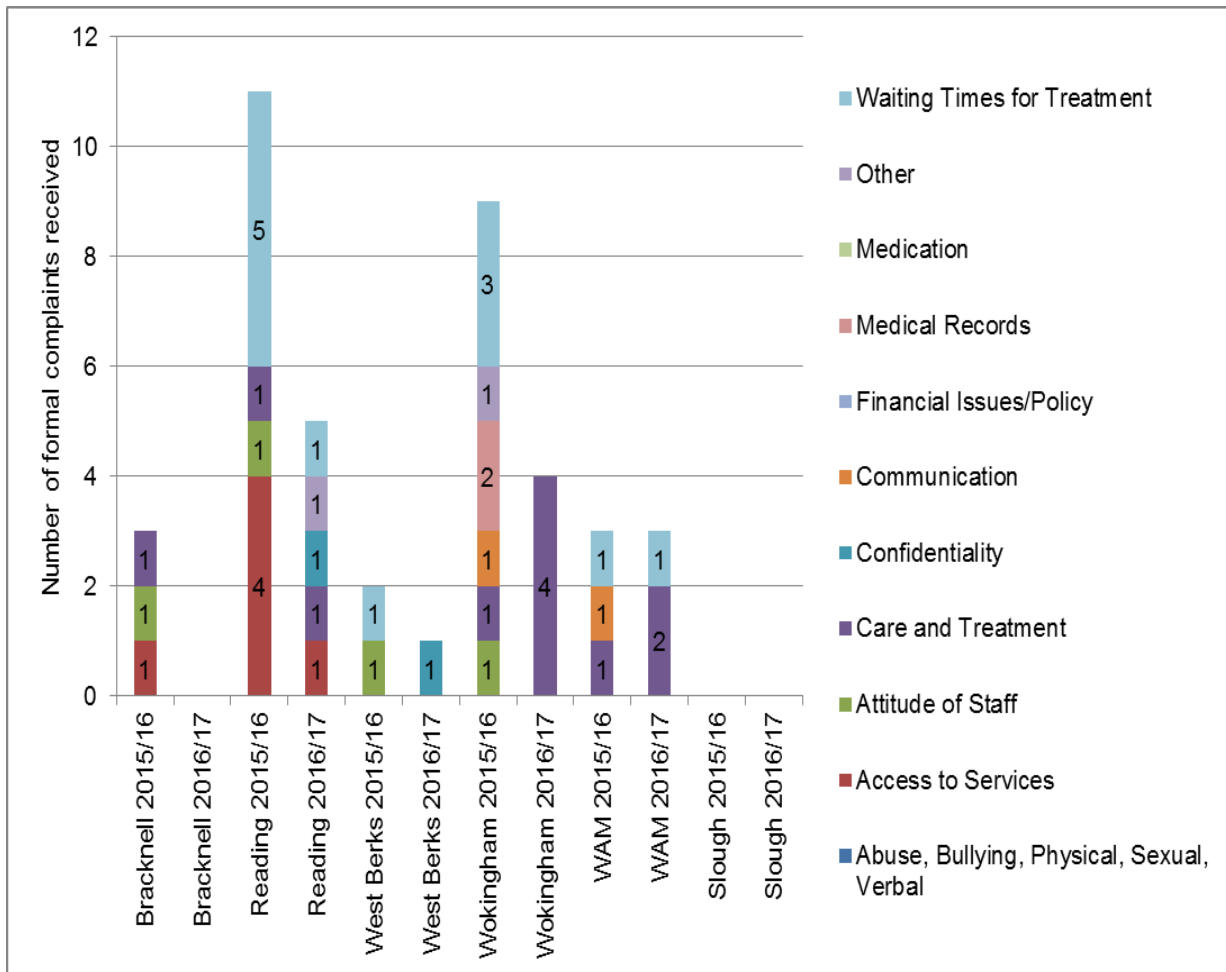


**CAMHS - Child and Adolescent Mental Health Services**

CAMHS has seen a continued decrease in the number of formal complaints with 2 received during quarter three in comparison with 5 in quarter two and 6 in quarter one; the number of complaints received remains lower than those received during quarters one and two in 2015/16.

Although for reporting purposes in table 1, CAMHS is reported under the Windsor, Ascot and Maidenhead Locality. Graph three shows the geographical locality where the service is based. Both of the complaints received were about care and treatment.

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



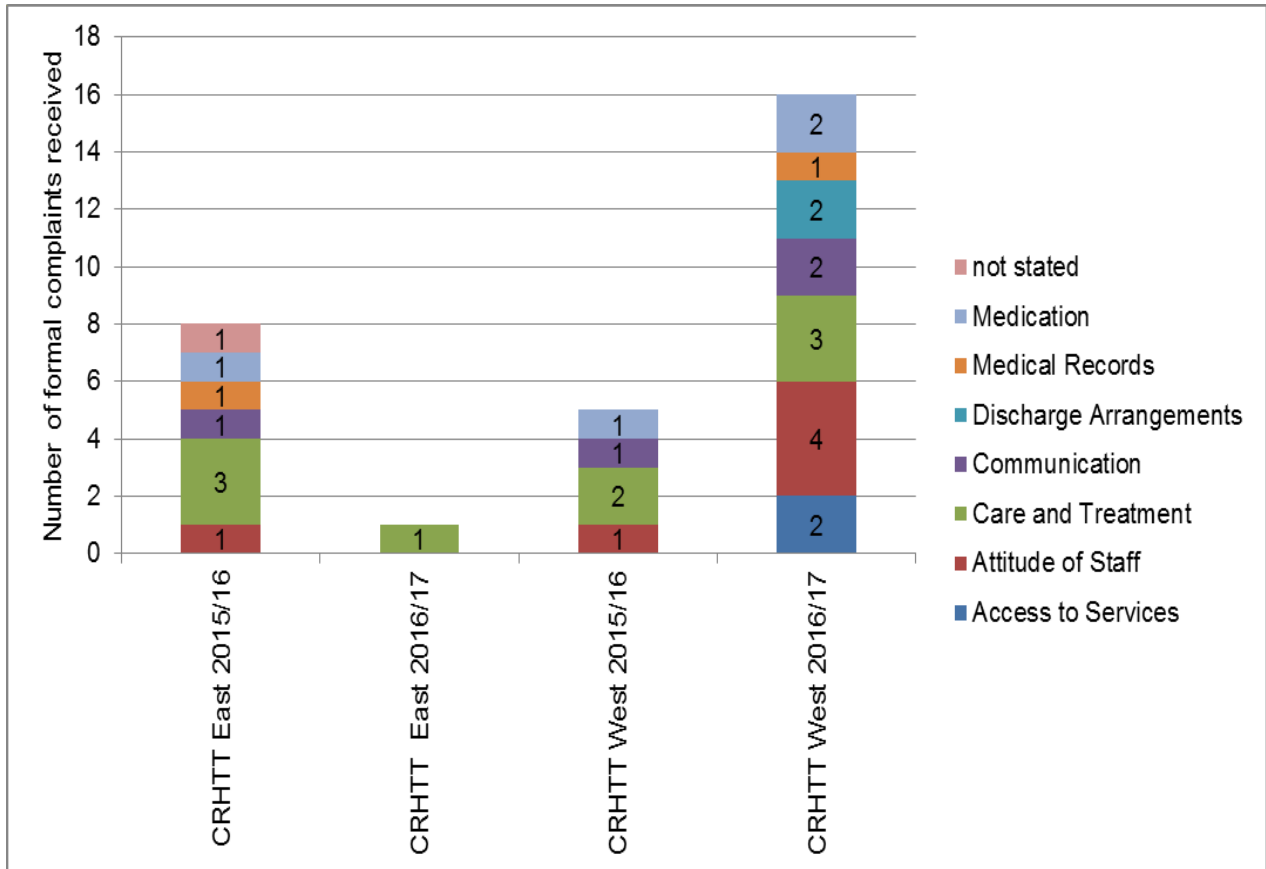
Themes within CAMHS continue to be monitored to ensure that this positive reduction in complaints around wait times and access, continues.

**Crisis Resolution/Home Treatment Team (CRHTT)**

CRHTT continued to see a decrease in formal complaints in quarter three, receiving three in comparison with 4 in quarter two and 10 in quarter one.

Reading continues to be the locality which has received the highest number of complaints with all 3 of the complaints for this quarter being in relation to services in the Reading area.

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



### Mental Health Inpatients

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

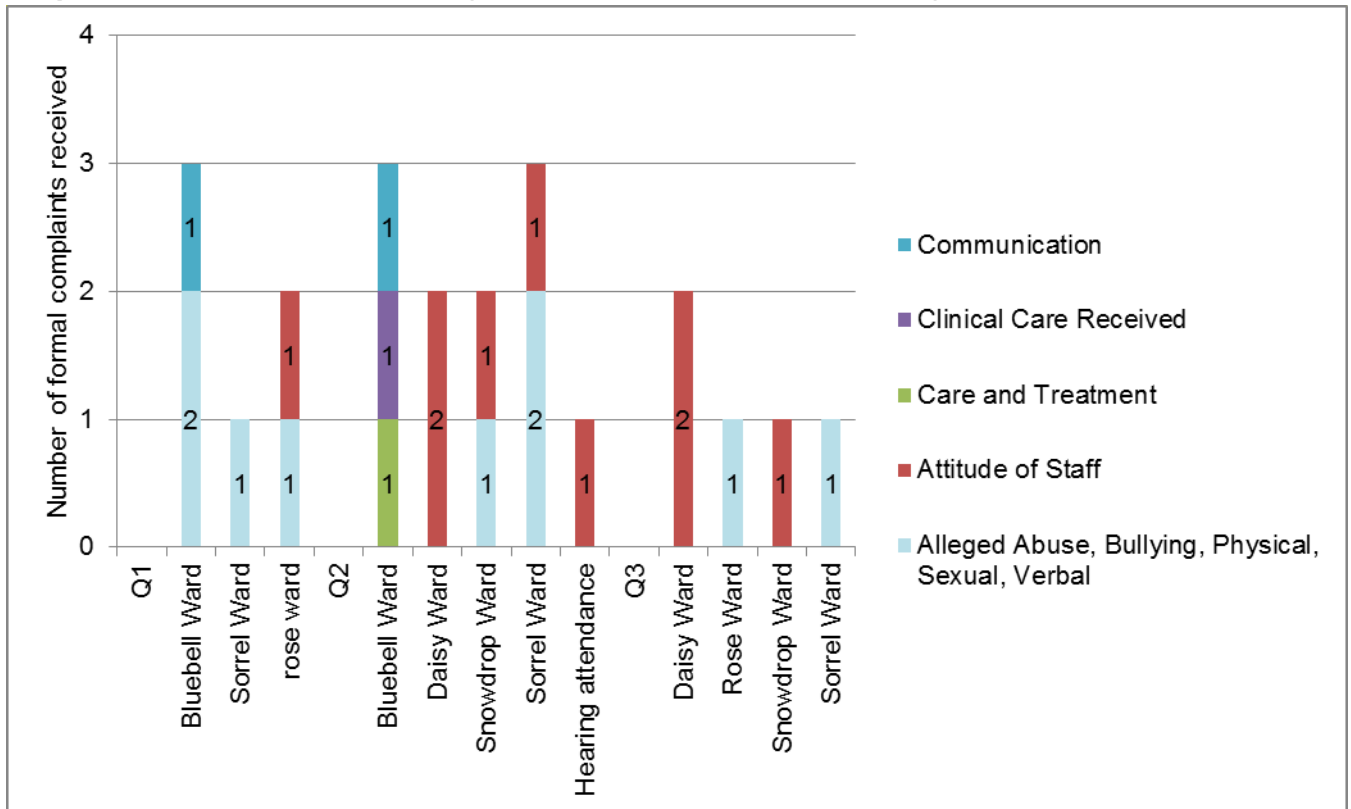
The review of complaints received during 2016/17 shows that a high number were categorised as ‘alleged abuse, this would include allegations of bullying, physical, sexual and verbal’, by both staff and other patients. 3 of the 16 complaints raised in the 3 quarters were involving patients raising concerns about their experience of PMVA (prevention and management of violence and aggression) techniques. A further 4 complaints were about patients not feeling safe on the ward, in terms of their peers. This was on 4 different wards, but was confined to female complainants.

The Trust lead for PMVA is sent a copy of any complaints that are received about the use of physical restraint and containment, for their expert opinion and advice. Similarly, concerns relating to alleged assault involving staff or other patients are highlighted to our Safeguarding team. This brings a further level of objectivity to our complaint investigations.

To bring some context to the formal complaint activity for quarter three, there were 6 closed during the quarter and only one of these was found to be partially upheld. Further information on the outcome of complaints can be found in table seven.



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



**Table Four:** Themes of all formal complaints received

Theme	2016/17				2015/16			
	Q3	Q2	Q1	% of 2016/17 received	Q4	Q3	Q2	Q1
<b>Care and Treatment</b>	<b>19</b>	<b>22</b>	<b>26</b>	<b>42.41</b>	27	17	15	19
<b>Attitude of Staff</b>	<b>7</b>	<b>12</b>	<b>14</b>	<b>20.89</b>	16	11	10	9
<b>Communication</b>	<b>7</b>	<b>4</b>	<b>8</b>	<b>12.03</b>	4	3	2	9
Alleged Abuse, Bullying, Physical, Sexual, Verbal	2	3	4	5.70		1	1	2
Access to Services			4	2.53	4	2	6	5
Medical Records			4	2.53		1	4	
Medication		2	2	2.53	4	3	1	1
Confidentiality		3	1	2.53	3		1	
Discharge Arrangements		3	1	2.53			2	
Waiting Times for Treatment		3	1	2.53	1		7	8
Support Needs (Including Equipment, Benefits, Social Care)	1			0.63				
Other/not stated		4	1		4	9	2	4

Grand Total	36	56	66
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63	47	51	57
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The top reasons for complaints being made during quarters one, two and three were:

- Care and treatment
- Attitude of staff
- Communication-

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

## 1.2 Formal complaints closed and action taken

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

**Table Five:** Outcome of formal complaints closed

Outcome	2016/17				2015/16				
	Q3	Q2	Q1	% of 2016/17 received	Q4	Q3	Q2	Q1	2015/16 Total
Case not pursued by complainant	5	1	4	5.99	4	1	1	6	12
Consent not granted	4	1	1	3.59	2		1	1	4
Local Resolution	0	1	4	2.99	3	3	3	5	14
Not Upheld	7	16	14	22.16	15	16	21	17	69
Partially Upheld	18	24	22	38.32	17	11	17	19	64
Referred to other organisation	0	0	0	0.00	1	0	0	2	3
Upheld	7	18	20	26.95	19	17	12	7	55
Grand Total	41	61	65		61	48	55	57	221

The percentage of complaints upheld has decreased in comparison with quarters one and two (31% and 30% respectively). Partially upheld complaints have continued to increase from 36.51% in quarter two, 33.85% in quarter one and 28% in quarter four.

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

- Care and treatment (64%)
- Attitude of staff (12%)
- Communication (8%)
- Access to Services (8%)

Table Six below shows the services with upheld or partially upheld complaints during quarter three.

**Table Six: Upheld and Partially Upheld formal complaints**

Service	Outcome of complaint		Grand Total
	Partially Upheld	Upheld	
CMHT/Care Pathways	3	2	5
Crisis Resolution & Home Treatment Team (CRHTT)	1	2	3
Out of Hours GP Services	2		2
Psychological Medicine Service	1		1
Integrated Pain and Spinal Service	1		1
CAMHS - Child and Adolescent Mental Health Services	1		1
Talking Therapies	1		1
Community Hospital Inpatient	1		1
Learning Disability Service Inpatients		1	1
Palliative Care	1		1
Children's Occupational Therapy - CYPIT	1		1
Phlebotomy		1	1
PICU - Psychiatric Intensive Care	1		1
Community Nursing	1		1
Sexual Health	1		1
GP General Practice		1	1
Adult Acute Admissions	1		1
Hearing and Balance Services	1		1
Grand Total	18	7	25

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 Seven: Outcome of formal complaints by service**

Service	Outcome of complaint				Grand Total	
	Case not pursued by complainant	Consent Not Granted	Not Upheld	Partially Upheld		Upheld
Adult Acute Admissions	1	1	3	1	6	
CMHT/Care Pathways	2	2	1	3	2	10
Crisis Resolution & Home Treatment Team (CRHTT)				1	2	3
PICU - Psychiatric Intensive Care	1			1		2
Grand Total	4	3	4	6	4	21

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

### 1.3 Response rate for formal complaints

Whilst the Complaint Regulations 2009 state that the timescales for complaint resolution are to be negotiated with the complainant, the Trust monitors performance internally against both a 25 working day timeframe and the negotiated 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 reports sent to Clinical Directors and Service Managers, as well as ongoing communication with the complaints office throughout the span of open complaints to keep them on track as much as possible. This is reflected in the 100% cumulative percentage achieved for the quarter. This 100% within re-negotiated timescales has now been achieved for 10 consecutive months.

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

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

The average number of days taken to resolve formal complaints during quarter three was 33, an increase from 28 in quarter two, 29 in quarter one and the same as during quarter four 2015/16.

The number of formal complaints that took longer than 40 working days to resolve was nine in quarter three; a slight increase from the previous downward trend of 15 in quarter four 2015/16, ten in quarter one 2016/17 and eight in quarter two.

### 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 three we received 13 enquiries from MPs: this was in comparison with 11 enquiries during quarters one and two combined. Ten of these 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.

## 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 three 2016/17.

**Table Nine: PHSO Activity**

Month open	Service	Month closed	Current Stage
Dec-15	District Nursing	n/a	Not a BHFT complaint - community nursing records requested to inform investigation about a different Trust. Update requested.
Jan-16	Talking Therapies	n/a	Awaiting final report.
Jun-16	GP General Practice	Dec-16	Not upheld.
Sep-16	CAMHS	n/a	Following discussion with PHSO, complaint file will be sent once the scope of the investigation has been received.
Oct-16	District Nursing	n/a	Investigation underway.
Oct-16	Community Inpatient ward	n/a	Investigation underway.

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

## 3. Informal Complaints/Local Resolution

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

The complaints office has been working with services to devise ways of resolving complaints that meet 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 to be captured.

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

#### **4. NHS Choices**

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

15 negative comments were received in quarter three. Five of these were about the Slough Walk In Health Centre and the themes included waiting times for results, waiting time for an appointment, the attitude of staff and staffing levels.

There has been one positive post during quarter three: about Rowan Ward, an older persons mental health ward at Prospect Park Hospital. In this post, the husband of a patient said

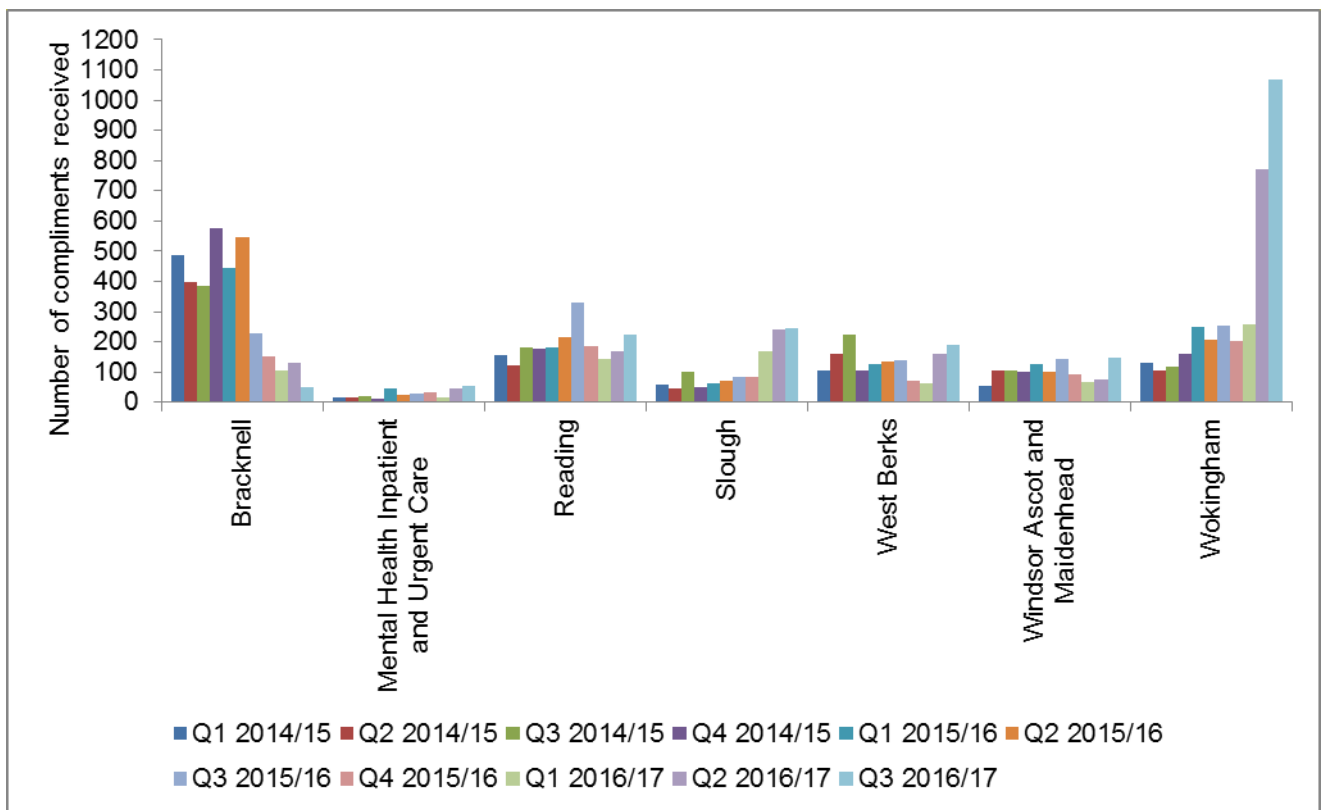
*'the change in her has been amazing. The love, care and kindness she has received is a credit to all of the staff and without doubt the reason for her improvement. My family and I are so grateful to all concerned and will use Rowan as the bench mark for her future care when she moves to a care home.'*

#### **5. Compliments**

Graph six 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 other than the traditional thank you card. We have listened to what staff have said about improving the way this system works and there is now a batch upload option for multiple compliments to be entered into the system.

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

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



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

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

**Table Ten:** Top services to report compliments in quarter three

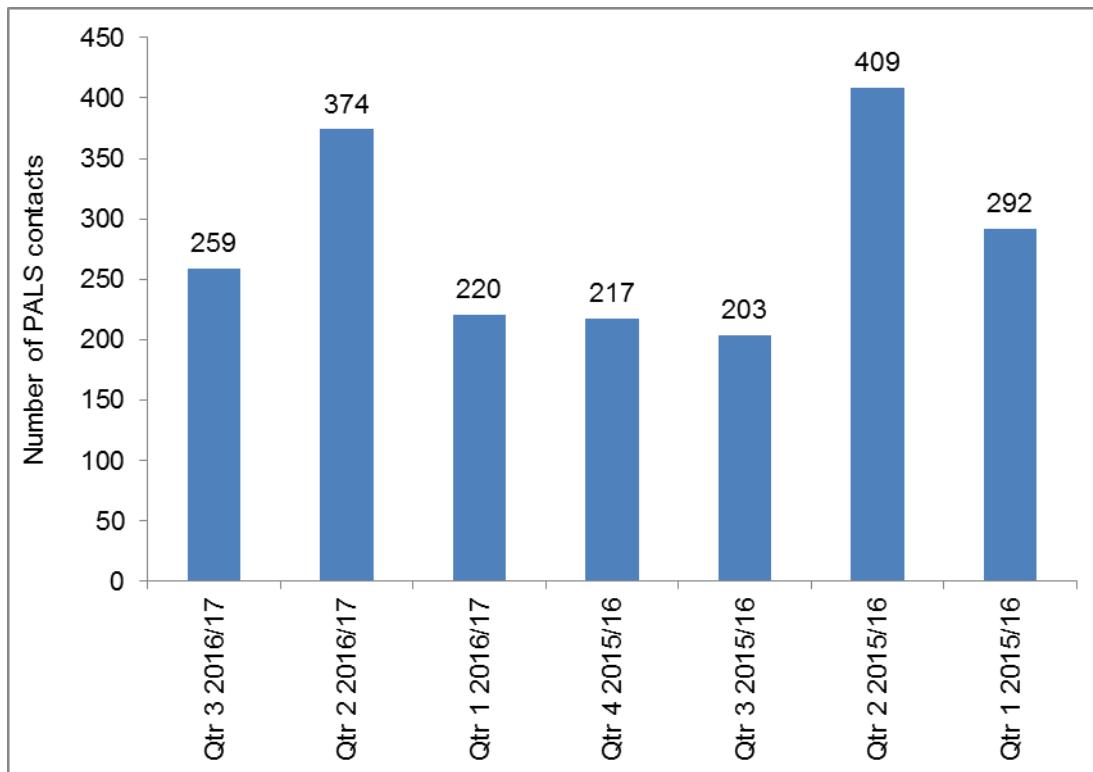
Service	Number of compliments
Talking Therapies	903
ASSiST	165
District Nursing	123
Community Hospital Inpatient	109
CMHTOA/COAMHS - Older Adults Community Mental Health Team	90
Community Based Neuro Rehab	66
Older Peoples Mental Health (Ward Based)	43
Community Respiratory Service	41
Mobility Service	34

In addition, there were 198 compliments logged that were from sources other than patients, carers and the public. These include students on placements, other organisations and services.

## 6. Patient Advice and Liaison Service

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

**Graph Seven:** PALS contacts





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

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

- Communication
- Care and treatment
- Information requests

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

## **7. Patient and Public Involvement**

### *Annual Community Mental Health Survey*

The national CQC benchmarking report was published during quarter three. This showed that Berkshire Healthcare scored amber (about the same as other Trusts) across all sections and questions except one: When you tried to contact them (Crisis Care), did you get the help you needed?

We were in the lowest range for this question, rated as red. Crisis Care satisfaction has decreased in comparison with 2015.

We saw improvements across all areas of the report that looked at support and wellbeing.

In summary, the CQC benchmarking survey reported that satisfaction:

- Increased across 25 domains
- Decreased across 10 domains
- Stayed the same in 1 domain

In the previous survey, we scored the lowest national score for 'In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?' This question was not included in the 2016 survey.

There has been a significant increase in satisfaction with being supported to find work. Our Individual Placement and Support (IPS) employment service receive positive feedback through our internal patient survey and it is assuring to see that this is also reflected the annual survey.

Further analysis is attached as an appendix and the services are leading improvements based on this feedback.

### *Deep Dives*

There are two 'Deep Dives' underway:

- to support the action plan from the National Audit of Schizophrenia
- the experience of patients and carers accessing the Crisis Resolution/Home Treatment Team

### 15 Steps

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

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

## 8. The Friends and Family Test

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

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

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

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

Ward	Ward type	2016/17			2015/16			
		Q3 %	Q2 %	Q1 %	Q4 %	Q3%	Q2%	Q1 %
Oakwood Ward	Community Inpatient	-	85.71	89.47	95.16	94.55	88.71	91.94
Highclere Ward	Community Inpatient	90	100	96.3	96.88	81.48	85.19	90.32
Henry Tudor Ward	Community Inpatient	89.29	95.74	95.92	87.27	95.71	100	86.49
Donnington Ward	Community Inpatient	75.68	100	90.91	89.47	95.83	94.87	96.15
Windsor Ward	Community Inpatient	92	94.74	93.94	100	96.61	98.08	100
Ascot Ward	Community Inpatient	80	100	88.89	90	93.55	97.14	100
Jubilee Ward	Community Inpatient	90	100	97.78	97.44	95	97.22	92.73
Bluebell Ward	Mental Health	60	100	78.79	80	75	0	66.67
Daisy Ward	Mental Health	-	66.67	85.71	68.42	75	71.43	77.78
Snowdrop Ward	Mental Health	66.67	50	66.67	85.71	0	100	75
Orchid Ward	Mental Health	0	100	-	100	0	100	66.67
Rose Ward	Mental Health	0	80	33.33	54.55	58.82	100	75
Rowan Ward	Mental Health	0	-	72.73	100	-	-	-

Donnington ward saw a decrease in the percentage recommendation to a friend from consistently above 85% to 76% in quarter three. The data shows that out of the 37 completed friends and family test returns, 28 people would recommend to a friend. All of the remaining 9 people said that they would neither recommend or not. There were no responses that were unlikely or extremely unlikely to recommend.

Oakwood ward and Daisy ward had no friends and family test returns during quarter three. In comparison, Orchid ward, Rose ward and Rowan ward had responses but nobody stated that they would recommend to a friend.

There were 21 completed Friends and Family Test returns for our mental health inpatient wards during quarter three. This comprised of 11 people stating that they were either extremely likely or likely to recommend to a friend (52%) and 4 people saying that they were either unlikely or extremely unlikely to recommend (19%). The remaining 6 people said that they would neither recommend or not, which is classed as a neutral response.

The patient experience team have advertised for a volunteer to help with collecting feedback across Trust sites and have successfully appointed someone based in St Marks. However, the response rates for Prospect Park Hospital in particular are disappointing, especially as our Patient Advice and Liaison Service (PALS) manager started to support the collection of patient feedback during quarter three. This however is a new initiative and has not yet had the time to bed down or positively influence returns. Over Q4 we will review and look at how we can increase take up. Alongside this PALS plan to link in with the OTs and attend Ward Community meetings to increase the ability to gain patient feedback. Time will be spent on the wards by the Patient Experience Team to better understand the challenges with collecting feedback in this area during quarter four.

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

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

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

General Practice	2016/17			2015/16			
	Q3%	Q2%	Q1%	Q4 %	Q3%	Q2%	Q1 %
Circuit Lane Surgery	-	-	-	33.33%	-	66.67	60.78
Priory Avenue Surgery	-	81.34	73.87	73.42%	69.57	-	-
SWIHC - GP	70.09	74.75	41.67	58.04%	58.87	58.21	63.01

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

The results show there has been an increase in the percentage of people who gave a neutral or passive response to the FFT in quarter three (i.e. neither likely nor not likely) rather than being unlikely or extremely unlikely to recommend.

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

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

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

### 8.1 FFT national benchmarking

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

**Table Sixteen:** Number of Friends and Family Test responses  
Community health services FFT data for October 2016

Trust Name	Total Responses	Total Eligible	Response Rate	Percentage Recommended
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	1,224	23,654	5%	94%
SOLENT NHS TRUST	851	41,346	2%	96%
SOUTHERN HEALTH NHS FOUNDATION TRUST	3,031	40,915	7%	96%
OXFORD HEALTH NHS FOUNDATION TRUST	688	34,742	2%	94%

**Table Seventeen: Number of Friends and Family Test responses**  
Mental health services FFT data for October 2016

Trust Name	Total Responses	Total Eligible	Response Rate	Percentage Recommended
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	298	3,384	9%	92%
SOLENT NHS TRUST	90	2,450	4%	89%
SOUTHERN HEALTH NHS FOUNDATION TRUST	388	11,941	3%	80%
OXFORD HEALTH NHS FOUNDATION TRUST	262	9,362	3%	90%

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

## 9. Other Patient Feedback

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

### *Complaints review*

During quarter three, Berkshire Healthcare has contributed towards a review of complaint handling and learning from complaints undertaken by Healthwatch Slough. One of the areas identified for further exploration is how organisations work together to facilitate multi-agency complaints. There were four other health and care organisations who took part in the review:

- Slough Borough Council
- Slough CCG
- Wexham Park Hospital
- Slough Children's Trust

The formal outcome of this review has not yet been received, however from initial discussions, multiagency complaint management has been highlighted as an area that could be improved.

### *Healthwatch report on the experience of mental health services*

Healthwatch Windsor, Ascot and Maidenhead (WAM) published a report based on over one hundred and twenty comments received about concerns with local mental health services. The main themes of this report were:

- Getting through to the crisis team and crisis response time
- Feeling judged by professionals
- Communication between services regarding the needs of mental health patient
- Professional support and on-going services are in need of improvement
- Delay in seeing Child and Adolescent Mental Health Services (CAMHS)

Unfortunately we were not given the opportunity to respond to the concerns raised in this report before it was published and it did not contain a balance with positive experiences.

### *Complainant survey*

We are currently reviewing the way we facilitate feedback on the complaints process. This has been carried out externally by NHS Benchmarking and the Patients Association; however the response rate has remained consistently low e.g. two per quarter.

Services are using a combination of devices and paper surveys as well as a mixture of surveying continually throughout the year, rotation of devices between localities and targeted times to survey. These are in addition to the FFT.

At the end of the quarter we have received feedback from **2,245** patients or carers, compared to 3,113 in the last quarter, 3,263 in quarter one and 4,016 in quarter four in 2015/16. This is a disappointing drop in the number of returns. The Patient Experience Team will be creating a targeted improvement plan to work with services.

### **Good or Better results**

**89.7%** of people who responded in our internal patient survey reported the service they received care from as good or better. 8 of the services carrying out the internal patient survey were rated 100% for good and better with a further 1 service rating 85% or above.

This means there are many services noted as having below the desirable good or better rating during the third quarter, this will need to be looked into further.

17 services in all failed to log any responses for quarter three, this is disappointing. No mental health inpatient wards logged any responses for the quarter; this also needs to be discussed.

The Patient Experience Team continue to work with services to try to help wherever possible to increase response rates but it is clear that more work needs to be done to assist this as well as maybe reviewing target numbers.

**Formal Complaints received during quarter three 2016/17**

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	04/10/2016	Grandmother of pt attended a meeting with a consultant and believes them to either be drunk, drugged or having a diabetic hypo during a meeting	Not Upheld	There is no evidence to support either claim in the complaint that the Dr was drunk or drugged or that he told the patient it was his choice to kill himself.	Attitude of Staff
Windsor, Ascot and Maidenhead	Palliative Care	Bracknell	19/10/2016	Sister raising issues regarding the care of sister leading up to her death. States there was a long wait for a palliative care nurse and a lack of support from the Dept for the family. When a nurse was appointed the sister thought that the patient would receive regular support but she only attended on her once the other times were with a Dr and they only seemed to talk about DNR. Sister states that the pt felt she was a nuisance to everyone and complaints wishes she could of had someone to talk about her fears to.	Partially Upheld	Learning identified re conversations on DNACPR and the recording of these. We have acknowledged guidelines around documenting these conversations was not followed and have apologised for the distress caused. We have also apologised for the male nurse visits as these caused distress and embarrassment.	Care and Treatment
West Berks	CMHT/Care Pathways	West Berks	12/10/2016	Pt wishes his memory problems to be further investigated but has 9 points he wishes addressed in a local resolution meeting. Points 1-3 relate to Crisis 4-9 relate to psychiatrists	No further action	Patient too unwell to deal with this at present. Agreed with SEAP to close until he is well enough.	Care and Treatment
Bracknell	Sexual Health	Bracknell	12/10/2016	Pt was asked to supply her details and didn't see why she had to have what she deemed as inappropriate. A person entered the room whilst she was undergoing treatment and didn't introduce herself. Pt has suggested some changes to the service	Partially Upheld	Upheld element relating to chaperone not introducing themselves. Training identified. Not upheld the element regarding being offered other services as this is a national best practice, although it was acknowledged this may not have been discussed with the patient at the time.	Communication

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Bracknell	CMHT/Care Pathways	Slough	19/10/2016	Pt has raised several points with different areas of MH. 6 points relate to CMHT workers regarding attitudes and things that have been said but the patient feels are not clarified. 1 point regarding CRHTT in which pt wishes a written apology few issues that the head of service has given verbally. 1 point regarding how the member of staff at CPE spoke to her which she has received a verbal apology but now wishes a written apology. Overall the patient wishes for clarity on which service she is supposed to ring and at what time.	Partially Upheld	There are many elements of this complaint. In the main the RiO records do not support what the patient is complaining about and staff recollections do not match patient's. However, we have apologised for attitude and tone of staff that caused upset to patient.	Attitude of Staff
Bracknell	CMHT/Care Pathways	Slough	19/10/2016	Pt has raised several points with different areas of MH. 6 points relate to CMHT workers regarding attitudes and things that have been said but the patient feels are not clarified. 1 point regarding CRHTT in which pt wishes a written apology few issues that the head of service has given verbally. 1 point regarding how the member of staff at CPE spoke to her which she has received a verbal apology but now wishes a written apology. Overall the patient wishes for clarity on which service she is supposed to ring and at what time.		Re-opened complaint investigation underway	Care and Treatment
Windsor, Ascot and Maidenhead	Hearing and Balance Services	Bracknell	21/10/2016	Husband feel his wife requires a separate microphone either in the form of a device like a pen or hung round her neck due to her medically induced profound deafness following a procedure by Frimley Health at King Edward VII hospital. Husband also feels that CEO should deal with all of his complaint, including ENT dept run by Frimley as his photograph is hanging in the hospital stating he is CEO.	Partially Upheld	Not upheld aspect of not being able to have a separate microphone as we are not able to supply this. However, the element relating to Trust Board members photos in reception at KEVII upheld.	Care and Treatment
Reading	CMHT/Care Pathways	Reading	21/10/2016	Sister feels pt was wrongly admitted and was forced to take medication that she does not want to take. Issues with boyfriend taking money. Complainant generally thinks her sister should not be under mental health services. No one will talk to her about her sister	Consent not granted		Communication
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	28/10/2016	Husband has complained to CQC about his wife's detention under section 2 and cleanliness and attitude of staff on Daisy Ward.	Partially Upheld	Complaint about mental health detention is not upheld as documentation shows husband was involved in the entire process and the assessment paperwork and input from doctors was appropriate. Upheld the complaint against Daisy Ward.	Attitude of Staff



Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Reading	PICU - Psychiatric Intensive Care Unit	Mental Health Inpatient and Urgent Care	31/10/2016	Complaint from SEAP about three admissions: Dec 2009 - March 2010, Sept 2010 - April 2011 and Oct 2011 - March 2012. Complaint relates to alleged sexual and physical assault from different members of staff.  Also that the patient is on a community treatment order and that this should be removed.	Case not pursued by complainant	Advised this is a police matter	Abuse, Bullying, Physical, Sexual, Verbal
Wokingham	Intergrated Pain and Spinal Service	West Berks	14/11/2016	Pt attended clinic based in the Trauma and Orthopaedic Dept of the RBH. She was unhappy with the questionnaire sent and the separate ethnicity questionnaire sent. Pt felt the physio's attitude was poor as he did not address her or her mother by their names. States the physio did not acknowledge the note the mother had written, and he gave unwanted comments. Pt did not want to talk about her weight - physio said he felt threatened and needed a chaperone so left to get one. Pt and mother decided to leave at this point and feel very upset by the entire visit.	Partially Upheld	The clinician involved has apologised for the comment made and for his unprofessional attitude from the start of the appointment, so this element is upheld. However, we cannot uphold the complaint about questionnaires, in particular the ethnicity questionnaire as this is a NHS requirement.	Attitude of Staff
Reading	Learning Disability Service Inpatients	Reading	24/11/2016	NOK states that when she collected the pt from the ward his personal hygiene seems to have been neglected for a considerable length of time. She is also unhappy that the care plan appears to suggest that staff should question the pt about his parents when it was made explicitly clear that the pt should never have contact with them.	Upheld	It is acknowledged that the pt's mental state had declined and staff should have provided him with support for personal care and hygiene. Since the complaint, clothing has been washed and he has been supported going to the barbers. The care plan has been changed so with appropriate family members.	Care and Treatment
Wokingham	Podiatry	West Berks	22/11/2016	Diabetic patient has podiatry every 8 weeks from Wokingham hospital. In August 2015 podiatrist cut her heel with a scalpel which then became infected. Several courses of antibiotics. Pt referred to RBH for MRI scan followed by an operation on her heel on the 16th November. Pt wants an apology from podiatrist and wants to know who referred her to the RBH as wants to understand the interactions between agencies.	Not Upheld	There was an injury to the patient's foot, which is a recognised risk, and this was managed clinically at the time with good results, so not upheld.	Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	21/11/2016	After trying to gain support from CMHT on the 18th Nov, MHP was unable to take immediate action and arranged a meeting for the 23rd Nov. Mother of pt who was in crisis called CRHTT for help due to the way he presented and with a threatening weapon and just got 'this is a test message' on an answer machine so she had to call PPH directly who put her through to the crisis team. Son grabbed the phone and cut her off. 4 police officers attending the house but crisis team still would not attend as they thought it was unsafe to do so.	Upheld	Trust should have put a more proactive plan in place for patient, inadequate handling and response to phone call and phone system failed, putting caller through to test system.	Care and Treatment
West Berks	District Nursing	West Berks	11/11/2016	Granddaughter raising issues with a Community Nurse. 1. Did not introduce herself to pt 2. CN knocked on the door when key safe is used due to pt mobility issues 3. complainant concerned about possible cross contamination onto ulcer following the way the CN roughly dressed pt's ankle 4. CN attitude regarding fluid issues to the pt's foot		Complaint investigation underway	Attitude of Staff
West Berks	Continence	Wokingham	30/11/2016	Pt discharged from RBH with an insufficient number of catheter bags. Wife struggled to obtain a night bag which was needed, ordered on 3/11, order did not arrive until 8/11. Wife waited till 4pm on Friday, then called as nothing had arrived and the office was closed after 3.30	Case not pursued by complainant		Support Needs (Including Equipment, Benefits, Social Care)
West Berks	District Nursing	West Berks	11/11/2016	Community nurse attending to treat ulcers on the pts leg, told the pt she had a lot of dry skin which needed to be removed and proceeded to do so by picking off the skin which left the pt with a large area of raw bleeding skin. The nurse dressed the ulcers, put stocking over the raw skin which blood seeped through. 4 days later the pt was admitted to hospital following high temperature and vomiting, pt diagnosed with cellulitis caused by skin being picked off.		Complaint investigation underway	Care and Treatment
Reading	Community Hospital Inpatient	Reading	24/11/2016	Complainant is appalled at the way her grandmother was cared for on Beech Unit, Oakwood which ended up with the patient being taken to John Radcliff as she became critically unwell fighting for her life. Dressing were not changed on her ankle and a new ulcer appeared. Pt on morphine despite having poor kidney function requiring dialysis 3 x per week	Consent not granted		Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Slough	CMHT/Care Pathways	Slough	23/11/2016	Pt made several calls to the duty team over a few days. Emailed service mgr and did not receive a response. She called the next day and Duty asked her to go in where she was told she needed a medication review and to possibly see a psychologist. She did not hear anything from the 14th to 22nd, she received an email asking her to call and when she did, said she informed that she was not open to services. Pt feels there is a distinct lack of understanding and compassion from services.	Partially Upheld	We have acknowledged that there were some gaps in communication and a lack of clarity in relation to the plans and steps have been taken to improve the service.	Care and Treatment
Reading	Psychological Medicine Service	Reading	22/11/2016	Pt went to RBH A&E, admitted overnight. Pt feels the hospital made a mistake discharging him and wishes to complaint about this.  Letter sent to him from RCMHT with the wrong postcode on which was opened by the recipient. Pt wants to know how this happened.	Partially Upheld	Appropriate clinical care given when seen by MHT at RBH, so not upheld. Admission of human error with post code on letter resulting in it going to the wrong address - upheld.	Communication
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	28/11/2016	Pt sexually assaulted by another patient, victim moved to a different ward which made her feel like she was to blame. Pt didn't feel safe, no one spoke to her about the assault and she feels no one supported her.		Complaint investigation underway	Abuse, Bullying, Physical, Sexual, Verbal
Windsor, Ascot and Maidenhead	District Nursing	Bracknell	30/08/2016	Daughter unhappy with the way Pressure ulcer was treated. She feels the cause of death was septicaemia	Partially Upheld	It is acknowledged that on two occasions, the reassessment of the patient was delayed, although that did not have a detrimental effect on the wound. It is also acknowledged that the daughter had to request bloods, swabs and urine tests, when she should not have had to. It is also apologised for that the nurses did not always have access to dressings. However it is not upheld that there was poor care, that the care had a detrimental impact on the wound or that wrong dressings were used. Nurses used recognised dressings.	Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Bracknell	CMHT/Care Pathways	Slough	19/10/2016	Pt has raised several points with different areas of MH. 6 points relate to CMHT workers regarding attitudes and things that have been said but the patient feels are not clarified. 1 point regarding CRHTT in which pt wishes a written apology few issues that the head of service has given verbally. 1 point regarding how the member of staff at CPE spoke to her which she has received a verbal apology but now wishes a written apology. Overall the patient wishes for clarity on which service she is supposed to ring and at what time.	Partially Upheld	There are many elements of this complaint. In the main the RiO records do not support what the patient is complaining about and staff recollections do not match patient's. However, we have apologised for attitude and tone of staff that caused upset to patient.	Attitude of Staff
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	28/10/2016	Complainant feels issues have not been addressed or are inaccurate. 1. Daisy ward being understaffed - not addressed, he comments there were unsafe staffing levels and mainly agency cover. 2. Doesn't feel anyone spent a long time explaining Sec 2 to him and would like a copy of the letter that we say we gave him. 3. Thinks staff have lied about his wife throwing tissues.  INITIAL COMPLAINT  Husband has complained to CQC about his wife's detention under section 2 and cleanliness and attitude of staff on Daisy Ward.	Partially Upheld	Complaint about mental health detention is not upheld as documentation shows husband was involved in the entire process and the assessment paperwork and input from doctors was appropriate.  Upheld the complaint against Daisy Ward.	Attitude of staff
West Berks	Talking Therapies	Wokingham	01/12/2016	Following phone contact and a face to face appointment with TT the patient has not received and follow up emails or letters as promised by both people. He also wishes to note that when he was with the counsellor he felt he was being pushed into a compartment and he did not feel like he was an individual. PALS asked TT mgr to call and he says the call made things worse as he had to repeat himself and that the person was condescending. Patient wishes he had never heard of TT.	Local Resolution	Complaint resolved locally.	Communication
Slough	GP General Practice	Bracknell	06/12/2016	Pt went to have stitches removed from his neck following surgery at Wexham Park Hospital. Stitches had beads, when the nurse cut the beads and pulled they would not come out. 2 additional nurses were called in, Nurse 3 said beads were to be cut but the stitches were to remain in and would dissolve. Nurse 1 appeared to not be sure what to do. Pt went back to Wexham to ask on the ward as his GP advised, Dr on the ward said go to A&E as not enough for him to pull out and they must come out. Pt is unhappy that the nurses appeared to not know what they were doing and caused unnecessary pain.	Upheld	Nurses involved did not identify that sutures were not dissolvable. Learning had been acknowledged and implemented.	Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
West Berks	CMHTOA/COA MHS - Older Adults Community Mental Health Team	West Berks	09/12/2016	Consultation with pt only lasted 15 mins in August and the paperwork was not sent directly to the patient afterwards, wife found out what was written from the GP in December. As a result wife is unhappy that Dr wrote her husbands name incorrectly and states there are inaccuracies like the cooker being gas when it is actually electric. Wife believes the MMSE was not completed. She is concerned as DVLA up for renewal and the previous year there was a problem as the Dr had written the name the wrong way round.		Complaint investigation underway	Communication
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	15/12/2016	Pt who requested an in patient bed a week before the incident on the 5th Dec where she was experiencing severe psychosis requiring her husband and father to restrain her. Family called Crisis who refused to attend as only 2 people on duty. Mother collect medication which was due to calm the pt and had no effect so they called 999. Pt admitted to RBH A&E where a strong sedative was ordered by the MH Dr, a bed was found at PPH for the pt early on the 6th Dec.		Complaint investigation underway	Care and Treatment
Reading	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	15/12/2016	Pt attended ASD assessment in May/June and was advised that a school observation was required in order to confirm a diagnosis of Autism or not. Mother feels it is taking too long and no one calls back when they say they will.	Local Resolution	Complainant happy with response coming from IO.	Care and Treatment
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	16/12/2016	Following a 1am visit on the 16th Dec, pt was told a couple from the team would be visiting the following morning between 9 and 9.30. At 9.45 a man called to ask if she had a visit the night before and wanted details of meds given (despite the fact this should have been on RiO). When pt asked if a visit was imminent he said no. Pt says this has happened on many occasions before: that a visit has been promised but nothing happens		Complaint investigation underway	Communication
Wokingham	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	19/12/2016	Therapy has been started 3 times and then stopped with no notice due to staffing issues, in each case emergency assessment and treatment has been required. Pt has received nothing in the last 6 months leading up to her 18th Birthday and the family consider this to be detrimental to her mental and physical health		Complaint investigation underway	Care and Treatment
Wokingham	CMHTOA/COA MHS - Older Adults Community Mental Health Team	Wokingham	19/12/2016	Delay in DAT Scan following appointment on the 1st Nov which is crucial in determining whether pt has Drug Induced Parkinson (DIP) which family believe is due to medication issues from the service some 8 weeks previous.	Local Resolution	During meeting with daughter, she informed IO she did not want this to be a formal complaint, at this stage. Therefore IO has responded directly and resolved locally.	Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
West Berks	Community Hospital Inpatient	West Berks	20/12/2016	GP sent advanced cancer patient to hospital to have a controlled medication change. Wife wishes to know Why the switch - was it cost? Why are phone calls not answered in the evenings? Why is the pt left to suffer at night? Why is the relative sent home for medication as the hospital does not have any? Why do the nurses not check meds have been taken before the record on the notes? Why was no sickness drug given? Why was no blood thinning injection given? Why does having agency staff compromise pt care?		Complaint investigation underway	Care and Treatment
West Berks	CMHT/Care Pathways	West Berks	23/12/2016	Assessments that were advised in the MP response in August have not been completed, care act assessment was due to start on the 11th October but has not yet started. Weekly services were withdrawn without communication. Pt wishes for her new primary worker due to start in Jan 2017 to meet with her and her carer.		Complaint investigation underway	Communication
Reading	Out of Hours GP Services	Wokingham	28/12/2016	Patient went to Westcall and says she was diagnosed with a STI but was later informed by her GP that it was a bad urine infection.		Complaint investigation underway	Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Windsor, Ascot and Maidenhead	Community Hospital Inpatient	Bracknell	29/12/2016	<p>Complaint allegedly sent in 23/5/16 to PALS PPH</p> <p>Issues raised -</p> <ol style="list-style-type: none"> <li>1. Pt fell 8/5/16 - why were family not informed?</li> <li>2. Despite pt having falls band on, pt fell again - why was he not being followed by a chair? Family wish to see a copy of the accident log.</li> <li>3. Bad communication with the family, never a Dr or Senior staff on duty to speak to - how could this be rectified?</li> <li>4. Do OT's refer to previous records re equip in the home?</li> <li>5. Felt staff should have tried to resolve his issues without just giving him the PALS info at PPH.</li> <li>6. Worried pts future treatment will be affected by complaint</li> <li>7. Lost wedding ring and clothes - staff do not seem to care about missing clothes and no feedback on wedding ring.</li> </ol> <p>Further complaint email sent on 24/5/16 -</p> <p>Pt advised discharge by OT, family not given 48hrs notice and equip still not at the house. - why were family told they would be given 48hr notice when sister said not.</p> <p>Sisters attitude was very poor. Family want to know who's responsibility it is to advise or discharge, OT or ward.</p> <p>Family are also very upset that the sister appeared to say that other pts were more important than their father.</p> <p>Family also want to know why they were given the wrong info re PALS as nothing has been done with this as gone to the wrong place, why don't staff know where complaints should be sent?</p>		Complaint investigation underway	Care and Treatment

### **15 Steps Challenge - Quarter 3 2016/17**

During this third quarter of 2016/17 a total of 10 visits have been carried out. Themes noted this quarter have been;

- The helpful and engaging attitude of the staff and the positive interaction observed between staff and patients during the visits.
- In some areas noticeboards did not consistently have current information displayed; this was fed back at the time of the visits. It was suggested that these areas review their process for displaying and ensuring that current, up to date and appropriate information is always available and targeted at the right audiences.

#### **Infusion Clinic, Wokingham**

Although the setting for the clinic was not ideal, the team were very impressed by the good use of available space and the service delivered by staff at the clinic.

#### **Podiatry, Wokingham**

This was a good visit and the team felt that the service made a great effort to deliver a good standard of care from a less than ideal working environment.

#### **Physio, Wokingham**

The staff engagement with patients made a big impression on the team and they were impressed by the overall efficient, professional and well organised service offered at the clinic. No friends and family forms available for patients to complete although the service collected a lot of feedback. Service reported they will ensure these are available at the front desk.

#### **Dental, Langley**

The team were very impressed with the professional, helpful and committed attitude of the dental team at Langley. It was fed back to the team about reviewing the pictures of poor dental care to show a more positive message showing what can be done if teeth are looked after.

#### **Campion Unit**

The building that the unit is based in is small but good use had been made of the available space. Great efforts had been made by the unit to engage with their patients using different communication tools and the team were impressed with the results. All staff encountered by the team were enthusiastic and worked well together in the care of their patients. The communication tree display didn't make sense.

#### **Sorrel Ward**

This was a particularly enjoyable visit for the team and they were impressed by the professional attitude demonstrated by the staff on Sorrel ward. The staff were friendly, helpful, and compassionate and it was a very positive experience for the 15 steps team.

#### **Windsor Ward**

The staff on the ward all looked happy to be working on Windsor ward and their patients appeared to be well cared for and comfortable. Safety triangles system displayed over patients beds were not in use. Safe staffing board had correct date but no information about the staffing levels



### **Berkshire Adolescent Unit**

The team were very impressed by the positive culture of dignity and respect that the unit fostered and the commitment shown by the staff and the teachers of the unit to the young people in their care. Despite some excellent information on display the SEAP advocacy meeting was out of date.

### **Physio, St Marks, Maidenhead**

A professional and friendly team who provide a first class service working hard to reduce the number of DNAs. However evidence of responding to feedback was missing.

### **Henry Tudor Ward**

A busy, well organised ward with a good atmosphere, the staff appeared happy and engaged. The photo board wasn't up to date as the staff on duty didn't appear on it. "You said, we did" board was not up to date.

**Friends & family team discussion:** The teams were confident in the safe care being delivered should a family member or friend be admitted to attend any of the wards or clinics visited this quarter.

### **UPDATE**

The 15 steps team are constantly reviewing their processes to ensure robust practices are in place and to this end have reviewed the programme for the period 1<sup>st</sup> January to 31<sup>st</sup> December 2016. A total of 37 visits were carried out across inpatient wards and clinical areas during this period.

### **Volunteers (Patient Representatives)**

Our biggest challenge for 2017 remains the difficulty in recruiting volunteers and although we have been using two members of the public in 2016, we are aware that with over-use they will become "experts". It is vital to the programme that we maintain the public view and fresh eyes for all visits. In recent months the department has been contacted by two people who would like to volunteer for 15 steps and it is hoped that they will be available for visits in 2017. Ideally the team would like to be able to draw on a pool of volunteers within the trust to assist with the 15 Steps Programme.

### **Inpatient Visits**

There were 19 visits made to inpatient wards which require a team of 3 for these visits. The team is led by a Professional Development Nurse, with Non-Executive Director (NED) or Public Governor and a volunteer. Listed below is the breakdown of visits and the composition of the teams.

Of these visits 11 (57%) had a NED, 8 (42%) had Governor. Patient Representation was provided as follows, 2 (10.5%) had a member of the public, 17 (89%) had non-clinical member of staff.

### **Clinical Area Visits**

There were 18 visits made to clinical areas which require a team of 2 for these visits. The team is led by a Professional Development Nurse who is accompanied by a volunteer.

Of these visits 11 (61%) had a member of the public and 7 (35%) had non-clinical member of staff.

**Pam Mohamed-Hossen & Kate Mellor**  
**Professional Development Nurses**  
**December 2016**

## **Annual Community Mental Health Survey 2016**

### **1. Introduction**

The community mental health survey is part of the CQC programme, which following consultation earlier this year, will continue. The questions are developed each year, which means that some of the results are not directly comparable however the results overall give an indication of the satisfaction of people who access secondary mental health services across the country.

A sample of patients were sent the annual community mental health survey (generated at random on the agreed national protocol) from all people on CPA and Non CPA seen between 1 September and 30 November 2015. There has been a year on year increase on the time between the survey and the published benchmarking reports. This survey is used alongside the internal patient survey, however the delay in reporting means that specific change as a result of this feedback may not be seen in the following survey.

Previously we have run a concurrent project to write to all open patients with a copy of their care plan and a reminder of the contact details for their care co-ordinator or lead professional. This was not carried out during 2016 and there the results of the survey show that there was no impact.

### **2. Interpreting the results and highlights**

A score for each question is calculated out of 10. There is a RAG (Red, Amber, and Green) comparison which indicates where the Trust has scored in regards to an expected range i.e. about the same (Amber) is the range that the Trust can score within without being significantly different than average.

We scored amber (about the same as other Trusts) across all sections of the benchmarking report, and all questions except one: When you tried to contact them (Crisis Care), did you get the help you needed?

We were in the lowest range for this question, rated as red. Crisis Care satisfaction has decreased in comparison with 2015.

We saw improvements across all areas of the report that looked at support and wellbeing.

In summary, the CQC benchmarking survey reported that satisfaction:

Increased across areas 25

Decreased across 10

Stayed the same in 1

In the previous survey, we scored the lowest national score for 'In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?' This question was not included in the 2016 survey.

There has been a significant increase in satisfaction about being supported to find work. Our Individual Placement and Support (IPS) employment service receive positive feedback through our internal patient survey and it is assuring to see that this is also reflected in this improvement.

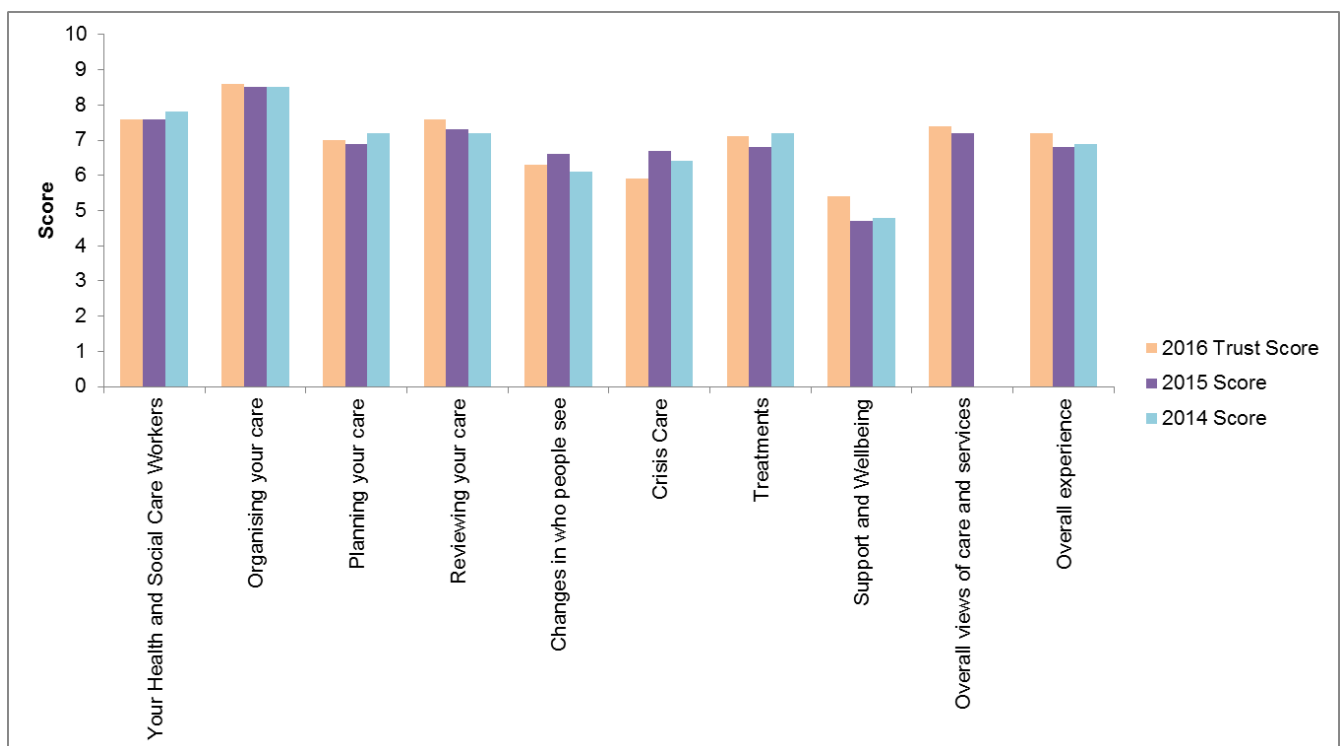
Appendix one shows a RAG comparison and indicates where the Trust has scored in regards to an expected range i.e. about the same (amber) is the range that the Trust can score within without being significantly different than average.

Appendix two shows that our scores (including section scores) in comparison with previous years.

### 3. How did we do – section scores

Graph one below shows the results of the sections within the 2016 survey in comparison with previous years.

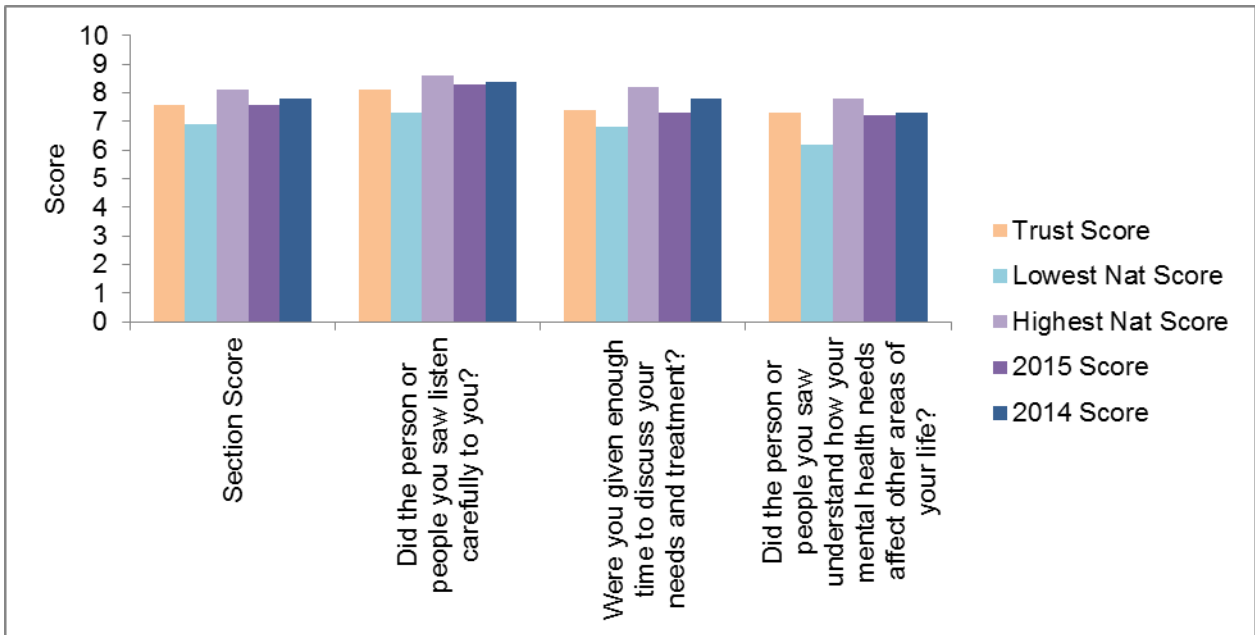
Graph One: Section Scores



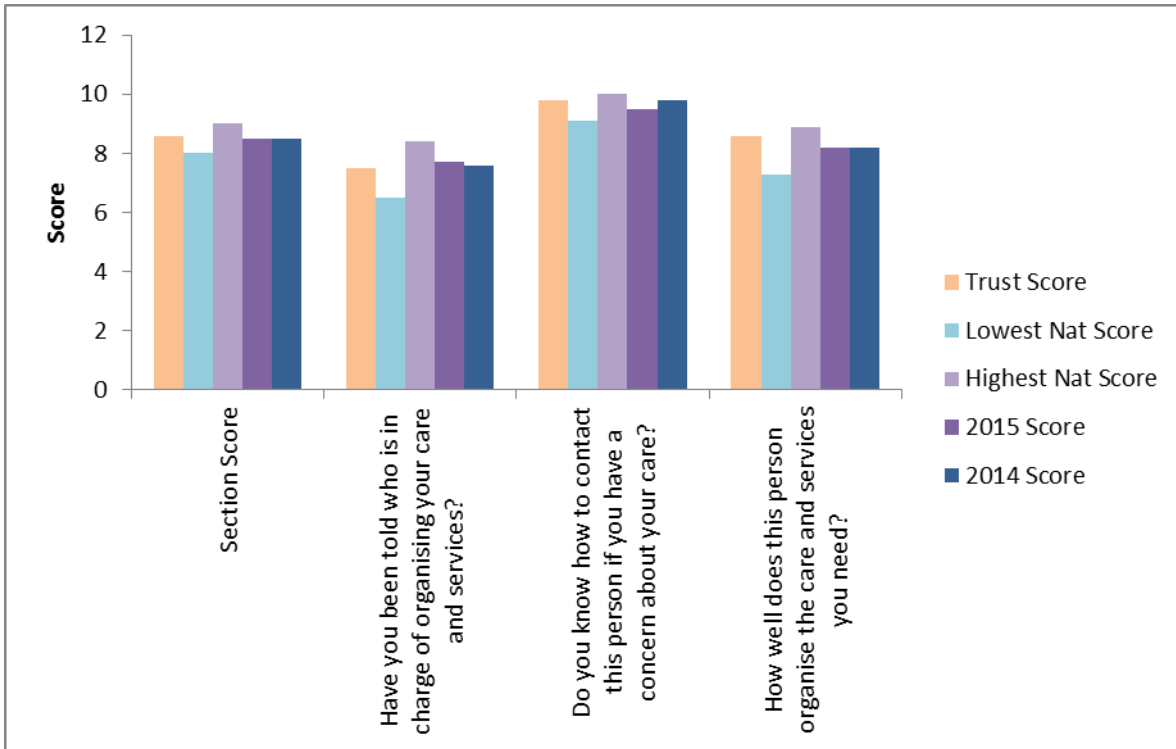
### 4. How did we do – over time

The graphs below show the results for our Trust in the 2016 survey within their respective sections against the national scores and the Trust results in 2015 and 2014.

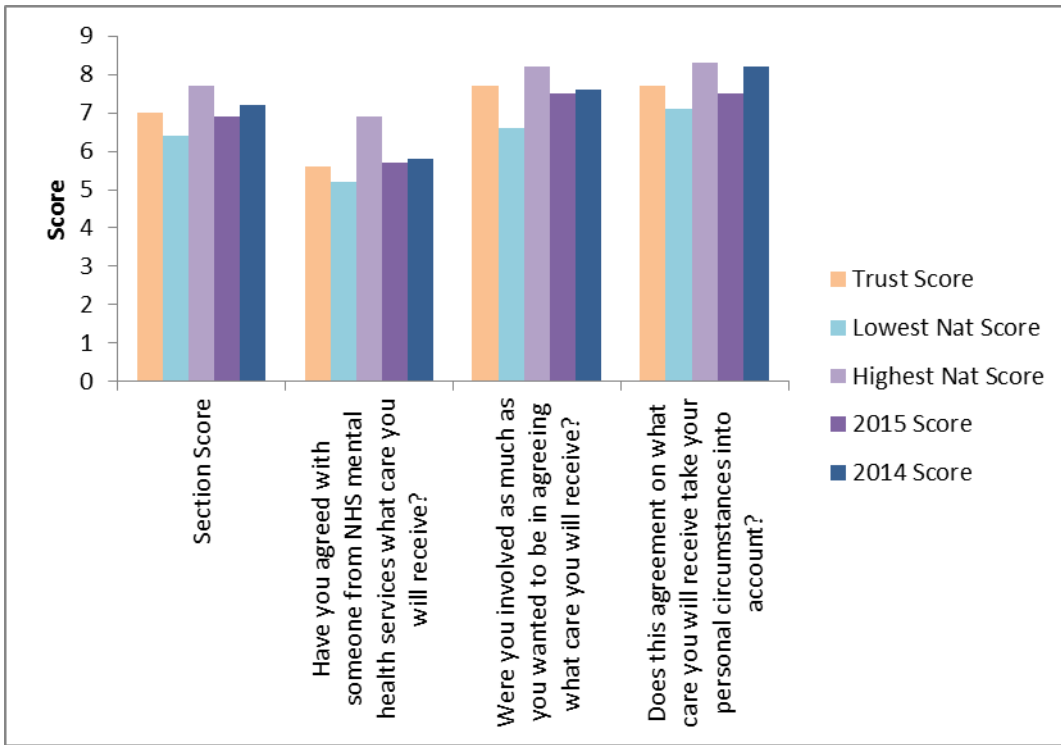
Graph Two: Health and Social Care Workers



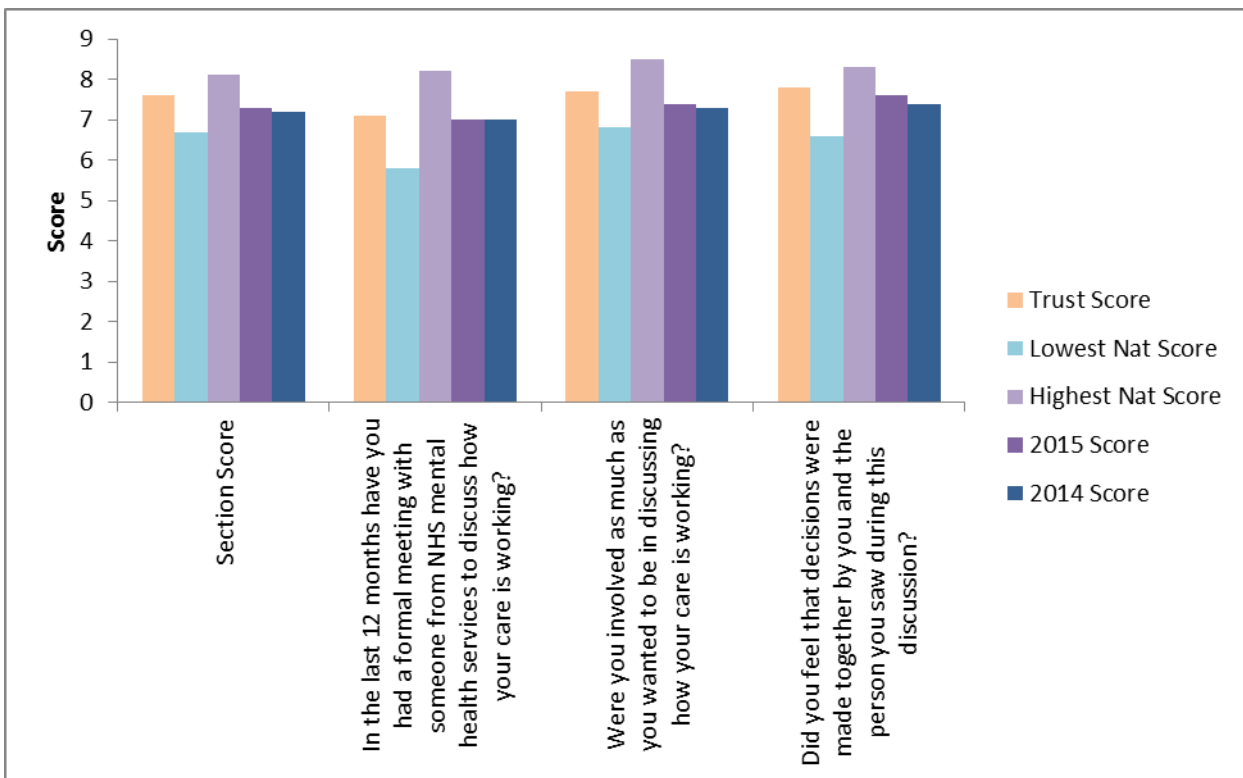
Graph Three: Organising your care



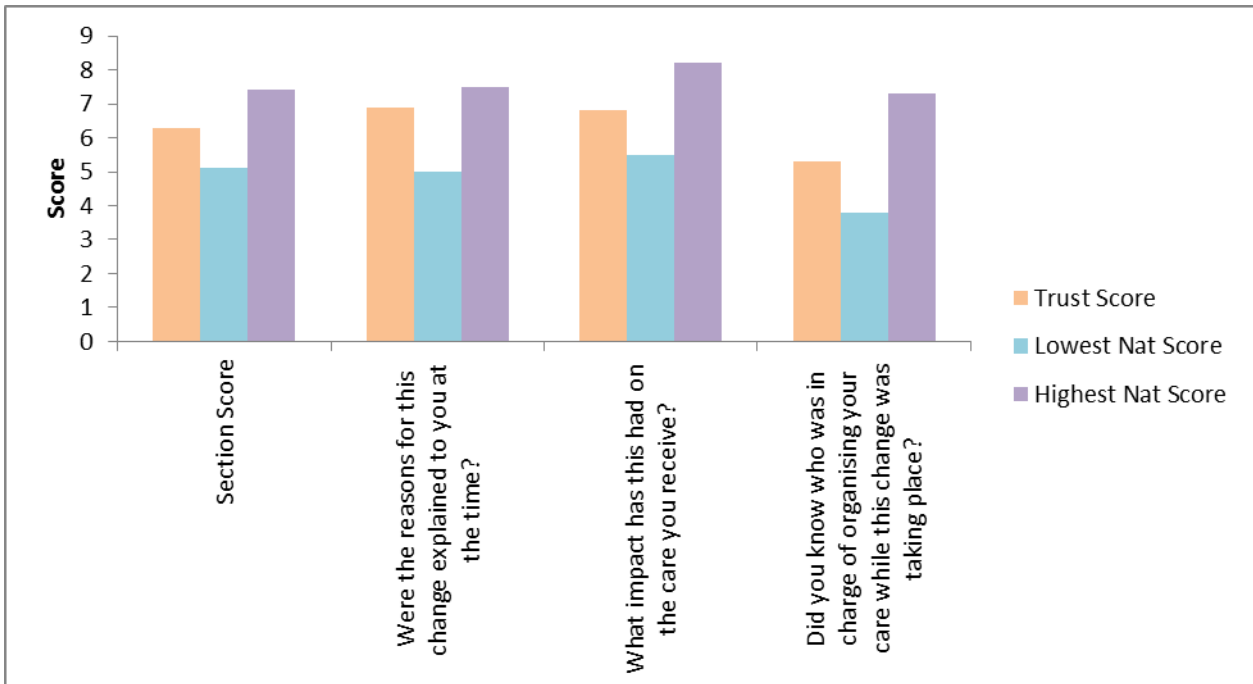
Graph Four: Planning your care



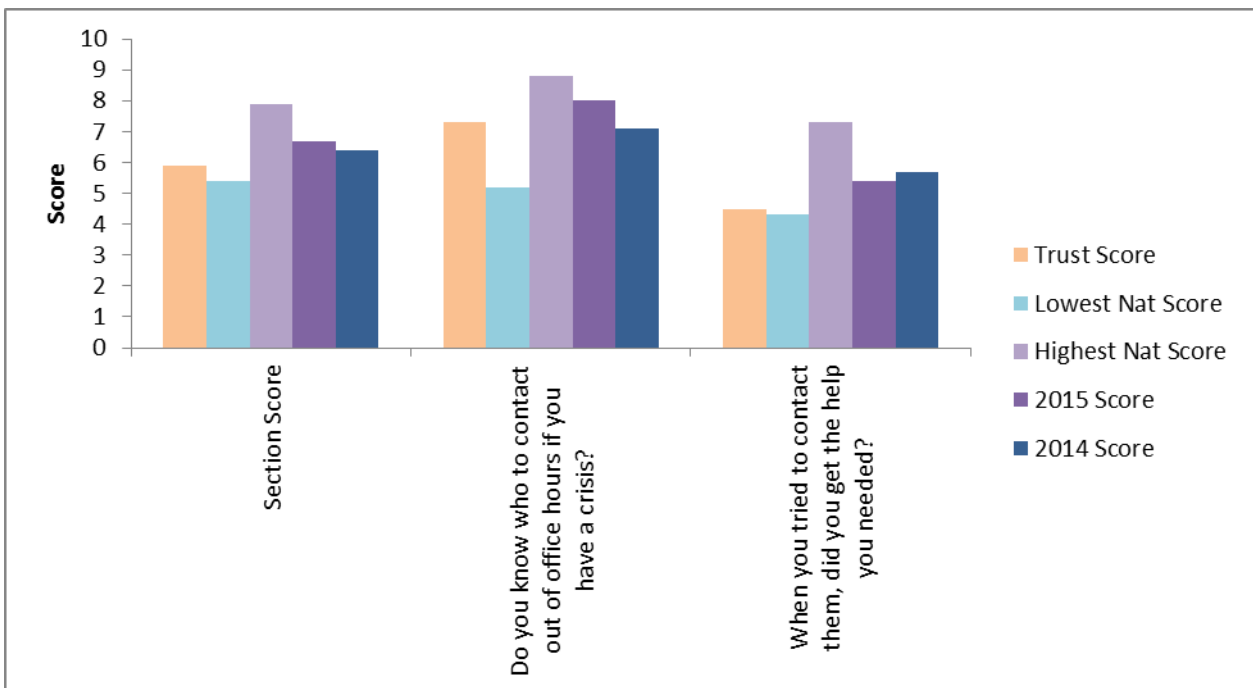
Graph Five: Reviewing your care



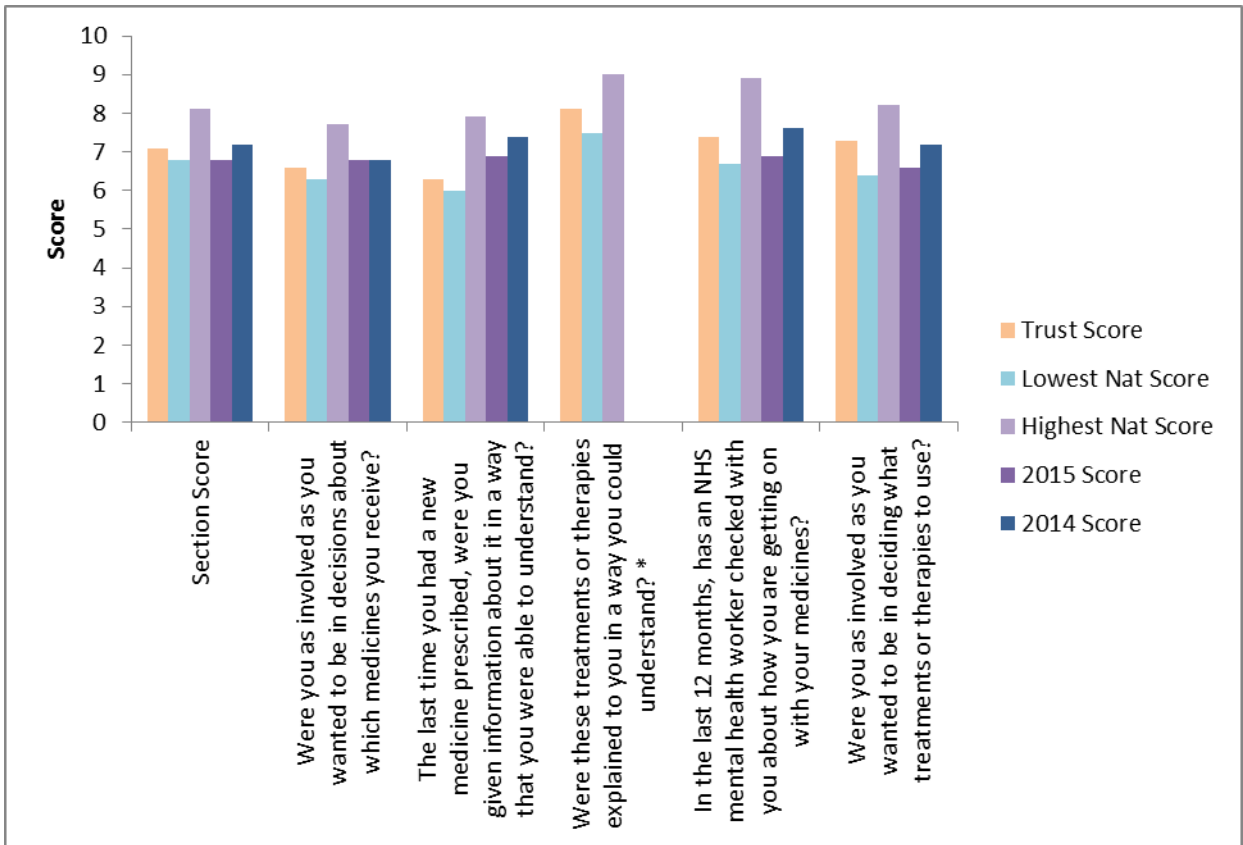
Graph Six: Changes in who people see



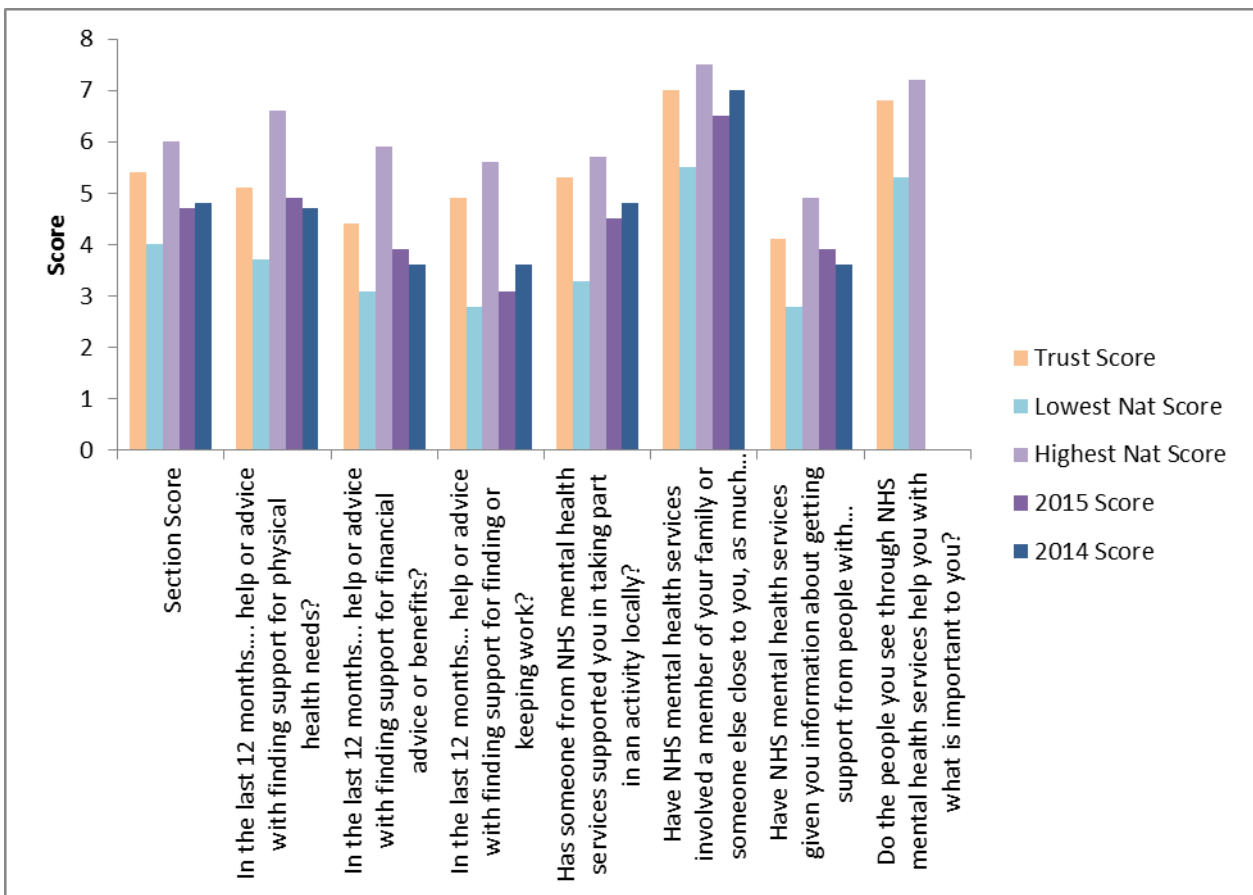
Graph Seven: Crisis Care



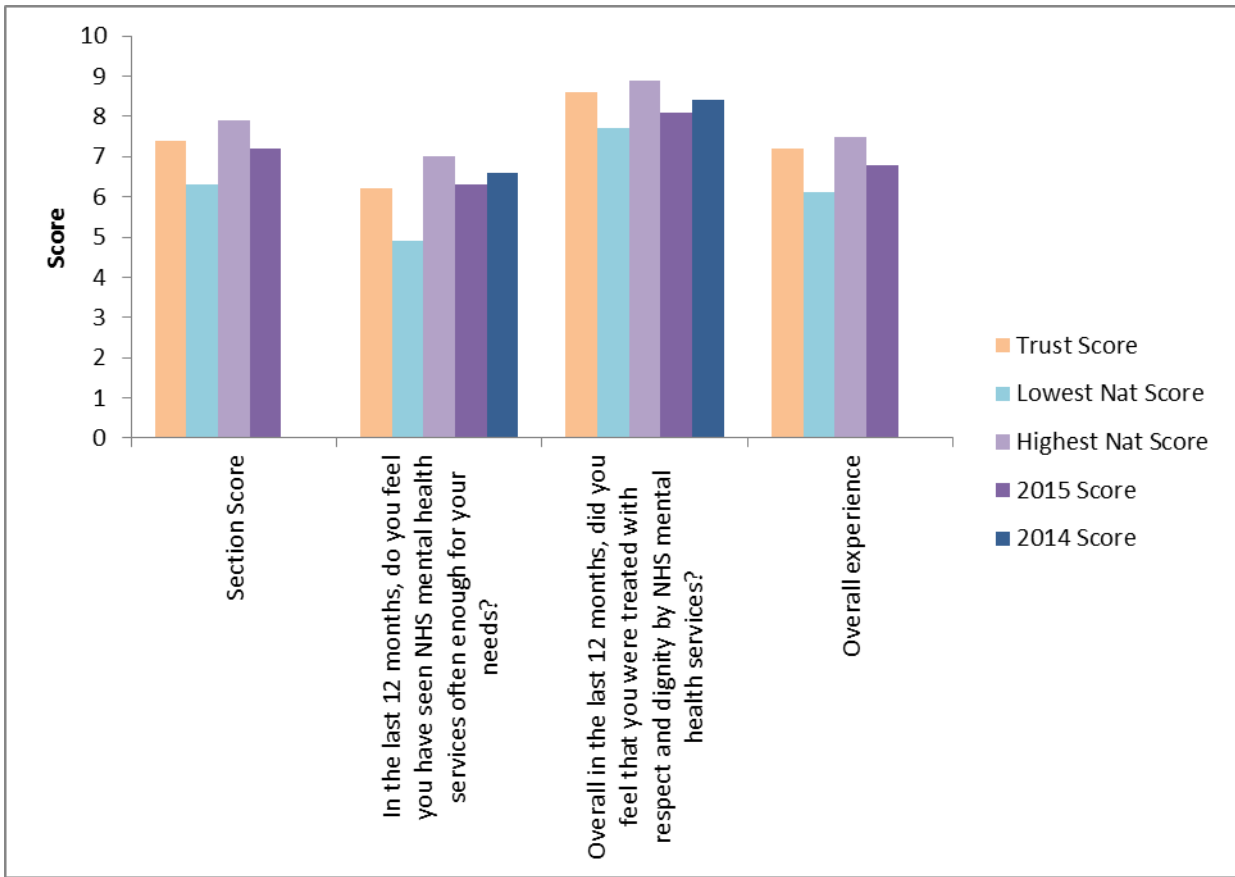
Graph Eight: Treatments



Graph Nine: Support and Wellbeing



Graph Ten: Overall views of care and services and overall experience

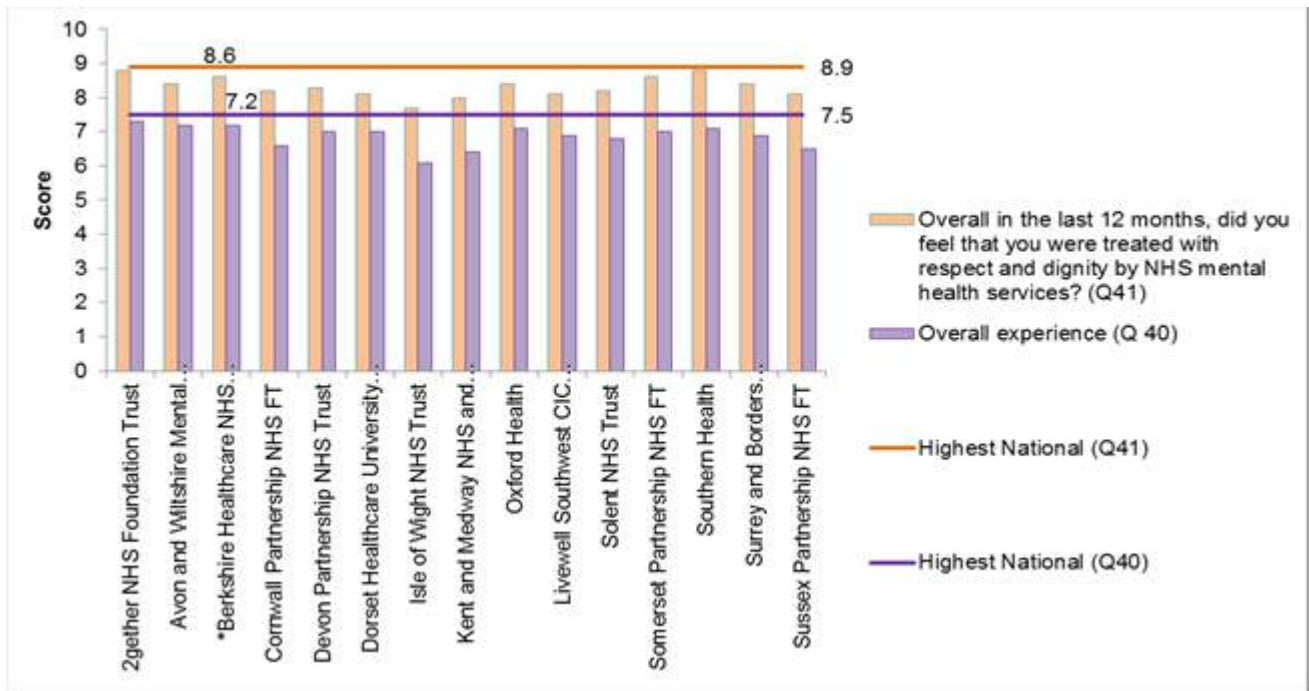


**5. How did we do – compared to others**

Graph eleven shows Trusts in the region compared to each other, and the highest national score for the treating people with dignity and respect and the overall experience. The scores for Berkshire Healthcare and the highest achieved have been highlighted.

Graph Eleven:





Appendix three shows RAG rating of the section scores within the survey for Trusts across our region.

More locally, a comparison to a local Trust, Oxford Health has shown that satisfaction was higher across 22 areas

Including:

- Your Health and Social Care Workers
- Planning your care
- Reviewing your care
- Support and Wellbeing

The same level of satisfaction in for:

- Do you know how to contact this person if you have a concern about your care?
- In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?

Our patients reported being less satisfied in 18 compared to Oxford Health including:

- Changes in who people see
- Treatments

As crisis care is an area where the Trust did not score highly in the survey, a comparison against Oxford Health has been provided in table below to indicate if there is possible local learning.

	2016				2015	
	Trust Score	Oxford Health Score	Lowest Nat Score	Highest Nat Score	BHFT Score	Oxford Health Score
Section Score	5.9	6.7	5.4	7.9	6.7	6.4
Do you know who to contact out of office hours if you have a crisis?	7.3	7.1	5.2	8.8	8	7
When you tried to contact them, did you get the help you needed?	4.5	6.3	4.3	7.3	5.4	5.7

## 6. Respondent Demographics

Our response rate was 28%. This is a decrease from 30% in 2015 and is in line with the national average (which has also seen a decrease). The result of the recent consultation by the CQC has recommended that further work is needed around the methodology of the survey to increase the response rates.

	2016	2015	2014	2012	2011
Response Rate:	28%	30%	29%	32%	25%
Response Rate (All Trusts):	28%	29%	29%	32%	33%

Whilst there were no significant outliers in terms of demographic characteristics and they were predominantly in line with the responses received nationally. There are some areas of note:

- Higher number of respondents over the age of 66; 51% compared with 39% nationally
- Lower numbers of people between 36 and 65 years old; 15% compared with 22%
- We were in line with the national average with 14% of people who responded to the survey aged between 18 and 35 years old.
- As with last year, a higher percentage of our respondents are Asian or of an Asian British ethnic group; 7% compared with 4% There were more people (+4%) from an
- 1% identified themselves as bi-sexual, an increase from no respondents to the survey last year. In 2014 locally 4% of our respondents specified bisexual as their sexual orientation

## 6. Next steps

We are shortly carrying out a 'deep dive' into our crisis resolution/home treatment team, which had been scheduled prior to these results being published, as part of our on-going patient experience programme. This is externally facilitated and will give us more in depth insight into the experience of people who use this service and those who care for them, as an addition to our local feedback methods.

These results are to be shared with the Community Mental Health Teams and the wider organisation.

The responsibility for the collation and implementation of an action plan is to be allocated by the Executive Team and the plan will be monitored through the PEEG (Patient Experience and Engagement Group), a sub group of the SECEG (Safety, Experience and Clinical Effectiveness Group).

The analysis of these benchmarking reports and an associated action plan is to be made available to our commissioners as part of our Quality Schedule.

**Liz Daly**

**Head of Service Engagement and Experience**

Appendix one: RAG comparison report

	2016 Comparison with other Trusts	2015 Comparison with other Trusts	2014 Comparison with other Trusts
<b>Your Health and Social Care Workers</b>			
Section Score	A	A	A
Did the person or people you saw listen carefully to you?	A	A	A
Were you given enough time to discuss your needs and treatment?	A	A	A
Did the person or people you saw understand how your mental health needs affect other areas of your life?	A	A	A
<b>Organising your care</b>			
Section Score	A	A	A
Have you been told who is in charge of organising your care and services?	A	A	A
Do you know how to contact this person if you have a concern about your care?	A	A	A
How well does this person organise the care and services you need?	A	A	A
<b>Planning your care</b>			
Section Score	A	A	A
Have you agreed with someone from NHS mental health services what care you will receive?	A	A	A
Were you involved as much as you wanted to be in agreeing what care you will receive?	A	A	A
Does this agreement on what care you will receive take your personal circumstances into account?	A	A	A/G
<b>Reviewing your care</b>			
Section Score	A	A	A
In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	A	A	A
Were you involved as much as you wanted to be in discussing how your care is working?	A	A	A
Did you feel that decisions were made together by you and the person you saw during this discussion?	A	A	A
<b>Changes in who people see</b>			
Section Score	A	A	A
Were the reasons for the change explained to you at the time?	A	-	-
What impact has this had on the care you receive?	A	A	A
Did you know who was in charge of organising your care while this change was taking place?	A	A	A
<b>Crisis Care</b>			
Section Score	A	A	A
Do you know who to contact out of office hours if you have a crisis?	A	A	A
When you tried to contact them, did you get the help you needed?	R	A	A
<b>Treatments</b>			
Section Score	A	A	A
Were you as involved as you wanted to be in decisions about which medicines you receive?	A	A	A
Were you given information about new medicine(s) in a way that you were able to understand? *	A	A	A
In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	A	A	A
Were these treatments or therapies explained to you in a way you could understand?	A	-	-
Were you as involved as you wanted to be in deciding what treatments or therapies to use?	A	A	A
<b>Support and wellbeing (previously Other areas of life)</b>			
Section Score	A	A	A
In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	A	A	A
In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	A	A	A

In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	A	A	A
In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?	-	R	A
Has someone from NHS mental health services supported you in taking part in an activity locally?	A	A	A
Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like?	A	A	A
Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?	A	A	A
Do the people you see through NHS mental health services understand what is important to you in your life?	-	A	A
Do the people you see through NHS mental health services help you with what is important to you?	A	A	A
Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you?	-	A	A
<b>Overall views of care and services</b>			
Section Score	A	A	*
In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	A	A	A
Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	A	A	A
<b>Overall experience</b>			
Section Score	A	A	*
Overall	A	A	A

\* not comparable as questions with sections changed

Expected range
R: worse compared with other Trusts
A: About the same as most other Trusts
G: better compared with other Trusts

	2016				2015 Score	2014 Score
	Trust Score	Comparison with 2015	Lowest Nat Score	Highest Nat Score		
<b>Your Health and Social Care Workers</b>						
Section Score	7.6	↔	6.9	8.1	7.6	7.8
Did the person or people you saw listen carefully to you?	8.1	↓	7.3	8.6	8.3	8.4
Were you given enough time to discuss your needs and treatment?	7.4	↑	6.8	8.2	7.3	7.8
Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.3	↑	6.2	7.8	7.2	7.3
<b>Organising your care</b>						
Section Score	8.6	↑	8	9	8.5	8.5
Have you been told who is in charge of organising your care and services?	7.5	↓	6.5	8.4	7.7	7.6
Do you know how to contact this person if you have a concern about your care?	9.8	↑	9.1	10	9.5	9.8
How well does this person organise the care and services you need?	8.6	↑	7.3	8.9	8.2	8.2
<b>Planning your care</b>						
Section Score	7	↑	6.4	7.7	6.9	7.2
Have you agreed with someone from NHS mental health services what care you will receive?	5.6	↓	5.2	6.9	5.7	5.8
Were you involved as much as you wanted to be in agreeing what care you will receive?	7.7	↑	6.6	8.2	7.5	7.6
Does this agreement on what care you will receive take your personal circumstances into account?	7.7	↑	7.1	8.3	7.5	8.2
<b>Reviewing your care</b>						
Section Score	7.6	↑	6.7	8.1	7.3	7.2
In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	7.1	↑	5.8	8.2	7	7
Were you involved as much as you wanted to be in discussing how your care is working?	7.7	↑	6.8	8.5	7.4	7.3
Did you feel that decisions were made together by you and the person you saw during this discussion?	7.8	↑	6.6	8.3	7.6	7.4
<b>Changes in who people see</b>						
Section Score	6.3	↓	5.1	7.4	6.6	6.1
What impact has this had on the care you receive?	-	-			7.7	7.3
Did you know who was in charge of organising your care while this change was taking place?	-	-			5.6	5
Were the reasons for this change explained to you at the time? *	6.9	-	5	7.5	-	-
What impact has this had on the care you receive? *	6.8	-	5.5	8.2	-	-
Did you know who was in charge of organising your care while this change was taking place? *	5.3	-	3.8	7.3	-	-
<b>Crisis Care</b>						
Section Score	5.9	↓	5.4	7.9	6.7	6.4
Do you know who to contact out of office hours if you have a crisis?	7.3	↓	5.2	8.8	8	7.1
When you tried to contact them, did you get the help you needed?	4.5	↓	4.3	7.3	5.4	5.7
<b>Treatments</b>						
Section Score	7.1	-	6.8	8.1	6.8	7.2
Were you as involved as you wanted to be in decisions about which medicines you receive?	6.6	↓	6.3	7.7	6.8	6.8
The last time you had a new medicine prescribed, were you given information about it in a way that you were able to understand?	6.3	↓	6	7.9	6.9	7.4
Were these treatments or therapies explained to you in a way you could understand? *	8.1	-	7.5	9	-	-
In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	7.4	↑	6.7	8.9	6.9	7.6
Were you as involved as you wanted to be in deciding what treatments or therapies to use?	7.3	↑	6.4	8.2	6.6	7.2
<b>Support and Wellbeing</b>						
Section Score	5.4	↑	4	6	4.7	4.8

In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	5.1	↑	3.7	6.6	4.9	4.7
In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	4.4	↑	3.1	5.9	3.9	3.6
In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	4.9	↑	2.8	5.6	3.1	3.6
In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?	-	-			2.9	3.7
Has someone from NHS mental health services supported you in taking part in an activity locally?	5.3	↑	3.3	5.7	4.5	4.8
Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like?	7	↑	5.5	7.5	6.5	7
Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?	4.1	↑	2.8	4.9	3.9	3.6
Do the people you see through NHS mental health services understand what is important to you in your life?	-	-			5.9	5.9
Do the people you see through NHS mental health services help you with what is important to you? *	6.8	-	5.3	7.2	-	-
Do the people you see through NHS mental health services help you with what is important to you?	-	-			6.1	5.8
Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you?	-	-			5.7	5.6
<b>Overall views of care and services</b>						
Section Score	7.4	↑	6.3	7.9	7.2	*
In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.2	↓	4.9	7	6.3	6.6
Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	8.6	↑	7.7	8.9	8.1	8.4
<b>Overall experience</b>	7.2	↑	6.1	7.5	6.8	*
Overall	7.2	↑	6.1	7.5	6.8	6.9

\* not comparable

### Appendix three: Regional comparison – section scores

KEY:	Section
G	Best Performing Trusts

A	About the Same
R	Worst Performing Trusts

	Response Rate: 28%	Health and Social Care workers	Organising care	Planning care	Reviewing care	Changes in who people see	Crisis Care	Treatments	Support and wellbeing	Overall views of care and services	Overall experience
2gether NHS Foundation Trust	33%	A	G	A	G	A	A	A/G	A	G	A
Avon and Wiltshire Mental Health Partnership NHS Trust	31%	A	A	A	A	A	A	G	A	A	A
Berkshire Healthcare NHS Foundation Trust	28%	A	A	A	A	A	A	A	A	A	A
Cornwall Partnership NHS Foundation Trust	31%	A	A	A	A	A	A	A	A	A	A
Devon Partnership NHS Trust	29%	A	A	A	A	A	A	A	A	A	A
Dorset Healthcare University NHS Foundation Trust	31%	A	A	A	A	A	A	A	A	A	A
The Isle of Wight NHS Trust	27%	R	R	A	R	A	A	A	R	R	R
Kent and Medway NHS and Social Care Partnership Trust	27%	R	A	A	A	A	A	A	A	R	A
Oxford Health	30%	A	A	A	A	A	A	A	A	A	A
Livewell Southwest CIC (formerly Plymouth Community Healthcare CIC)	25%	A	A	A	A	A	A	A	A	A	A
Solent NHS Trust	31%	A	A	A	A	A	A	A	A	A	A
Somerset Partnership NHS Foundation Trust	28%	A	A	A	A	A	A	A	A	A	A
Southern Health	30%	A	A	A	A	A	A	A	A	A	A
Surrey and Borders Partnership NHS Foundation Trust	29%	A	A	A	A	A/G	A	A	A	A	A
Sussex Partnership NHS Foundation Trust	26%	A	A	A	A	A	A	A	A	A	A



**Trust Board Paper**

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

## Trust Board Meeting 14 February 2017

### EXECUTIVE REPORT

#### 1. Never Events

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

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

#### 2. Care Quality Commission (CQC) Developments

The CQC Executive Team have sourced external consultancy to re-examine the issue of report timeliness. This is due to start later this month and is aimed at addressing the significant time lag between an inspection being completed and a provider receiving their report.

Nationally, out of the 4,917 return CQC inspections, 46 per cent have improved their overall rating, 45 per cent have not changed and 9 per cent have deteriorated.

Following the Secretary of State for Health's announcement on the 9 January 2017, NHS England (NHSE) and NHS Improvement (NHSI) are to consider a series of measures which may be taken in particularly distressed systems. This will include working with the CQC on rapid re-inspection where this has the potential to re-open community health and social care bed capacity where there are restrictions on admissions. The CQC has committed to review those services where there is a restriction on admissions, and where this lifting of restrictions would have the potential to increase capacity in those areas where there are the most significant pressures on health services.

This review would take into account an assessment of the risk of the service and consider whether a re-inspection could be brought forward with a view to lifting the restrictions on admissions if sufficient improvement has taken place and can be sustained.

The CQC have been very clear that they would not support putting people at greater risk by agreeing to open up services where they have serious concerns, and they will not be compromising on their standards of quality.

The CQC are also working very closely with NHSE and NHSI to monitor the intense pressure being faced by A&E departments, which was also covered in the Secretary of State's statement.

Following the Prime Minister's announcement on the 9 January, the CQC's thematic review of Child and Adolescent Mental Health Services will identify the strengths and weaknesses of the current system to support young people's mental health. The detailed scope, responses and timetable are being developed.

**Executive Lead:** Julian Emms, Chief Executive

### 3. Quality Improvement – Failure to Return from Leave, Prospect Park Hospital

Last year, the quality improvement project on Bluebell Ward, Prospect Park Hospital where patients are encouraged to return to the ward at the time agreed or to contact the ward as to why they will be late, increased the return rate from 15% to 95%. Following the success of the project, the scheme has been rolled out across all the acute wards.

Caroline Attard, Nurse Consultant leads this quality improvement project and the performance of the wards is detailed below:

Ward	Proportion of Patients returning on time Baseline	Quarter 3 performance %
Bluebell	15%	70%
Daisy	34%	61%
Rose	30%	65%
Snowdrop	45%	53%
Sorrel	50%	100%

Progress is being achieved across all wards and the programme continues with continued testing of interventions.

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

### 4. Staff Flu Vaccination Campaign

The staff flu vaccination campaign commenced from 26<sup>th</sup> September 2016 led by Catherine Greaves, Head of Infection Prevention and Control. Clinics were provided by Occupational Health across the Trust and peer vaccinators also provided vaccination for their teams and at large meetings/study days as opportunities arose. Vouchers to receive a vaccination from pharmacy were also provided and those staff who received their flu vaccination from their GP were asked to inform the Trust.

Progress of the campaign up to 31<sup>st</sup> December 2016 achieved 75.2% uptake in clinical staff, 47.5% in non-clinical staff and an overall uptake of 67.9%: National reporting is based on the uptake for clinical staff and therefore we achieved our target. The campaign continues with vaccination clinics being provided to all induction sessions.

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

### 5. Temporary Staffing Report (including agency and bank staff)

In month 9 2015/16 the Trust recorded 14.54% as a percentage of its total pay bill for agency staff. In month 9 2016/17 this has decreased to 8.6%.

NHS Improvement state that their goal is for Trusts to spend no more that 8% month on month.

The number of agency shifts over the last 3 months has stayed at approximately 1100 (excluding a foreseen and noticeable reduction over Christmas) however bank shifts are increasing during the same period.

### Highlights

- The report below shows the usage via NHS Professionals (NHSP) for agency and bank staff and shows a positive increase in bank usage– up 22% comparing August 16 with January 17 as well as agency being down 7% when comparing the 2 months.

Month & Year	Net Hours Requested	NHSP Filled Hours	% NHSP Filled Hours	Agency Filled Hours	% Agency Filled Hours
August 2016	77,350	27,313	35.3 %	39,610	51.2 %
September 2016	75,792	27,573	36.4 %	38,859	51.3 %
October 2016	76,367	27,793	36.4 %	40,407	52.9 %
November 2016	77,391	29,054	37.5 %	42,323	54.7 %
December 2016	74,814	30,059	40.2 %	37,892	50.6 %
January 2017	76,555	33,269	43.5 %	36,770	48.0 %

- We have started discussions with our Trust colleagues in the Buckinghamshire, Oxfordshire and Berkshire Sustainability and Transformation Plan footprint to look at a combined collaborative staff bank across this area (including East Berkshire localities).
- A new full time NHSP client relations manager has been appointed solely for BHFT (rather than a 0.5wte we currently have). This will ensure 100% focus on the Trust and the plans ahead.
- The ban on the use of agency healthcare assistants (HCA) (to start 1.4.17) - plans continue to be on track and specific agency workers have been identified to move to the bank. NHSP and BHFT temporary staffing team are working together (including night shift workers) to provide information and encourage moving to the bank.
- This has generally been well received and agency workers understand this is their only option in order to receive work with us in the future. A minimum of 46 agency HCAs have expressed interest in joining the bank and have made contact with NHSP (with future appointments/awaiting documents or form completion).
- Meetings and plans are progressing with Westcall to reduce their expenditure and use of temporary doctors under personal service companies.
- NHSP are collating the information and impact IR35 will have and HMRC/ NHSI's stance on PSCs in a leaflet – this will help explain the action needed by workers from 1.4.17 onwards (and will make working on our bank that much more attractive financially).
- Vacancy recruitment panels have started on a weekly basis with each Locality director (and appropriate managers) reviewing the long term placements one by one

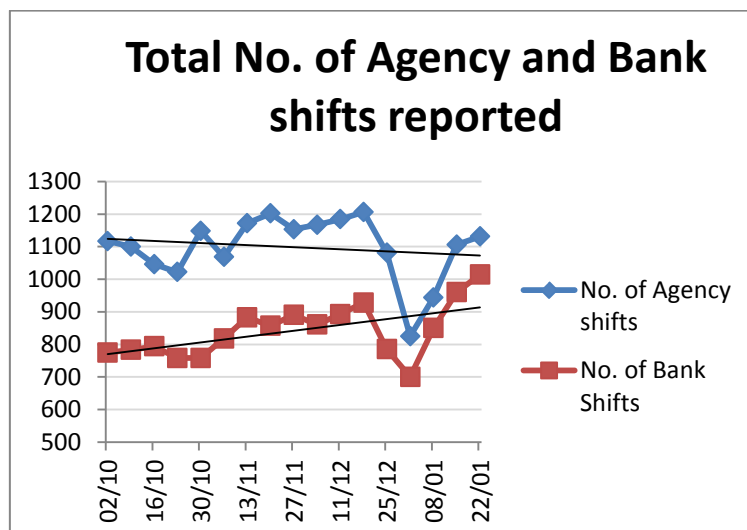
and agreeing end dates or necessary plans. So far West Berkshire, Mental Health in-patients, Reading and Wokingham localities have been reviewed. The reviewing panel is a combination of HR, Finance, Nursing, Recruitment and Temporary staffing team and is a rolling 7 week programme with a 3 week review to assure plans are being implemented.

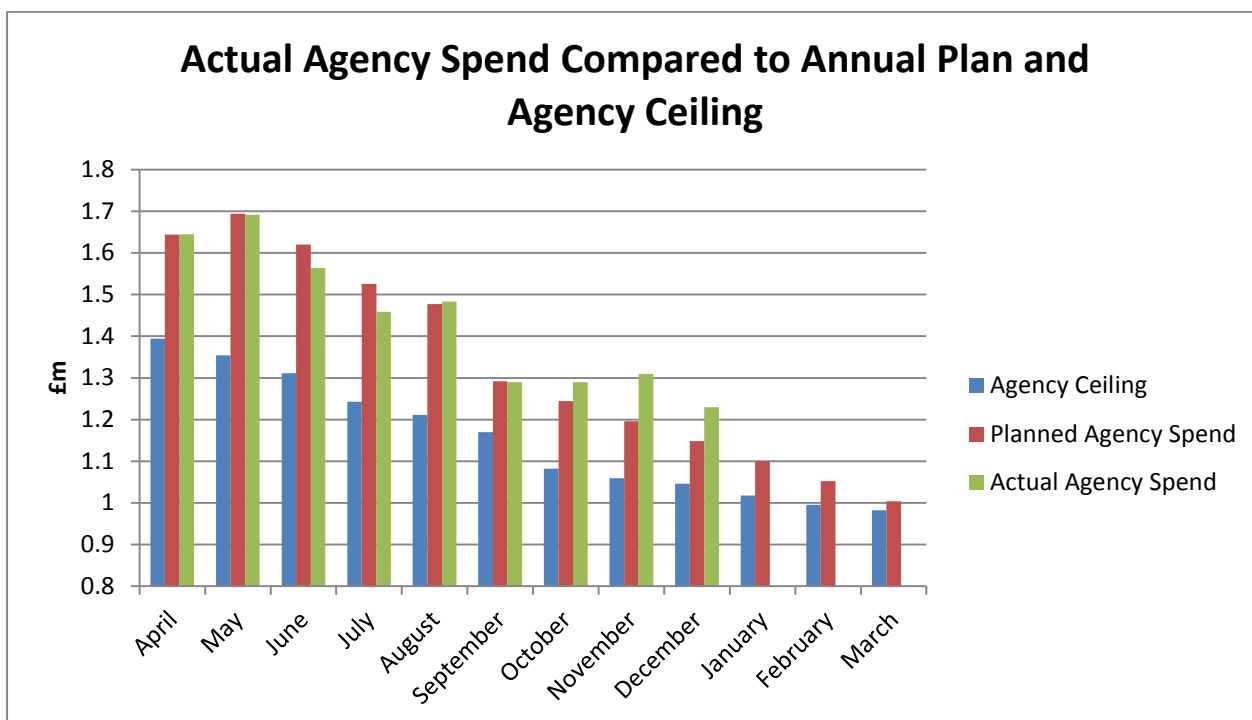
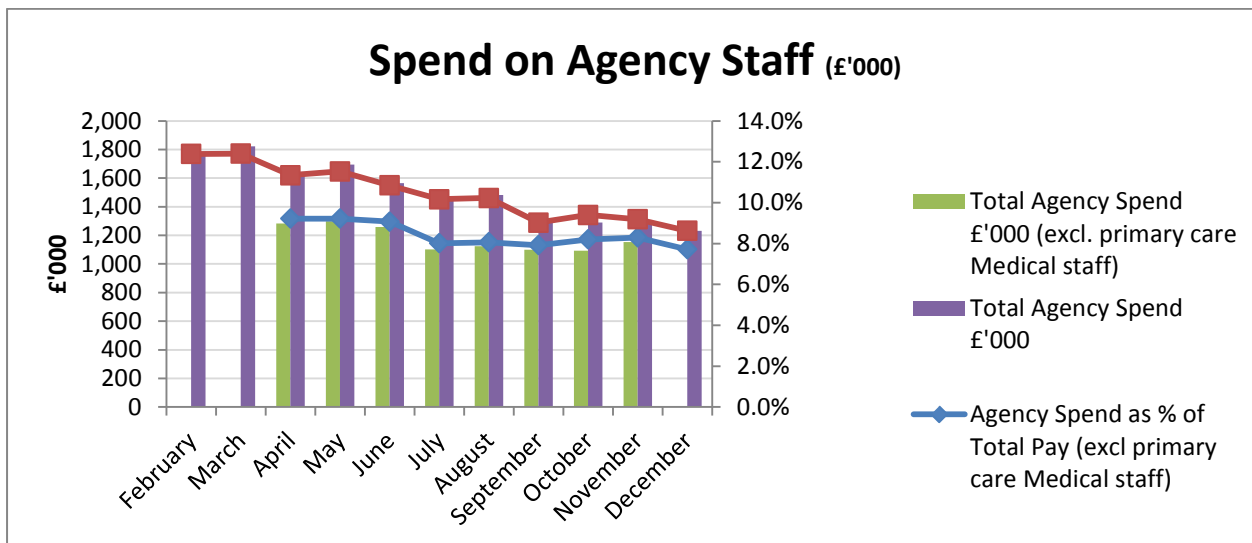
- Following a recruitment fair, 11 mental health nursing students in their final year with placement at Prospect Park Hospital have been offered substantive roles.
- A new Crisis Resolution Home Treatment Team service lead is ensuring the temporary staffing system is being adhered to and not tolerating old ways of working, this will have a positive impact on the spend here and a reduction in old practices and behaviours.

### Challenges:

- Staff recruitment to substantive posts continues to be difficult in many areas (qualified nursing and therapy staff are notable challenges) and so agency and bank usage is still high.
- All facilities staff and nursery nurses continue not to be on a framework and so we will always report some breaches for non-framework usage for these staff groups. NHSi are aware of this.
- The use of the NHSP system for specialist staff (e.g. IT) is sometimes difficult – an undersupply of skilled people and then the necessity to stay within NHSi price caps when private/commercial companies offer more money is the main challenge.
- Consideration is being given to how we ensure medical temporary staffing shifts are recorded under the NHSi rules, NHSP was agreed to be a too expensive system for this small amount of staff (a separate NHSP system would be required to the one currently in operation for them) but an in house system will be agreed once other issues around the use of medical staffing is agreed.
- Westcall continues to be an overall high expenditure (short notice shifts over the Christmas and New Year period ranged from £100- £150 (very few) per hour) and changes to the way this service is run without compromising safety and service continues to be discussed.

### Trust Overall Picture





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

## 6. Reducing Pressure Ulcers

The Trust has been running its 'Under Pressure' campaign to reduce pressure ulcers being developed within Trust services for over three years. The campaign has been very successful.

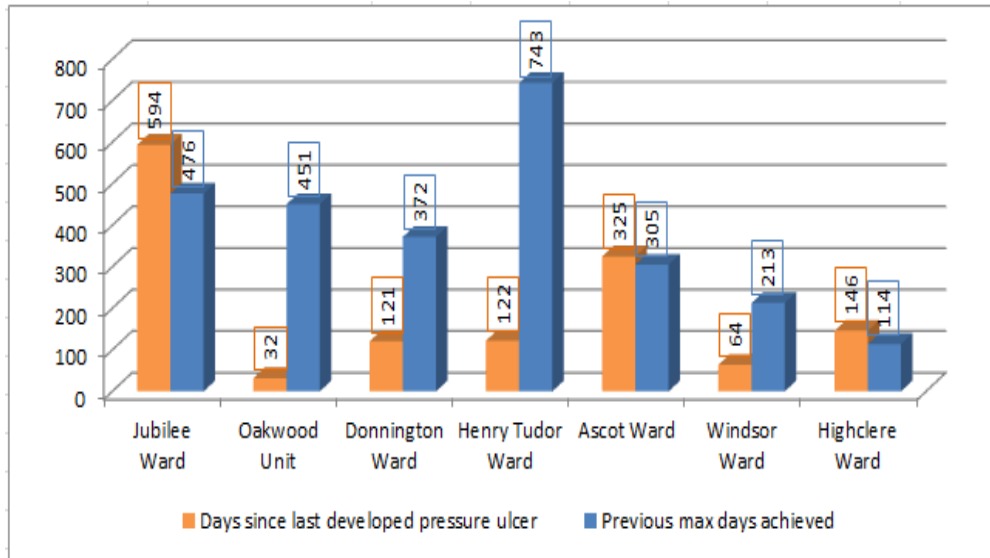
From April 2016, because the wording *avoidable* was misleading (a pressure ulcer could be avoidable from a patient perspective even if our services had done everything possible to mitigate) it was agreed with the Commissioners that 'unavoidable' pressure ulcers would be now referred to as *appropriate care given*

(ACG) and 'avoidable' pressure ulcers as *lapse in care* (LIC) if they could have been prevented.

### Community Health Inpatients

So far this year, there have been no developed pressure ulcers on our inpatient units with a lapse in care. For inpatients we celebrate significant milestone periods free from developed pressure ulcers including both LIC and ACG.

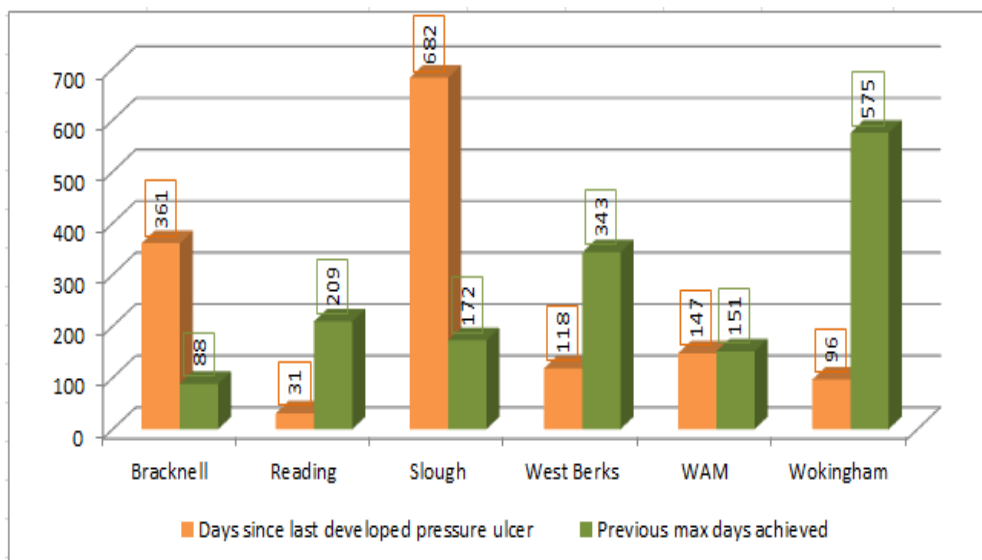
Graph 1 – days since last developed pressure ulcer (inpatients)



### Community Health Services

The Community Teams continue to progress toward achieving no developed category 3 or 4 pressure ulcers with a LIC. During quarter 3 there were 2 incidents of a category 3 or 4 where a lapse in care was agreed.

Graph 2 – days since last developed pressure ulcer (community)



Learning Summits are convened for all Category 3 and 4 pressure ulcers where there has been a lapse in care identified. These summits continue to be well received and are useful opportunities for exploring and discussing the incidents, identifying learning and action points.

**Themes discussed;**

- Reporting of incidents on Datix
- Care of high risk, complex patients
- Communication within teams, between different teams, care agencies and family.
- IT /RiO issues and forward planning
- Use of equipment, compatibility and equipment training
- Patient choice, evidence of discussions and implications of non-concordance and pressure from family
- Documentation of assessments.
- Assessment tools as an aid to decision making.
- Recognition of deterioration and severity of wounds
- Management of patient expectations
- Lack of photographs – team does not have a photo facility on their mobile phones.
- Use of champions as resource/attendance of Champions at training events.

**Action / Learning Themes;**

- Planning future visits where connectivity is poor.
- Importance of reporting all pressure damage on Datix
- Consider safeguarding alert if care from care agency is below expected standard
- Assessments and review completed as policy and documented.
- Communication with all services inputting care and discussion within team to enable challenge.
- React to Red cards to support discussions/explain risk and potential impact of pressure damage with patient and family.
- Effective handovers
- Recognising the difference between moisture and pressure damage
- Education around mobility and other equipment.

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

Presented by: Julian Emms  
Chief Executive  
February 2017



**Trust Board Paper**

Board Meeting Date	14 February 2017
Title	Equality & Inclusion Strategy Progress Report
Purpose	The paper outlines progress in implementation of the Trust's Equality & Inclusion Strategy 2016 – 2020 and provides an update on equality regulations affecting the NHS.
Business Area	Corporate Affairs
Author	Stef Abrar Equality Manager
<b>Relevant Strategic Objectives</b>	<ul style="list-style-type: none"> <li>▪ To provide accessible, safe and clinically effective services that improves patient experience and outcomes of care.</li> <li>▪ To be the provider of choice for people who use and commission our services.</li> <li>▪ To work with our partners to play our part in developing caring and compassionate communities</li> </ul>
<b>CQC Registration/Patient Care Impacts</b>	The Equality Strategy, compliance with the Equality Delivery System, WRES is part of our core contracts.
<b>Resource Impacts</b>	
<b>Legal Implications</b>	Enables the Trust to comply with the Equality Act 2010
<b>SUMMARY</b>	<p>The Board is asked to note:</p> <ul style="list-style-type: none"> <li>i) Progress against the 7 Goals of the Equality &amp; Inclusion Strategy 2016-20.</li> </ul>

<b>ACTION REQUIRED</b>	<ul style="list-style-type: none"><li data-bbox="651 230 1362 331">ii) The introduction of the Disability Equality Standard from April 2018, and the expectation of a LBG Workplace Standard in 2019.</li><li data-bbox="651 353 1374 495">iii) Stonewall Workplace Equality Index Ranking 2017: The Trust was ranked 122 out of 440 UK employers and achieved a ranking of 15 in term of UK Health and Social care organisations.</li><li data-bbox="651 521 1353 600">iv) New publication time-table for the Annual Equality Report.</li></ul>
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# TRUST BOARD

FEBRUARY 2017

## EQUALITY AND INCLUSION STRATEGY UPDATE

### 1 PURPOSE

- 1.1 This paper briefly sets out current progress against, the Trust's Equality Strategy, our ranking in the Stonewall Workplace Equality Index and the timetable for the 2016/17 Annual Equality Report.

### 2 EQUALITY AND INCLUSION STRATEGY – PROGRESS SUMMARY

EQUALITY STRATEGY GOAL	QUARTER 3 PROGRESS SUMMARY																		
<p>1) Increased representation of black and minority ethnic (BME) staff in (Agenda for Change) bands 7 and 8a-d, aiming for 20% representation at each of these grades. This reflects the Berkshire population</p>	<ul style="list-style-type: none"> <li>Some positive change in figures from 31 March 2016 to 11 November 2016:</li> </ul> <table border="1" data-bbox="754 864 1410 1162"> <thead> <tr> <th>Band</th> <th>BME staff %</th> <th>Change in BME staff % since 31 March 2016</th> </tr> </thead> <tbody> <tr> <td>Band 7</td> <td>16.6%</td> <td>+4%</td> </tr> <tr> <td>Band 8a</td> <td>13.4%</td> <td>+0.8%</td> </tr> <tr> <td>Band 8b</td> <td>10.2%</td> <td>+1.6%</td> </tr> <tr> <td>Band 8c</td> <td>10.9%</td> <td>-3.3%</td> </tr> <tr> <td>Band 8d</td> <td>7.4%</td> <td>+5.2%</td> </tr> </tbody> </table>	Band	BME staff %	Change in BME staff % since 31 March 2016	Band 7	16.6%	+4%	Band 8a	13.4%	+0.8%	Band 8b	10.2%	+1.6%	Band 8c	10.9%	-3.3%	Band 8d	7.4%	+5.2%
Band	BME staff %	Change in BME staff % since 31 March 2016																	
Band 7	16.6%	+4%																	
Band 8a	13.4%	+0.8%																	
Band 8b	10.2%	+1.6%																	
Band 8c	10.9%	-3.3%																	
Band 8d	7.4%	+5.2%																	
<p>2) No difference in perceptions of equal opportunity in career progression between white and BME staff (as measured by our annual staff survey)</p>	<ul style="list-style-type: none"> <li>Data from 31 March 2016 to 11 November 2016 on externally provided continuing professional development (CPD) shows a reduction in relative likelihood of white staff accessing externally provided CPD compared with BME staff – indicative of greater equity. Reduction in relative likelihood from 1.4 in financial year 2015/16 to 1.2 in 11 November 2016. However, figures may not adequately represent all non-mandatory training provided by the Trust and are being reviewed.</li> <li>2017 staff survey results to be confirmed (mid Feb).</li> </ul>																		
<p>3) A reduction of harassment and bullying as reported in the annual staff survey, in particular by BME staff.</p> <p>We are aiming to reduce experiences of harassment and bullying to lowest quartile rankings compared with other mental health trusts in the NHS staff survey index. We also wish to achieve equity in reporting between BME and white staff.</p>	<ul style="list-style-type: none"> <li>2017 staff survey results on harassment and bullying to be confirmed (mid Feb)</li> <li>14% or 110/700 Datix incidents in calendar year 2016 involved racial or sexual aspect</li> <li>Recruitment of hate crime champions from directorates in Jan 2017. Training to be delivered by Thames Valley Hate Crime Partnership scheduled for March 2017 plus in-house promotional video</li> <li>Since September 2016, mandatory recording of the racial and sexual nature of verbal assaults against staff on DATIX</li> </ul>																		

EQUALITY STRATEGY GOAL	QUARTER 3 PROGRESS SUMMARY
	<ul style="list-style-type: none"> <li>• New Equality HR Manager coming into post on 1 March 2017 to become dedicated point of contact for harassment and bullying complaints.</li> </ul>
<p>4) A significant improvement the well-being of disabled staff and a reduction in the proportion of staff experiencing stress related illness.</p>	<ul style="list-style-type: none"> <li>• New disability steering group is being established following Trust wide invite. Invitees include staff with lived experience of aspects of disability including a governor, disabled members of staff, staff with mental health, cancer and physical disability.</li> <li>• Directorates are in the process of analysing data indicating whether their disabled staff were satisfied with reasonable adjustments in the workplace</li> <li>• The Trust has joined the Employers Network for Equity and Inclusion (ENEI) and will attend its Disability Roundtable event on 1 March 2017 to benefit from the good practice across all sectors</li> <li>• Workforce Information data refresh exercise underway, aiming to increase the proportion of staff declaring disability status.</li> </ul>
<p>5) A more robust approach to making reasonable adjustments for disabled people – in particular implementation of the NHS Accessible Information Standard.</p>	<ul style="list-style-type: none"> <li>• Data capture systems in place for service users as of July 2016; baseline being created</li> <li>• Data capture system requires regular review</li> <li>• Further actions to be agreed.</li> </ul>
<p>6) That we maintain Top 100 Workplace Equality Index Employer status with a ranking in the top five health and social care providers.</p>	<ul style="list-style-type: none"> <li>• Our 2017 ranking is 122 out of 440 UK employers compared to 97 in 2016. We are ranked 15<sup>th</sup> for health and social care employers compared to 13 last year. Detailed scores for different sections of the index become available on 22 February 2017.</li> <li>• Workforce data refresh aiming to improve declaration rates on sexual orientation.</li> </ul>
<p>7) We want to engage with diverse groups in particular BME, Lesbian Gay Bisexual and Transgender (LGBT), and disabled people to inform our understanding of their needs, with a view to ensuring good patient experience and equity of access in both mental and community health.</p>	<ul style="list-style-type: none"> <li>• Community Engagement (Equality lead) for Berkshire West in post as of 1 January 2017 to take forward West regional Equality Delivery System (EDS) Action Plan</li> <li>• 23 November 2016 the Berkshire East region held an engagement event in Slough for diverse groups on equity in transitions between our services</li> <li>• Evidence of greater efforts to improve deaf awareness in directorate action plans in Berkshire East region.</li> </ul>

### 3 IMPLEMENTATION PLANS

3.1 Most directorates report they are on track to finalise their new local equality plans by end of February 2017. All directorates except two have nominated equality leads in place. Monitoring suggests that a quarter of the equality plans are well developed at the mid-January point. Data

problems hampered the audit element of the project in November with the new organisational structure in Berkshire East proving a particular analysis challenge.

- 3.2 The final version of the new Tableau Equality Dashboard, which enables directorates and teams to easily review staff survey results, L&D results and BME representation, was completed in mid-December. It is regarded as very useful by staff and now a structure is in place, it will be relatively easy to input the results of the new staff survey (due for release imminently) and set out ESR data for comparison in April 2017.
- 3.3 David Townsend, Chief Operating Officer, on behalf of the Diversity Steering Group (DSG), will personally review locality action plans at the quarterly locality performance improvement meetings in Jan/Feb. Bev Searle, Director of Corporate Affairs and Chair of the DSG, will be agreeing with her colleagues how corporate directorate plans will be reviewed and approved by the end of the financial year.
- 3.4 A meeting with David Townsend and Bev Searle to review the detail of local Key Performance Indicators is scheduled for mid-February. This will identify whether the Trust is making progress towards delivering the agreed outcomes in Goal 1 in particular.
- 3.5 Plans will be reviewed on a quarterly basis by the Diversity Steering Group.

## **4 PROGRESS ON THE THREE THEMES OF THE STRATEGY**

### **4.1 RACE EQUALITY**

- 4.1.1 Following the recommendations from the BME Project Manager and the WRES Steering Group in December 2016, an Employment Equality Plan has been drafted and shared with the Diversity Steering Group at their meeting on 18 January 2017. This addresses the top Workplace Race Equality Standard (WRES) goals identified in our strategy – regarding under-representation, perceptions of equal opportunities in career development and harassment and bullying. Key interventions are:
  - ensuring diversity of recruitment panels for band 7 and 8 posts
  - monitoring of external career development opportunities
  - enhancing the appraisal process
  - a focus on coaching and mentoring of BME staff
  - new processes to manage bullying and harassment.
- 4.1.2 As part of the directorate equality audit it emerged that a number of local plans are already in place to address harassment and bullying experienced by staff, for example in the Reading locality; others are in the process of putting these into place, for example Berkshire East physical health services.
- 4.1.3 Locality equality plans are also addressing Goals 1 – 3 (WRES) in detail with a particular focus on appraisal and career development plans.
- 4.1.4 An area of achievement is the development of the Trust's BME Staff Network with over 120 members. Over the past year the network has run a number of successful events including

the Launch in June 2016 and Black History Month in October 2016. A members' inspirational lunch event will be held on 31 March 2017. The network will be co-facilitating coaching and mentoring training with the Learning and Development team in the Spring, providing opportunities for members to participate in interview panels for a selection of Band 7 & 8 roles, and to act as mentors in the future.

## **4.2 DISABILITY**

- 4.2.1 The action plan on disability in employment is awaiting further data from the new staff survey and guidance from the disability steering group, led by Alex Gild, Board sponsor. This is also identified as an area of work for the new HR Equality Manager.
- 4.2.2 The draft metrics for the Disability Equality Standard were published and circulated to the DSG for information. These are similar to WRES metrics and will be included as part of the contract in April 2018 – this will inform the action plan and the work of the group.

## **4.3 SEXUAL ORIENTATION AND TRANSGENDER**

- 4.3.1 The Trust scored 122 in the Workplace Equality Index this year – a drop of 25 places compared to last 2016. Overall, our total score was 116 – only 2 points less than in 2016. The threshold for entry into the Top 100 index this year was 126. Only 1 standard NHS provider Trust featured in the Top 5 health and social care providers (North East Ambulance Service), with St Andrews Healthcare, a recognised LGBT good practice organisation, coming out on top in that category. Only 7 health and social care providers overall featured in the Top 100. Lloyds Banking was ranked in first position in the overall index with legal, education, banking and finance sectors doing well as sectors. Stonewall reported that this was the most competitive index ever, with 439 organisations competing for the top positions.
- 4.3.2 The Trust gained marks compared to 2016 in 'all staff engagement', LGBT staff network and community engagement. This is testament to the significant effort that was put into these areas in 2015/16. Areas for improvement were identified as the breadth of equality training, line management, and career development.
- 4.3.3 Following publication of the Stonewall index results on 19 January a first draft action plan is being developed to improve ranking in the Stonewall Workplace Equality Index, for completion by mid-February. The first Task and Finish Group meeting to review the results and plan for the next submission took place on 26 January 2017, and will meet monthly until August. In the next two weeks Group members will audit their lead areas against the benchmark guidance, suggest actions, and establish links with Top 10 employers before a formal review meeting with Stonewall on 22 February 2017 when we will receive the detailed breakdown of our scoring.
- 4.3.4 As of last year, good practice on transgender sensitivity has become a scored element of the Stonewall Workplace Index. In response to a number of queries from staff and managers on how to provide services in a sensitive manner to increasing numbers of transgender people, the Transgender Working Group is finalising detailed guidance for both staff and people who use Trust services. This draws heavily on good practice from Brighton and Sussex University

Hospital. The working group have produced a video featuring one of our services users, an awareness raising post-card and leaflet for promotion in March 2017. The Trust is also benefiting from relationships developed via the Thames Valley LGBT Good Practice Employer Network – co-ordinated by the Trust’s Equality Manager, in particular with R-Trans, the Thames Valley support group for people who are transitioning.

- 4.3.4 Participation in the Index stands us in a good position for the future: NHS England is considering the development of an LGB Workplace Standard to be delivered from 2019/20.

## **5 PUBLIC SECTOR DUTY COMPLIANCE (PSED)**

- 5.1 The 7 goals of our equality strategy form the equality objectives required by the Equality Act 2010. As part of the specific duties of the Equality Act we are also obliged to report on equality performance against our objectives and report on equality data annually – which we have previously published in January each year.
- 5.2 As part of the new equality strategy, and as previously noted at the Board, the timetable for our Annual Equality Report is moving to follow the financial year rather than calendar year. This enables us to report on the WRES and the PSED using the same data-set. It also corresponds with our contract reporting requirements and our corporate Annual Report.
- 5.3 The Annual Equality Report will therefore be circulated to the Board in June 2017. This will allow sufficient time for patient data to 31 March 2017 to be certified as complete, and for analysis to be undertaken.

## **6 RECOMMENDATIONS**

- 6.1 That the Board **note**:
- i) Progress against the 7 Goals of the Equality & Inclusion Strategy 2016-20
  - ii) The introduction of the Disability Equality Standard from April 2018, and the expectation of a LBG Workplace Standard in 2019.
  - iii) Stonewall Workplace Equality Index Ranking 2017: The Trust was ranked 122 out of 440 UK employers and achieved a ranking of 15 in term of UK Health and Social care organisations.
  - iv) New publication timetable for the Annual Equality Report.

**Trust Board Paper**

<b>Board Meeting Date</b>	14 February 2017
<b>Title</b>	Financial Summary Report – Month 9 2016/17
<b>Purpose</b>	To provide the Month 9 2016/17 financial position to the Trust Board
<b>Business Area</b>	Finance
<b>Author</b>	Director of Finance, Performance & Information
<b>Relevant Strategic Objectives</b>	3. - Strategic Goal: To deliver financially sustainable services through efficient provision of clinical & non-clinical services
<b>CQC Registration/Patient Care Impacts</b>	N/A
<b>Resource Impacts</b>	None
<b>Legal Implications</b>	Meeting regulatory requirements
<b>SUMMARY</b>	The Financial Summary Report included provides the Board with a summary of the Month 9 2016/17 (December 2016) financial position.
<b>ACTION REQUIRED</b>	<p>The Board is invited to note the following summary of financial performance and results for Month 9 2016/17 (December 2016):</p> <p>The 'Use of Resource' metric came into effect from 1<sup>st</sup> October, a 1 is the highest rating possible and 4 is the lowest. The metric incorporates visibility on agency control.</p> <p><b>YTD (Use of Resource) metric:</b></p> <ul style="list-style-type: none"> <li>• Rating 2 (plan 2)           <ul style="list-style-type: none"> <li>○ Capital Service Cover 2.3 (rating 2)</li> <li>○ Liquidity metric 3.88 (rating 1)</li> <li>○ I&amp;E Margin 0.62% (rating 2)</li> <li>○ I&amp;E Variance 0.02% (rating 1)</li> <li>○ Agency 19.21% (rating 2)</li> </ul> </li> </ul>



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

- Plan: £1,047k net surplus
- Actual: £1,090k net surplus
- Variance: £42k favourable

**Month 9: £281k surplus (including S&T funding), +£17k variance from plan:**

Key variances:

- Short-term overspill: **-£109k** principally due to 11 acute placements required in month due to bed pressures.
- Independent Hospital Placements: **-£46k** due to observations in budgeted placements and new additional placements.
- MH Inpatients **-£91k**: net pay spend in month largely due to vacancy cover and observations.
- Children's Services **+£141k**: Vacancies across children's services including £94k in Health Visitors.

To offset the high cost of overspill beds, £234k was released into the month's position.

The in-month underlying position, excluding S&T funding, is £128k surplus.

**Forecast:**

The Trust is reporting an improvement on NHSi's control total (CT) (+£1.5m), forecasting a c. £2m net surplus driven by the take up of £750k STF incentive funds offered by NHSi, matched against a non recurrent CT improvement of £750k by the Trust

**Cash:** Month 9: £18.2m (plan £18.7m)

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

**Capital expenditure:** Month 9: £1.9m (plan £1.9m)

No significant variances, ongoing review and refresh.

**BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST**

**Finance Report**

**Financial Year 2016 / 17**

**Month 9 (December 2016)**

## Purpose

This document provides the Board and Executive with information giving the financial performance as at 31<sup>st</sup> December 2016 (Month 9).

## Document Control

Version	Date	Author	Comments
1.0	19.01.2017	Nikola Pollard	Draft
2.0	19.01.2017	Tom Stacey	2 <sup>nd</sup> Draft
3.0	20.01.2017	Anne-Marie Vine-Lott	Final
4.0			

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

### Distribution:

All Directors

All staff needing to see this report

## Document References

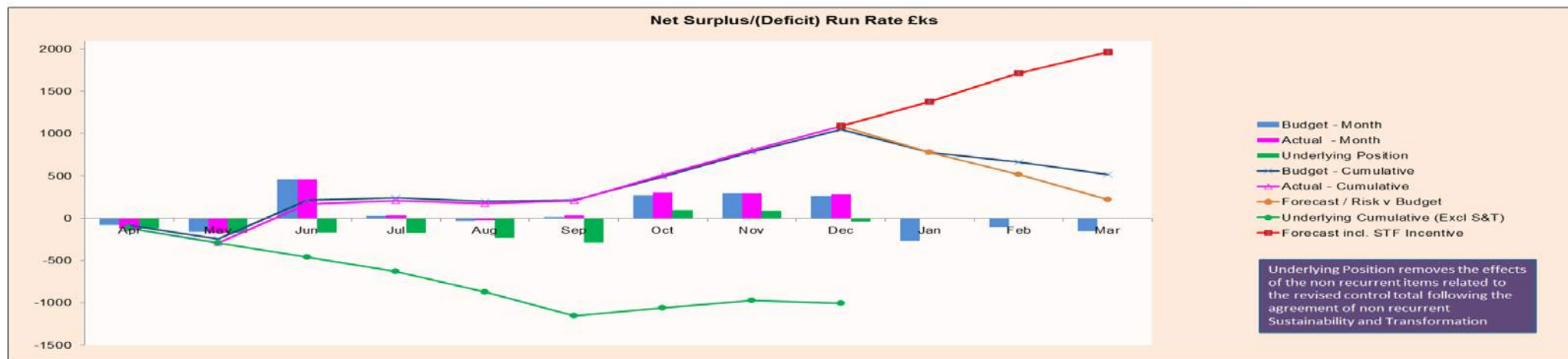
Document Title	Date	Published By

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## 1.0 Income & Expenditure Summary – Month 9

Description	Current Month			Year to Date			Forecast Outcome		
	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
<b>Operating Income</b>	<b>20,136</b>	<b>20,278</b>	<b>142</b>	<b>180,337</b>	<b>182,378</b>	<b>2,041</b>	<b>240,055</b>	<b>241,761</b>	<b>1,706</b>
<b>Operating Expenditure</b>									
Pay	(14,180)	(14,279)	(98)	(127,918)	(128,969)	(1,050)	(170,967)	(170,679)	288
Non Pay	(4,803)	(4,809)	(6)	(42,846)	(43,760)	(914)	(57,538)	(57,982)	(444)
<b>Total Operating Expenditure</b>	<b>(18,984)</b>	<b>(19,088)</b>	<b>(104)</b>	<b>(170,764)</b>	<b>(172,729)</b>	<b>(1,965)</b>	<b>(228,504)</b>	<b>(228,661)</b>	<b>(157)</b>
<b>EBITDA</b>	<b>1,152</b>	<b>1,190</b>	<b>38</b>	<b>9,573</b>	<b>9,649</b>	<b>76</b>	<b>11,551</b>	<b>13,100</b>	<b>1,549</b>
<b>Non Operating Income/Expenditure</b>									
Interest Receivable	3	3	(1)	30	71	41	40	76	36
Interest Payable	(295)	(295)	(0)	(2,656)	(2,656)	0	(3,541)	(3,541)	0
Other Finance Costs	0	0	0	0	0	0	0	0	0
Impairment	0	0	0	0	(28)	(28)	0	(28)	(28)
Restructuring	0	0	0	0	0	0	0	0	0
Profit / (Loss) on Asset Disposal	0	0	0	0	0	0	0	0	0
Depreciation & Amortisation	(495)	(515)	(20)	(4,988)	(5,035)	(47)	(6,321)	(6,429)	(108)
PDC Dividend	(101)	(101)	0	(912)	(912)	0	(1,216)	(1,216)	0
<b>Total non operating income/expenditure</b>	<b>(888)</b>	<b>(909)</b>	<b>(20)</b>	<b>(8,526)</b>	<b>(8,560)</b>	<b>(34)</b>	<b>(11,037)</b>	<b>(11,138)</b>	<b>(100)</b>
<b>Net Surplus/(Deficit)</b>	<b>264</b>	<b>281</b>	<b>17</b>	<b>1,047</b>	<b>1,090</b>	<b>42</b>	<b>514</b>	<b>1,962</b>	<b>1,449</b>
<b>Net Surplus/(Deficit) excluding S&amp;T Funding/ Incentive</b>	<b>111</b>	<b>128</b>	<b>17</b>	<b>(333)</b>	<b>(290)</b>	<b>42</b>	<b>(1,326)</b>	<b>(628)</b>	<b>699</b>
<b>CIPs Achievement</b>	<b>439</b>	<b>564</b>	<b>125</b>	<b>4,164</b>	<b>3,787</b>	<b>(376)</b>	<b>5,274</b>	<b>4,819</b>	<b>(456)</b>



Use of Resource Metric
Metric
Capital Service Cover
Liquidity
I&E Margin
I&E Variance From Plan
Agency
<b>Use Of Resources Rating</b>

YTD Plan		YTD Actual		ANNUAL Plan		FORECAST	
Metrics	Rating	Metrics	Rating	Metrics	Rating	Metrics	Rating
2.28	2	2.30	2	2.05	2	2.33	2
3.09	1	3.88	1	(1.41)	2	(1.41)	2
0.60%	2	0.62%	2	0.22%	2	0.83%	2
		0.02%	1			0.61%	1
18.10%	2	19.21%	2	15.35%	2	15.35%	2
	2		2		2		2

## Income & Expenditure Commentary – Month 9

The trust reports a month 9 surplus of £281k against a budgeted surplus of £264k and YTD a surplus of £1,090k against a budgeted surplus of £1,047k.

The underlying position in month excluding non-recurrent S&T funding is a surplus of £128k against a budgeted surplus of £111k.

The S&T control total was met in month after the release of £234k reserves.

### M9 Key Variances to operational budget:

- Short-term overspill (-£109k): principally due to 11 acute/PICU placements resulting from the bed pressures, including 5 placements not suitable for PPH.
- Independent Hospital Placements (-£46k): the number of placements exceeded budget by 1 and high observation costs.
- Children's Services (£141k): vacancies offset the month's position, including Health Visitors £94k.
- MH Inpatients (-£91k): net pay spend across wards due to vacancy cover, escort duties and high level of observations -£83k.
- CRHTT (-£61k): net pay spend including agency premium and sickness cover (-£100k).
- CIPs (£125k): driven by IAPT, £107k due to revenue generation from contribution to overheads of IAPT Expansion.
- Reserves Release (£234k): £234k was released in month to offset the net overspend. YTD release totals £1,553k.

### YTD Key Variances to operational budgets:

- Short-term OAPs overspill (-£1,151k): trend shows increased spend in recent months due to inpatient bed pressures. December continued to report a reduction on trend compared with Sept/Oct (note: numbers have begun to increase in January). Two placements relate to Older Adults not suitable for PPH.
- Independent Hospital Placements (-£458k): largely due to the additional observation costs and a small number of additional placements in year.
- MH Inpatients (-£244k): YTD there continues to be overspend (though to a lesser extent than November), results from high observations and agency premium.
- CRHTT (-£331k): including additional staff for new working model and cost to cover sickness, suspension and vacancies.
- SWIC (-£172k): outstanding contract negotiations and agency premium to cover vacancies, overspend has decreased in recent months.
- Westcall (-£125k): driven by sessional costs exceeding the funded hourly rate, overspend increased by (-£50k) in December due to high rates over Christmas period.
- Unplanned release of reserves (£1,553k): included £200k to offset primary care overspends, £316k full release of NI rebate in advance of plan profile, £206k Redundancy, £720k operational pressures offset (Oct-Dec) and £100k other non-recurrent items.
- Favourable variances which meet and exceed the Pay CIP and partly offset the unfavourable variance above include Children's Services (£1,357k), District Nursing (£831k), Intermediate care (£625k), CMHT/OPMH (£661k).

### Agency Spend

December reports an agency spend of £1.23m, a decrease from previous month (£1.31m). This is adverse to the planned agency ceiling of £1.15m in month. YTD agency spend of £13.0m exceeds YTD agency ceiling £12.85m.

**The NHSi Use of Resource rating is a "2".**

## **Forecast / Risk v Budget**

The forecast review based on results so far this year and trends seen in prior year, suggests a further -£0.3m risk to plan after a review and forecast release of £0.5m unused budgeted reserves. The main risks identified for Jan-March are:-

- MH Beds -£0.7m; -£0.5m Acute overflow / PICU, -£0.2m Independent Hospitals.
- MH Inpatients -£0.2m
- CRHTT -£0.2m

YTD overspend in these areas has been partially mitigated by release of non-recurrent reserves. A further release of £0.3m will be required to mitigate these items should they arise to ensure that the S&T income is not deducted in future months (-£0.5m risk ).

## **Forecast including STF Incentive**

NHSi has made an offer of further STF funding with the incentive that trusts that have made their control total can obtain £1 cash for every £1 further improvement against planned outturn. In response to this a close review of the balance sheet has been carried out with the result that £500k of specific provisions will be released as they are no longer expected to be realised; in addition, assuming the forecast risk will not worsen a further £250k of reserves will be released. These adjustments change the Trust's forecast for yearend outturn to a £2m surplus (including the STF incentive to be received of £0.75m, cash receipt in 17/18). Overall £2.6m of reserves benefit will have been deployed to achieve the forecast position and secure central funding.

## 2.0 Balance Sheet Summary – Month 9

STATEMENT OF FINANCIAL POSITION	31st March 2017 (Plan) £'000's	31st January 2017 (Actual at Date) £000s	31st March 2016 (Final last year) £000s
Non Current Assets (Intangible, Property, Plant and equipment)	90,252	87,324	90,746
Inventory	104	129	91
Current receivables (Trade and Other Debtors)	12,180	10,747	10,151
Cash	17,795	17,848	16,653
Current Payables (Trade and Other Creditors)	(27,315)	(22,378)	(24,742)
Other Liabilities (Deferred Income)	(2,332)	(1,780)	(1,842)
Provisions (Current & Non Current)	(1,612)	(1,610)	(1,612)
PFI Finance Lease Creditor (Current & Non Current)	(31,704)	(31,851)	(32,592)
<b>Total Net Asset / (Liabilities)</b>	<b>57,368</b>	<b>58,427</b>	<b>56,852</b>

Financed By:			
Public Dividend capital	14,210	14,210	14,210
Revaluation Reserve	30,294	30,294	30,294
Income & Expenditure Reserve	12,864	13,923	12,349
<b>Financed by Reserves</b>	<b>57,368</b>	<b>58,427</b>	<b>56,852</b>

CAPITAL EXPENDITURE	Current Month			Year to Date			Forecast Outturn		
	Budget (£'000)	Actual (£'000)	Var. (£'000)	Budget (£'000)	Actual (£'000)	Var. (£'000)	Budget (£'000)	Actual (£'000)	Var. (£'000)

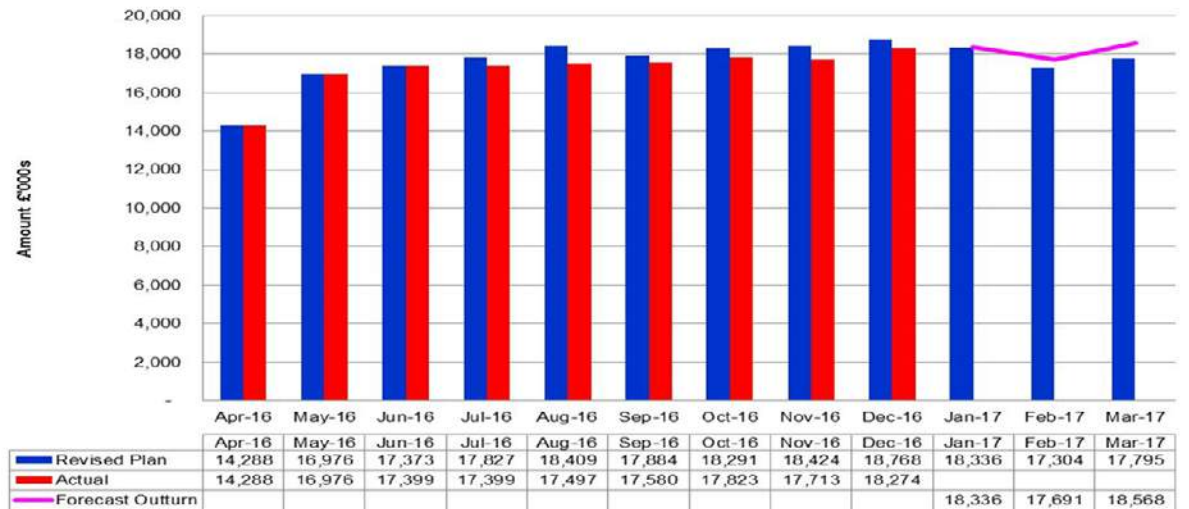
### Capital Maintenance & Replacement Expenditure

- Trust Owned Properties	33	5	28	68	76	(8)	209	166	53
- Leased Non Commercial (NHS/SPS)	0	(1)	1	113	101	12	235	203	32
- Leased Commercial	63	56	7	110	114	(4)	162	214	(52)
- Statutory Compliance	0	17	(17)	48	60	(12)	270	220	50
- Locality Consolidations	5	12	(7)	87	51	36	412	99	313
- CAHMS T4	42	55	(13)	42	49	(7)	0	42	(42)
- PFI	0	0	0	0	15	(15)	516	324	192
<b>Subtotal</b>	<b>143</b>	<b>144</b>	<b>(1)</b>	<b>468</b>	<b>466</b>	<b>3</b>	<b>1,804</b>	<b>1,258</b>	<b>547</b>

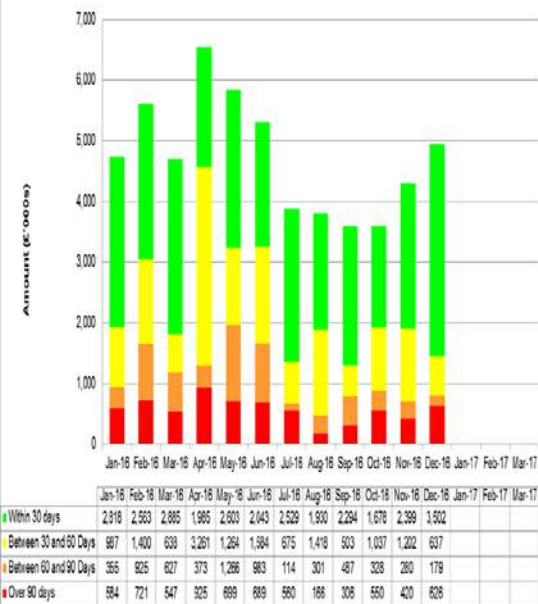
### Development Expenditure

- IM&T Strategy	307	109	198	1,453	1,266	187	3,968	3,036	932
- Locality Schemes	0	55	(55)	53	260	(207)	53	291	(238)
<b>Subtotal</b>	<b>307</b>	<b>165</b>	<b>142</b>	<b>1,506</b>	<b>1,525</b>	<b>(19)</b>	<b>4,021</b>	<b>3,327</b>	<b>694</b>
<b>Total</b>	<b>450</b>	<b>309</b>	<b>141</b>	<b>1,974</b>	<b>1,991</b>	<b>(17)</b>	<b>5,825</b>	<b>4,585</b>	<b>1,241</b>

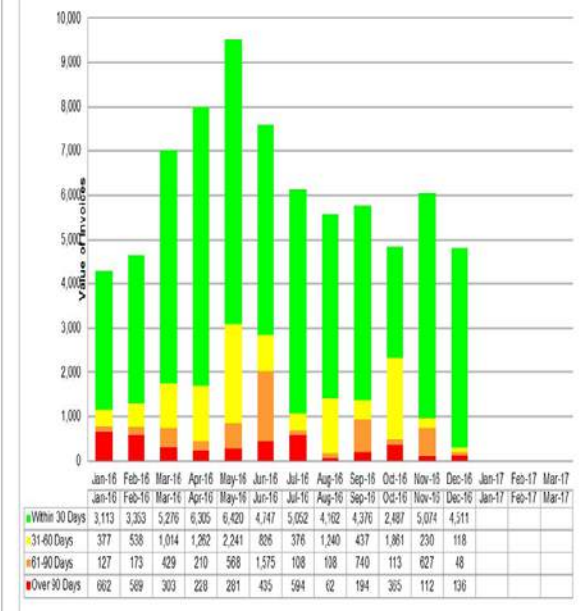
## Cash Flow Plan v Actual 2016/17



### Age Profile of Receivables 2016/17



### Age Profile of Payables 2016/17





## Balance Sheet Commentary – Month 9

### Cash Position

The closing cash balance for December 2016 was £18.2m against a revised plan of £18.7m resulting in an adverse variance of -£0.5m (November -£0.7m). The majority of the shortfall in cash against the planned position is primarily due to a reduction in cash receipts from Royal Berkshire Hospitals and NHS England for outstanding debtors (see below). Although it is not anticipated over the longer term view that there is any specific cash risk for non-payment of debtors, given the on-going in year issues the Trust has had with RBH and NHSE, the forecast outturn on cash has not been amended to reflect the increase in the forecast I&E outturn as there is a risk that the debtor issues will not be resolved entirely before year end. In addition, recent in year approved capital expenditure for works at Finchampstead Clinic impact on the cash position as they were not in the original plan

The cash position includes YTD receipt of S&T funds equating to £920K.

### Trade Receivables

Trade Receivables increased by £0.6m to £4.9m (November £4.3m). The majority of the increase relates to new aged debt (within 30 days) raised during December 2016, which increased from £2.4m to £3.5m in month. All overdue aged debt (i.e. over 30 days) reduced by £0.5m, with the majority of that being down to the on-going settlement of aged debt with Royal Berkshire Hospital. Delay in payment from Royal Berkshire Hospital is largely down to their internal control processes around issuing and approval of Purchase Orders against our invoices, contributed by a number of changes to management in RBH responsible for raising orders.

### Trade Payables

Total Trade Payables decreased by £1.2m to £4.8m during month 9 with invoices for NHS Professionals (£1.0m), the Prospect Park Hospital unitary payment (£0.9m) and The Priory for the Cloisters (£0.2m) accounting for the overall decrease in payables. Over 30 day aged payables reduced £0.7m during month 9, from £1.0m to £0.3m, with over 90 day aged debt at £0.1m.

### Capital Programme

The Trust is reporting against a revised capital plan of £5,825K (previously £7,024K) in line with a reforecast of the annual plan to NHSI in June 2016.

In December 2016, the total monthly capital spend was below budget by £141K. This favourable variance resulted from £201K underspend against a number of projects in IM&T was primarily driven by profiling of the plan rather than specific underspends on schemes that are forecast to complete in this financial year.

The YTD spend is over budget by £17k. There are underspends against a number of projects, which offset against over spends in Locality IT (£93K) and the over spend in Locality Schemes (£206K). Adverse variances arise in locality schemes as a result of in year approval of allocations not in the original/revised plan, including investment in beds for PPH and Oakwood (£68K), Sexual Health IT system (£102K), Champion Ward Furniture (£12K) and Patient Experience Trackers (£22K).

As part of the annual plan setting for 2017/18, the forecast outturn was reviewed and a number of 2016/17 projects were moved either in part or in full to 2017/18. The value of those projects totalled £808K. The review also identified projects which are not now proceeding amounting to £821K.

Of the remaining projects in 2016/17, the forecast outturn is broadly consistent with the original planned budget except for those projects that have been approved in the year. These additional schemes include locality scheme allocations (£235K), air conditioning replacement for server room at Bath Road, Reading (£60K) and Estates Maintenance & Replacement allocation of £239K with high value projects like Finchampstead Clinic - additional clinical and administrative space (£85K), and 81 London Street Reading (£65K). The net effect of all the above changes result in a favourable variance of £1,241K.

### Trust Board Paper

<b>Board Meeting Date</b>	14 <sup>th</sup> February 2017
<b>Title</b>	<b>Summary Board Performance Report M9 2016/17</b>
<b>Purpose</b>	To provide the Board with a performance summary dashboard, including narrative and KPI exception highlights.
<b>Business Area</b>	Trust-wide Performance
<b>Author</b>	Director of Finance, Performance & Information
<b>Relevant Strategic Objectives</b>	2 - To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care and consistently meet or exceed the standards of CQC and other stakeholders.
<b>CQC Registration/Patient Care Impacts</b>	All relevant essential standards of care
<b>Resource Impacts</b>	None
<b>Legal Implications</b>	None
<b>Summary</b>	<p>The enclosed summary performance report provides information against the Trust's performance dashboard for December 2016.</p> <p><b>Month 9 2016/17 <u>EXCEPTIONS</u>:</b></p> <p><b>The following Trust Performance Scorecard Summary indicator groupings are Amber rated:</b></p> <ul style="list-style-type: none"> <li>• People</li> <li>• Contractual Performance</li> </ul> <p>Further detail on the AMBER dashboard ratings is narrated within the section commentaries of the summary performance report.</p> <p><b>The following individual performance indicators are highlighted by exception as RED with their link to the Trust Performance Dashboard Summary identified in brackets:</b></p>

	<ul style="list-style-type: none"> <li>• <b>US-2a</b> - Physical Patient to Patient Assaults (<b>User Safety</b>)</li> <li>• <b>US-2b</b> - Learning Disability: Physical patient to patients assaults: Number (<b>User Safety</b>)</li> <li>• <b>US-08</b> - Number of suicides in the last 12 months (<b>User Safety</b>)</li> <li>• <b>PM-01</b> - Staff Turnover (<b>People</b>)</li> <li>• <b>PM-02</b> – Gross Vacancies (% WTE) (<b>People</b>)</li> <li>• <b>PM-03</b> – Sickness (<b>People</b>)</li> <li>• <b>SE-03</b> - Mental Health: Acute Average LoS (bed days) (<b>Service Efficiency &amp; Effectiveness</b>)</li> <li>• <b>SE-03a</b> - Mental Health: Acute Average LOS Snapshot (<b>Service Efficiency &amp; Effectiveness</b>)</li> <li>• <b>SE-06B</b> - Mental Health: Acute Occupancy rate by Locality (EX HL) (<b>Service Efficiency &amp; Effectiveness</b>)</li> <li>• <b>SE-08</b> - Health Visiting: New Birth Visits Within 14 days (<b>Service Efficiency &amp; Effectiveness</b>)</li> <li>• <b>SE-10</b> - Mental Health Clustering within target (<b>Service Efficiency &amp; Effectiveness</b>)</li> </ul> <p>Further RED KPI performance detail and trend analysis is provided in the summary performance report.</p>
<b>ACTION REQUIRED</b>	The Board is asked to note the above.

# Board Summary Performance Report

**M9: 2016/17 December 2016**

Board Summary

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

Key :

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

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

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

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

**% rules based approach**

- SE-01 to SE-11
- Where 50% or more of the mapped indicators are RED rated, the summary performance scorecard indicator will be RED.

*For example:*

A performance scorecard category has 5 indicators mapping into these indicators have the following performance reported in the month:

2 RED rated (40%)

2 AMBER rated (40%)

Based on the first two mapping principles, the 50% rule would not apply but clearly the scorecard category should not be GREEN.

**Overriding principles based approach**

There are indicators within the detailed performance indicator report where the over ride rule applies.

This is driven by severe sanction or breach usually linked to regulatory compliance requirements within the Trust.

Year 2016 - 2017; M9 December 2016

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

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

**Subjective**

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

Exception report

Summary of Red Exceptions M9: 2016/17			
Indicator	Indicator No	Comments	Section
Physical Patient to Patient Assaults	US02a	Increased from 39 to 49 in the month	User Safety
Learning Disability: Physical Patient to Patient Assaults	US02b	Increased from 23 to 26 in the month	User Safety
Suicides in rolling year	US08	Decreased from 25 to 24 in rolling year	User Safety
Staff Turnover	PM 01	Increased from 18.0% to 18.09% in the month	People Management
Gross Vacancies	PM 02	Increased from 11.9% to 12.6% in the month	People Management
Sickness	PM 03	Decreased from 4.31% to 4.17% in the month	People Management
MH Acute Length of Stay	SE 03	Increased from 44 to 45 days	Service Efficiency
MH Average Length of Stay Snapshot	SE 03a	Decreased from 60 to 52 days	Service Efficiency
MH Acute Occupancy Rate by Locality	SE 06b	Decreased from 95% to 87%	Service Efficiency
New Birth Visits	SE 08	Decreased from 92% to 90%	Service Efficiency
Clustering	SE10	Decreased from 89% to 86%	Service Efficiency



## User Safety Commentary

There was one serious incident, an unexpected death of a West Berkshire Community Mental Health Team client. During December there were no pressure ulcers that were reported as serious incidents, however there were 2 pressure ulcers recorded where the learning summit agreed that there had been a lapse in care: both were for Reading District Nursing.

Towards zero suicides initiative - The new risk summary was launched at the beginning of January 2017. This consists of a simplified format that allows the practitioner to complete one form to cover risk assessment, risk management and crisis contingency /service user focussed safety plan. The RiO team successfully launched the new form on 10<sup>th</sup> January 2017 along with a range of user guides and frequently asked questions. Champions in each area have helped staff to transfer information from the previous system into the new format. Data is being collected from teams in relation to strengths and areas for improvements in the new system.

The number of assaults on staff increased to 64 in the rolling quarter to December 2016 and moves to an amber rating. 9 incidents were reported on Sorrell ward (same as last month), 6 incident on Bluebell ward (increased from 1), 6 incidents were reported on Rose Ward (4 last month), 5 on Daisy ward (decreased from 6), 17 on Snowdrop ward (increased from 10) and 6 on Orchid Ward (7 last month) and 8 on Rowan Ward (increased from 7). 34 clients committed assaults against mental health inpatient staff in the rolling quarter to December 2016. All other incidents in December were rated as low or minor risk. In the community one minor risk incident was reported by Neuropsychology. The Board received a report which provided an analysis by month of incidents of patient assaults on staff, from November 2015 to October 2016, this showed a decreasing trend.

For Learning Disabilities there was a reduction in the number of assaults on staff to 60 in the rolling quarter to December 2016. All incidents in December 2016 were rated as low or minor risk. 9 patients have carried out assaults on staff in the rolling quarter, including two patients who have carried out 9 assaults each.

Patient to Patient Assaults -In Mental Health services increased to 49 in the rolling quarter to December 2016 and moves to a red rating against a local target. 13 incidents took place on Rose ward, 10 each on Snowdrop ward and Sorrel ward, 2 incidents on Rowan ward, 5 on Daisy and 3 on Bluebell ward. In the community 2 incidents were reported (1 each for West Berkshire and Wokingham). All incidents are rated as low or minor risk. The Board received a report which provided an analysis of incidents of patient on patient assaults by month, from November 2015 to October 2016, this showed an increasing trend.

Learning Disability - Patient to Patient Assaults increased to 26 (an increase from 23) in the rolling quarter to December 2016. All incidents were rated as low risk and the assaults were carried out by 7 clients, including one client responsible for 5 incidents and another 3 clients responsible for 4 incidents. One incident was reported in the community.

Slips Trips and falls –Oakwood at 11.9 falls per 1000 bed days (8 falls) and Henry Tudor 9.6 per 1000 bed days were above target (6 falls).

Self-Harm - These have decreased to 100 in the rolling quarter to December 2016, and moves to an amber rating. In the rolling quarter, 49 incidents (reduced from 52 incidents last month) have been reported by Berkshire Adolescent Unit. These were carried out by 7 clients with one client responsible for 21 incidents. All of the incidents reported in December 2016 at the Berkshire Adolescent Unit, were rated as low or minor risk. In the Community, there was one low risk incident reported for a CAMHS client in WAM. In Adult/Older Adult Inpatient Services – there were a total of 44 incidents reported in the rolling quarter, an increase of 2 from the preceding month. Of these, 16 incidents each were reported on Rose Ward (same as last month's incidents total), 21 incidents on Bluebell ward (increased from 8) and 3 on Snowdrop ward (reduced from 16) 2 on Sorrel ward (same as last month) and 1 on Daisy ward (reduced from 2). All Inpatient incidents in December 2016 were rated as low risk or minor risk.

Learning Disability Self Harm – increased to 13 in the rolling quarter to December 2016, there were three low risk incidents reported in December 2016 carried out by 2 separate clients.

AWOLS and Absconsions – This data covers only those clients detained on a mental health section and is measured against a local target–AWOLS (15) have increased and Absconsions (14) have reduced in the rolling quarter to December 2016. In December 2016, there were 4 AWOLS reported, 2 from Rose ward and 1 each from Daisy ward and Snowdrop ward. All incidents were rated as low risk. In December 2016, there was 1 absconsion from reception at Prospect Park Hospital. All incidents are rated as low or minor risk. The Board received a report which provided an analysis by month of AWOLS and Absconsions by month, from November 2015 to October 2016; this showed an increasing trend for absconsions and a decreasing trend for AWOLS.

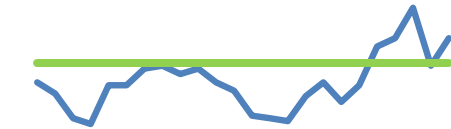


PMVA (Control and Restraint of Mental Health patients) – In December 2016, there were 18 uses on 10 clients; this includes 5 clients with more than one use. There were 5 uses on Snowdrop, 4 on Sorrell ward, 3 on Bluebell, 2 each on Daisy and Rose wards, 1 each on Rowan ward and 1 on hospital grounds. All incidents were rated as low or minor risk. The Director of Nursing is providing a more detailed analysis on this indicator and prone restraint for the February Finance Investment and Performance Committee.

There were 5 incidents of prone restraint in December 2016 - 2 incidents each on Sorrell and Rose Wards, and 1 on Bluebell Ward. All incidents were rated as low risk.

SCIP (Strategy for Crisis Intervention and Prevention) – There were 11 uses of SCIP (all at Campion Unit) in December 2016 on 4 Learning Disability clients, including 6 uses on one client. All incidents were rated as low or minor risk.

Seclusion: There were a total of 8 incidents of seclusion in December 2016 for Mental Health Inpatients for 3 clients; the longest incident was for 6 hours 5 minutes. In Learning Disability, there were four incidents of seclusion for 3 clients.

User Safety Exception Report Month 9: 2016/17

<u>KPI</u>	<u>Target</u>	<u>December</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Mental Health Physical Patient to Patient Assaults	<40	49		Physical Patient to Patient Assaults were carried out by 30 patients in the rolling quarter, 3 of whom carried out more than 3 assaults.	
Learning Disability Patient to Patient Assault	<15	26		Physical Patient to Patient Assaults were carried out by 7 patients in the rolling quarter. 3 of whom carried out more than one assault.	
Number of suicides in the last 12 months : Number	<17	24		Suicide prevention group is updating the risk policy and standard operating procedures. New risk tool was launched on 10th January 2017.	This is the number of apparent suicides, which may change following the Coroner's verdict. There is an annual retrospective review of this indicator based on these outcomes.

### **Other Key Performance Highlights for this Section**

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

- Mental Health Physical Assaults on Staff increased from 51 in the rolling quarter to November 2016 to 64 to the rolling quarter to December 2016.
- Mental Health Physical Patient to Patient Assaults increased from 39 in the rolling quarter to November 2016 to 49 to the rolling quarter to December 2016.
- AWOLs increased from 14 in the rolling quarter to November 2016 to 15 in the rolling quarter to December 2016.
- Learning Disabilities Self harm worsened from 11 incidents in the rolling quarter to November 2016 to 13 incidents in the rolling quarter to December 2016.
- Learning Disabilities Physical Patient to Patient Assaults increased from 23 in the rolling quarter in November 2016 to 26 in the rolling quarter to December 2016.

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

- Mental Health Self-Harm improved from 105 in the rolling quarter to November 2016 to 100 in the rolling quarter to December 2016.
- Learning Disabilities physical assaults on staff improved from 66 in the rolling quarter to November 2016 to 57 in the rolling quarter to December 2016.
- PMVA reduced from 33 uses in November 2016 to 18 uses in December 2016.
- Prone restraint reduced from 10 uses in November 2016 to 5 uses on December 2016.
- Seclusion reduced from 17 uses in November 2016 to 12 in December 2016.
- Absconsions improved from 15 in the rolling quarter to November 2016 to 14 in the rolling quarter to December 2016.

## People Commentary

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

### Sickness Absence

- The Trust-wide sickness rate is following the trend seen in previous years, of increasing during the winter months, largely due to the impact of short-term sickness due to colds/coughs/flu
- The main reasons for sickness absence remain musculoskeletal/back problems and anxiety/stress/depression. Both are showing downward trends, although there has been an increase in the monthly sickness rate due to anxiety/stress/depression in the last two months and the HR Managers will continue to work with their locality SMT leads to identify any trends and ensure that individual cases are appropriately managed, to reduce the risk of further increases
- There has also been an increase in the long term sickness due to injury/fracture for the third consecutive month, to a rate of 0.33%. This will be analysed to see if this is a trend and with an underlying cause.
- The HR Managers have reported an increase in the number of sickness cases not closed in a timely way on ESR and also some late/underreporting of sickness in December, both of which may be attributable to annual leave over the Christmas period. Services will be reminded of the need to ensure that adequate cover arrangements are in place.

### Turnover

- The annual turnover figure has seen a gradual increase in the last five months, although a detailed analysis of the feedback received via the leaver's questionnaire (over the last 6 months) shows that reasons for leaving are consistent with trends seen in the last five years: Relocation (17%), Work Life Balance (15.4%), Lack of Opportunities (14.6%), Promotion (12.6%) and Incompatible Working Relationships (8.1%).
- The improvements to our HR case management processes and our appraisal, career planning and personal development practices will be launched in March 2017, in time for this year's appraisals and will be evaluated against 2017/18 exit interview results.




## **Recruitment**

- The most significant factor impacting on the recruitment turnaround time (which starts from the day the recruitment form is approved and with the Recruitment Administration Team to the day the new employee starts with the Trust) is notice periods. Variations in the monthly turnaround time correlate with changes in the average notice period, whilst the measure of the internal efficiency of the recruitment administration process, i.e. the steps that the recruitment administration team can control and influence, has remained consistent (with an average of 33 days).
- A review of the Trust standard advertising period of one week will be undertaken to determine whether a longer standard advertising period for certain posts would increase the proportion of these vacancies filled first time, without impacting negatively on the turnaround time.

## **Statutory and Mandatory Training**

- Statutory Training – Fire Training - All localities are below revised 95% target. The Training Department have gone through Mental Health Inpatients locally held records and matched these against training attendance sheets.
- Mandatory Training - Information Governance (89%) is below target but has improved. For Information Governance, the reporting has changed to reflect the requirement for annual "refresher" training for all staff.

People Exception Report Month 9: 2016/17

<u>KPI</u>	<u>Target</u>	<u>December</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Staff Turnover (% YTD) : Percent	<15.2%	18.09%		Increase in turnover figure from September 2016. This remains a challenging stretch target.	This includes end of fixed term contracts, retirements as well as voluntary resignations.
Gross vacancies (% WTE) : Percent	<10%	12.60%		This figure includes areas where there has been difficulty recruiting such as CHS inpatients and nursing, LD and MH inpatients and Crisis Services.	New staff structures being implemented including an increase in Band 4 and 6 and a reduction in Band 5s.
Sickness	<3.5%	4.17%		Short term sickness reduced to 1.06% and long term sickness increased to 2.48%.	Short term sickness driven by an increase in coughs, colds and flu.

### **Other Key Performance Highlights for this Section**

- Fire Training has improved from 83% to 84%.
- Information Governance training has improved from 87% to 89%.



The precise construction of all the metrics in the Single Oversight Framework has still not been published, however the NHSi bulletin of 11th January 2017 advised that the measurement against the complete and valid submission of the mental health data set which stated that this would comprise of settled accommodation, employment status and ethnicity. The Trust has until the end of 2016/17 to achieve the target of 85%. For the November 2016 Primary submission the levels are

- Ethnicity 84.51%
- Employment Status 79.04%
- Accommodation Status was 79.62%.

The next submission of the Mental Health Services Data Set will be for December 2016 and takes place on 25th January 2017. A query has been raised with NHSi as to whether "not stated" is regarded as a valid code, if so the compliance levels could increase.

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

## Service Efficiency And Effectiveness Commentary

There are 13 indicators within this category, 7 are rated as "Green" including Crisis plans, Mental Health Readmissions, CHS Length of stay, CHS occupancy, Mental Health Acute Occupancy by Ward and by Locality, Mental Health Non Acute Occupancy, and Crisis Plans. 1 is rated as "Amber"- DNA rates. 4 are rated "Red", MH Average and Snapshot Length of Stay, Clustering, and New Birth Visits and 1 of which does not have a target (place of safety). As more than 50% of indicators are rated as green, this section is rated as green.

DNA rates remained at 5.33% in December 2016. All localities reduced with the exception of WAM children's services.

In CPE, the DNA rate is 10.59% (98/925) of appointments were DNA's in December 2016; and is a decrease from 13.29% in November 2016 and is the third month in a row where there has been a decrease.

In Children and Families services the DNA rates showed some fluctuation; there were decreases in West Berkshire 8.26% (last month 9.63%) and Reading 10.07% (last month 10.24%) and increases in Wokingham 6.43% this month compared to 5.00% last month, Slough 4.37% (last month 4.08%) and Bracknell were 5.64% (last month 5.62%). CAMHS services DNA rates showed an increase to 8.85% in December 2016 (last month 8.66%).

For Mental Health, there has been some worsening in some areas with; Slough 8.55% (last month 7.15%) Reading 9.65% (last month 8.54%), and West Berkshire 7.91% (last month 6.37%), however there has been some improvement of performance in WAM 5.83% (last month 5.96%), Wokingham at 3.93% (last month 4.03%). SMS text messaging can be used for reminders for appointments which take place in clinics provided that a mobile number is collected and entered into RiO in the correct format. In December 2016, 13,656 text messages were sent.

CHS Inpatient Average Length of Stay - has reduced from 29 days to 27 days which is at target, however WAM and Wokingham are at 30 days and West Berks at 28 days. Delayed transfers have an adverse impact on length of stay. By ward 21% of occupied bed days were blocked in Reading, 16.93% in Windsor and Maidenhead, 16.20% in Wokingham, 6.29% West Berkshire, and 2% at Slough. A total of 45 patients discharges were delayed in December 2016 with a split in the agency responsible as follows: - 21 awaiting social care, 11 were awaiting further NHS care and 13 were waiting joint funding/placement. The most common reason for the delay was 18 patients who were awaiting a care package in own home (7 social care, 2 health and 9 joint health and social care), followed by awaiting residential/nursing home (total 15 patients-agency responsible: 7 for social care and 5 for health and 4 joint health/social care). Additionally 4 patients are awaiting further NHS non acute care. A submission to the Better Care Fund has been made to help fund Unitary Authority delays by Reading Borough Council and CCGs.

CHS Occupancy – has increased to 82% overall. Reading at 62% and Wokingham at 80%. Slough however increased to 96%.

Mental Health Acute Occupancy excluding home leave, reduced to 87% in December 2016.

Both the Average Length of Stay for Mental Health (increased to 45 days) and the acute snapshot length of stay (reduced to 52 days in December 2016) were above target. There are a number of clients who have accommodation needs for which funding must be obtained and placements sought before they can be discharged from the ward. At 16th January 2017 – there were a total of 15 clients on acute wards (a decrease of 2 from last month regarded as delays with the majority regarded as requiring a specialist placement or accommodation) 8 of which have been confirmed as delayed discharges and a further 7 are classed as potential delays due to accommodation issues. Including the potential delays - By locality, 5 delays were for Slough, 4 each for Bracknell and WAM, and 2 for Reading. Including potential delays by ward there are 7 on Snowdrop, 5 on Rose, 3 each on Bluebell and Daisy ward, and 1 on Sorrel ward.

An additional metric on bed occupancy by locality has been included and work has been developed to facilitate localities managing their allocation of beds and out of area placements. All localities except West Berkshire were below target.

The Trust is running a bed optimisation programme which has looked at the procedures around admissions particularly in relation to the purpose of admission, with reviews taking place each day of admissions to Prospect Park from each locality. This included from gatekeeping prior to admission, using alternatives to admission such as Yew Tree Lodge, to the involvement of localities in discharge planning. On 19th December 2016 there were 18 beds available on the acute wards with 30 patients on leave from the acute wards at Prospect Park Hospital.

At the 16th January 2017 there were a total of 4 out of area clients all of which required an adult acute mental health bed. For the national return there were 6 OAPs in December due to be reported. NHS England have asked CCGs to reduce OAPS spends by Quarter 4 2016/17 with a view to elimination by 2020/21 as per the requirements of the 5 Year Forward View.

Older Adults Mental Health wards length of stay is 49 days for Rowan ward and 56 days for Orchid Ward for clients discharged.

MH Readmission rates – reduced to 5% in December 2016, this is below target and the 2015/16 benchmarking figure of 8.8%.

CAMHS –The benchmarking exercise opened on 16th May 2016 and was submitted on 15th July 2016 and was submitted on schedule. A report has been issued and has been reviewed with the Head of Service. The benchmarking toolkit will be available late December and a report will be produced for the Executive meeting in February 2016.

Learning Disability – Benchmarking data collection has been submitted and a toolkit for validation was issued on 16th January 2016.

Community Services benchmarking – Data was submitted on 31st August 2016. Bespoke reports were issued in late December 2016 and a more detailed report will be produced for March 2017.

Mental Health Benchmarking – The reports covering registered and weighted population and the toolkit has been received. A number of relevant benchmarks have been added to this report such as bed occupancy and length of stay, and patient safety metrics such as patient to patient assault, assaults on staff, restraint and prone restraint. A fuller report has been produced for the January 2017 Executive Finance, Performance and Risk committee meeting.

Clustering – This is 86% compliant which is below the 95% target and is 3% lower than last month. With the exception of IMPACT (98%) and Psychotherapy (100%) - all services are below target with Common Point of Entry 66.7% (98 out of 147 clients clustered) and Eating Disorders at 64% (195 out of 305 clients clustered), Older Adult Liaison 57.7% (45 out of 73 clients clustered) and Neuropsychology 11.8% (2 out of 17 clients clustered) amongst the lowest compliance levels. Focus is on ensuring that services do not only change the date of the cluster but rather look at underlying scores covering the type and level of needs that determine the cluster allocation (“red rules”) and ensure that staff assign clusters appropriately - compliance against the red rules has reduced to 89% of those clustered which is the same as last month. A query has arisen regarding Early Intervention in Psychosis (EIP) clients who are usually in Cluster 10 initially and will be with the team for 3 years but may change cluster which is not then part of the service specification, this has been raised with the Oxford Academic Health Science network who have confirmed that EIP cases should remain on Cluster 10.

Place Of Safety - There were 25 uses in December 2016, which is a decrease of 5 from November 2016. Of the 25 uses of the place of safety, only 10 were admitted following assessment including 7 under Section 2 of the Mental Health Act. 6 clients waited over 8 hours for an assessment. The reasons for the delays include Bed availability, Patient intoxication, availability of AMHP/assessing Doctor are the main reasons for the delays in assessments. 8 of the 25 assessments were carried out by Berkshire Healthcare NHS Foundation Trust Section 12 Doctors. The most common time to be brought to the place of safety was between 3pm and 6pm and midnight and 3am. The most common day for detention in December 2016 was Thursday with 8 detentions.



Health visiting – The Trust improved to 90% but remained below the target of 95% at again in December 2016 with only Bracknell above target. There are reports established on Tableau which show services, those contacts which take place outside the timescale or do not apparently take place, to ask for any reason and the localities monitor this. There have been a number of factors which have affected the achievement of this target such as issues including sickness/annual leave and vacancies within the health visiting teams. Other reasons for non-compliance are those babies placed in Special Care Baby Units and where families move intentionally out of our catchment area for a short period (such as to stay with families) of time or where families decline the service.

System Resilience – Waiting times at Frimley North (Wexham Park) achieved 84% A&E 4 hour waits in December 2016 and this has continued to the beginning of January 2017. On Wednesday 28th December there were 376 attendances against an anticipated 300 attendances. On 24th December 2016, Slough Walk In Centre had 125 attendances and averaged 111 attendances in the week following Christmas. The East Community Health wards (Jubilee Ward/Henry Tudor Ward had limited bed capacity as there occupancy levels were 96% at Jubilee and 84% at Henry Tudor. Henry Tudor had a Noro Virus outbreak and was placed on restrictive admission and discharge activity from 19th to 30th December 2016. In the East at weekends there was limited capacity in the Trust’s District Nursing Services.

In the West – no A&E data has been published via the system calls since the beginning of September 2016. The system wide report shows capacity in our Rapid Response and Community Re-Enablement Teams across all West localities on 16th January 2017 but with limited capacity in Wokingham. In terms of inpatients there were no patients waiting for a community health bed in the west on 17th January 2017, however 5 were waiting for beds at the Duchess of Kent.

**Service Efficiency And Effectiveness Exception Report Month 9: 2016/17**

<u>KPI</u>	<u>Target</u>	<u>December</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Mental Health: Acute Average LoS : Number	<30 Days	45		Increase in length of stay. Bed optimisation project underway to look at alternatives to admission, productive stay and productive discharge.	Delayed transfers and lack of onward accommodation have impacted on this metric. In the 2015/16 NHS Benchmarking Exercise the Trust was at the national mean with an average length of stay of 33 days.
MH Acute Length of Stay Snapshot	<30 Days	52		As above. This is a reduction on the preceding month.	
MH Acute Occupancy rate (exc. HL - by Locality)	<85%	87%		All localities were below target with the exception of West Berkshire.	Daily teleconference calls taking place between Inpatients and Localities.

<u>KPI</u>	<u>Target</u>	<u>December</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Health Visiting: New Birth Visits Within 14 days	95%	90%		The number of vacancies within the Health Visiting services has impacted on compliance against this target.	
Clustering within target	95%	86%		There are frequent reviews required for certain clusters which mean that it is difficult to achieve the target.	Teams with high numbers of outliers are being targeted. Clustering Lead is attending the Locality Managers Business Meeting to ensure that focus is maintained.

#### **Other Key Performance Highlights for this Section**

- DNA rates remained at 5.33% in December 2016.
- Mental Health Acute Occupancy reduced from 95% in November 2016 to 87% in December 2016.
- CHS Length of stay reduced for the fourth month in a row from 31 days in September 2016 to 27 days in December 2016.
- Mental Health Non Acute Occupancy has reduced from 81% in November 2016 to 73% in December 2016.
- CHS Occupancy rates have increased from 81% in November 2016 to 82% in December 2016.

## Contractual Performance Commentary

For 2016/17 this section has been revised to provide focus and traction on contract monitoring. There have been some additional investments into Trust services and updates are as follows:

Progress on Service Development improvement plans is as follows:

- For Child And Adolescent Mental Health Services - This remains rated as green at present. East CCGs have given positive feedback on the wait time reduction for the first time. The Trust continues to be on plan for the West. The SDIP is now closed.
- For urgent response pilot- Recruitment is progressing with management & some clinical posts are in place and running. Joint Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust operational group in place and meeting on weekly basis. Formal Links with Tier 4 providers [Local and External], Tier 3 teams and duty systems, NHS England case management system in place. Audit work completed and SDIP closed.
- For Common Point of Entry- Common Point of Entry – the CCG actions have not been completed per the agreed SDIP, the funding is non-recurrent in 16/17 which means that the service would be required to handle 3,000 less referrals pa in the new contract year. BHFT formally highlighted the risks to CCGs on Friday 20th January 2017, and this was tabled for discussion at MH meeting 2nd February 2017. Referral rates are being actively monitored.

In addition, for Mental Health Development Tariff Service Development Improvement Plan which is rated as green - The Trust shared the proposed shadow tariff with the CSU at the Tariff and Costing meeting on the 8th September 2016. Awaiting response from CCGs.

The format for the process of using a shadow tariff is a work in progress and the group agreed that a presentation would be prepared to send to the Commissioners for approval. SDIP update to CCG went on 23rd November 2016.

Shadow tariff is going through final validation checks and an accompanying paper being written to ensure external readers understand the overarching plan here which is to be in alignment with national guidance to use cluster currency as part of contracting arrangements. The plan is to release details by February 2017 at the latest.



For Minor SLA's – There is a program underway to reduce fiscal risk by securing a high percentage of income with signed contracts, the emphasis has changed recently to focus on value rather than an absolute number. A fuller update was provided through Trust Business Group in November 2016. The unsigned SLA's were to be escalated to the Operational Leadership Team. The financial risk is rated as small.

The contract for the 2 year 2017-19 period was signed 23rd December 2016. The NHS England was signed on 13th January 2017. There are longstop items to be resolved over the next two months.

**Trust Board Paper**

<b>Board Meeting Date</b>	14 February 2017
<b>Title</b>	Strategy Implementation Plan 2016/17 Progress Report
<b>Purpose</b>	This paper provides a progress report on the implementation of the Board's strategy at the end of December 2016.
<b>Business Area</b>	Corporate
<b>Author</b>	Director of Corporate Affairs
<b>Relevant Strategic Objectives</b>	Supports all strategic objectives
<b>CQC Registration/Patient Care Impacts</b>	N/A
<b>Resource Impacts</b>	None
<b>Legal Implications</b>	None
<b>SUMMARY</b>	<p>The attached paper sets out the progress at the end of December to deliver the Trust's business strategy expressed as the 2016/17 Strategy Implementation Plan. The paper includes an exception summary report and a detailed RAG rated progress report.</p> <p>The Director of Strategic Planning and Business Development is responsible for reviewing and updating the plan on a monthly basis. It is reviewed at each executive Business and Strategy meeting and is presented to the Board regularly during the course of the year.</p> <p>The Strategy Implementation Plan Progress Report at the end of quarter 3 shows that good progress is being made, with most the initiatives being delivered to the expected time frames or with minor slippage.</p> <p>Initiatives which are making good progress include Priorities for Quality, our Children Young People and Families (CYPF) Service Integration programme</p>

	<p>CAMHs Tier 3 Development, Agency and Bank Project, E-Rostering, Information Technology Roadmap and Patient and Carer Engagement.</p> <p>Two areas subject to delays are around our estates programmes and our workforce recruitment and retention initiatives, however progress continues to be made and these are expected to be delivered, in revised timeframes. There are no material risks to the delivery of the main elements of the plan.</p> <p>Slippage and delays are primarily due to factors external to the Trust, recruiting staff/changes in post-holders, and competing priorities.</p> <p>There have been some adjustments to initiatives in the plan to reflect the Quality Improvement programme.</p>
<p><b>ACTION REQUIRED</b></p>	<p>The Board is asked to note the progress made against the plan, and revised target dates.</p>

## **Strategy Implementation Plan 2016/17**

### **Progress Report to 31 December 2016**

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

Director: Bev Searle, Director of Corporate Affairs

Date: 3 February 2016

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## Purpose

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

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

## Document Control

Version	Date	Author	Comments
1	03.02.17	Jenny Vaux	Based on progress report presented to Business and Strategy Executive on 16 January 2017.

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

### Distribution:

All Trust Board Members

## Document References

Document Title	Date	Published By
Strategy Implementation Plan 2016/17 presented to the Board	May 2016	Business Development
Draft Business Development Strategy	May 2016	Business & Strategy Exec Trust Business Group Finance Investment & Risk Committee

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## INTRODUCTION

### Background

1. The Strategy Implementation Plan 2016/17 captures the key activities required over this financial year and beyond to ensure successful implementation of our strategy, and annual plan.
2. Progress reports are produced monthly for presentation to the Business and Strategy Executive. The Business and Strategy Executive also receives summary updates on all major programmes and projects through the Projects report.
3. A 'Plan on a Page' was published in April 2016 to provide our staff and key stakeholders with an accessible version of the 2015/16 Strategy Implementation Plan and to support staff with their annual Personal Development Plans and Objectives.

### Reports to the Board

4. The Board received a high level summary of the changes to the 2015/16 Plan and the approved 2016/17 Strategy Implementation Plan at the May Board meeting. A progress report was noted at the September meeting.

### Detailed Progress report and Summary report

5. Each activity is RAG rated in the detailed report for its delivery within the plan's timescales, with a brief supporting comment where relevant.
6. In the detailed report, any additions to Initiatives and Gateway Activities are recorded in **blue** text, with any removal of Initiatives and Gateway Activities, and any changes to target dates, shown in **red** text. Following presentation to the Board, Initiatives and Gateway Activities will be updated accordingly and 'red' dates will be adjusted to black to denote that the Board have been made aware of these changes.
7. The summary report provides a RAG rated overview of initiatives on a monthly basis to identify trends and highlight areas of risk. Initiatives are conservatively RAG rated in this paper. An initiative will only receive a green RAG rating if all workstreams and activity gateways are green rated in the detailed report. If there are ratings other than green, the initiative will be rated according to lowest RAG rating, to highlight areas of risk.

## CHANGES TO ACTIVITIES AND DATES

8. The following Initiatives, Gateway Activities and target dates have been added to the Plan since it's approval in April (shown in **blue** text). These are all within Strategic Goal 1:
  - The Quality Improvement (QI) Programme has been added, with Activity Gateways to the end of this financial year. This initiative will be taken forward into the 2017/18 plan.
    - Within Strategic Goal 3, People's Strategy, the Service Improvement Toolkit, and the Organisational Development Phase 2 (Values Based Service Improvement

Training), shown in red text, will be removed as these will be addressed through the QI Programme.

- Changes to the Activity Gateways within the Monitor (NHS Improvement) Annual Plan Requirements initiative reflect NHS Improvement's changes to the approach to Operational Plans this year, bringing forward planning processes by 3 months and covering a two period.
  - Changes to elements within the Optimising Estates section, relating to Rationalising Reading Services into hubs, specifically around a hub for Reading Children's Services and future Mental Health services.
9. A number of end dates of activities have changed from those in the Plan presented to the Board in September (dates shown in red text). These are primarily due to factors external to the Trust, recruiting staff/changes in post-holders, and competing priorities:
- The publication of Operational Plan guidance, in the Monitor Annual Plan initiative, was brought forward by 3 months by NHS England. The submission of the draft and final Operational Plan 2017/18-2018/19 were also brought forward, falling into the 2016/17 planning year, rather than the 2017/18 year
  - In the Optimising Estates section Activity Gateways in a number of workstreams have changed, in summary:
    - The new Renal/Cancer Care Unit at West Berkshire Community Hospital has been delayed by 14 months, primarily due to complexities around the PFI arrangements, agreeing who is managing the development, and the need to retender the building work. This initiative is now being managed by our own team and making good progress.
    - The Reconfiguration of Prospect Park Hospital has been delayed by 3 months as we respond to commissioner intentions for services, in particular our Child and Adolescent Mental Health (CAMH) Tier 4 services. The implementation plan is expected to be completed by the end of the financial year.
    - Although delayed, the Hub for Reading Adult Services and Locality Team is making good progress with negotiations with the University of Reading for the use of the Scientific Technical Centre (STC). An interim solution has been identified and is in use (Cremyll Road).
    - The sale of Craven Road, planned for completion at the end of the financial year, is experiencing significant delays due to the withdrawal of planning permission. Services are moving to Whitenights site at the University of Reading.
  - In the CAMHs Development initiative, the Consult Me sub-net has been delayed by about 6 months to support further development and ensure it has sufficient moderators, now being launched before the end of the financial year.



- Within the People Strategy programme, the following workstreams within the Attraction and Retention project have delays to the end of the financial year in some of their activities, primarily due to competing priorities or appointment of staff:
  - Reducing turnover for new starters – the implement of the “first 100 Days – onboarding” and orientation approach is delayed by 3 months. The policy has been approved and implementation will be completed by the end of quarter 4
  - Improving the Trust profile through Open Days and Recruitment Fairs – securing management, HR and financial resources has been delayed by 7 months while recruitment of a specialist manager was undertaken. A Royal College of Nursing conference will be held, and a budget to support fairs and open days during 2018/19 is being sought
  - International nurse recruitment – developing the case, planning and securing resources for implementation has been delayed by 6 months, due to the change in personnel in the lead role for this project. This is now being actively taken forward.
- Within the Health and Social Care Systems Initiatives:
  - Target dates for the submission of Sustainability and Transformation Plans (STP) for both our footprint areas have been updated to reflect the published STP timeline
  - The NHS 111/Urgent Care clinical coordination hub, within the Development of the Health Hub programme, has been delayed due to the contract procurement process. Care UK was awarded, and then withdrew from, the Thames Valley contract. Target dates in the plan reflect the revised procurement timeline, as we work with the South Central Ambulance Service and other subcontracting partners on coproducing a final bid offer
  - The review of community nursing, in both Berkshire East and West, has a 3 month delay in co-designing the future model with commissioners, stakeholders and specialist partners. This is primarily due to the complexity of the project, and links with contractual Service Development Improvement Plans.
- Updating the Strategy Implementation Plan to reflect our Embracing Diversity initiatives has been delayed following the approval of our Equality and Inclusion Strategy in the summer of 2016, and the development of detailed implementation plans. The Board has been kept informed of the significant progress achieved in this area. The 2018/19 Strategy Implementation Plan will reflect new arrangements with the appointment to a post to lead the workforce equality programme commencing in March 2017. Additionally, the changes in our intranet offer for staff and manager around Time to Change has been delayed while we focus on a relaunch of our Trust website, and developing plans to update our intranet (TeamNet) during 2017/18.

- The approval of our Sustainability Strategy was delayed to ensure the strategy reflects the outcomes of engagement activities. The quarter 2 monitoring report was also delayed due to difficulties in key attendees being able to attend the review meeting.

## **SUMMARY OF PROGRESS TO DATE**

10. Good progress is being made in most areas of the plan. Initiatives which are making good progress include Priorities for Quality, our Children Young People and Families (CYPF) Service Integration programme, CAMHs Tier 3 Development, Agency and Bank Project, E-Rostering, Information Technology Roadmap and Patient and Carer Engagement. There are some initiatives showing minor slippage (amber ratings).
11. There is one purple rated activity (action will not be achieved) within our Monitor (NHS Improvement) Annual Plan initiative. The development of a 2016/17 annual plan document for staff was delayed due to prioritising the use of resources to other projects, and then overtaken by NHS Improvement bringing forward the 2017/18 annual planning cycle. Staff received the Plan on a Page early in the year to support appraisals and personal objective setting.
12. There are two initiatives with red rated activities (significant risk that action will not be delivered or serious delays to project being delivered):
  - Within Optimising Estates:
    - Options for Trust Headquarters is on hold while we wait new timeframes from the Bracknell Regeneration Plan
    - Sale of Craven Road and planning approval for buyer (mentioned earlier in this report)
    - Berkshire East Community Hospital review, which is led by the CCGs and NHS Property Services. We are awaiting project initiation. To some extent this initiative has been overtaken by the One Public Estate programme.
  - Within Health and Social Care Systems initiatives, the activity to develop a Health and Social Care Hub in Bracknell and Ascot has been delayed due to changes in key posts at the council. However Reading Borough Council has requested the development of an integrated hub, and we are working with them to scope plans and contractual details.

## **CONCLUSION**

13. The Strategy Implementation Plan Progress Report at the end of December 2016 shows that good progress is being made with most of the initiatives being delivered to the expected time frames or with minor slippage. Two notable areas subject to delays are around our estates programmes and our workforce recruitment and retention initiatives, however progress continues to be made and these are expected to be delivered, in revised timeframes. There are therefore no material risks to the delivery of the main elements of the plan.

14. Slippage and delays to delivery at the end of the third quarter of the year are primarily due to factors external to the Trust, recruiting staff/changes in post-holders, and competing priorities.
15. There have been some adjustments to initiatives in the plan to reflect the Quality Improvement programme.

**ACTION**

16. Members of the Trust Board are asked to:
  - review and note the report and its revisions.

2016/17 Strategy Implementation Plan Exception Report to 31 December 2016

INITIATIVE	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Strategic Goal 1: To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care</b>												
<b>PRIORITIES FOR QUALITY</b>												
Quality Account Reporting 2015/16												
Quality Account Preparation and Reporting 2016/17												
Quality Account Delivery												
Quality Contract Schedule Delivery												
Quality Improvement Programme												
Monitor Annual Plan												
<b>Comments:</b> Slippage in circulation of annual plan for staff and stakeholders due to pressures on Marketing and Communication Team; now overtaken by earlier delivery of the Operational Plan 2017-19, and public plan due for January 2017.												
<b>DELIVERY OF CQUINS:</b>												
<b>Comments:</b> CQUINS under greater scrutiny as we move towards year end.												
<b>OPTIMISING ESTATES</b>												
West Berkshire Community Hospital - New Renal/Cancer Care Unit												
Reconfiguration of Prospect Park Hospital												
Options for Trust Headquarters												
Rationalise Reading Services in the hub												
Berkshire East Community Hospital Review (led by CCG and NHSPS)												
<b>Comments:</b> <b>Reconfiguration of Prospect Park Hospital:</b> Options paper completed, being reviewed and revised to reflect feedback from CQC and commissioners regarding quality standards and commissioning intentions. <b>Options for Trust Headquarters:</b> Awaiting new timeframe from Bracknell Regeneration Plan <b>Rationalise Reading Services into the hub:</b> Relocation of IAPT services from Shinfield to University site delayed as expected site not available. Service have agreed layout for move. Decommission of Craven Road ongoing, delayed due to designation as listed building. Application to demolish submitted to RBC 6th December – no response received so far. <b>Berkshire East Community Hospital Review:</b> Awaiting project initiation from CCG lead and NHS PS.												
<b>MENTAL HEALTH SERVICE DEVELOPMENT</b>												
Mental Health Strategy Implementation												
Mental Health Pathways (note also SDIP and DQIP)												
Out of Area Placements (OAP)												
Effective Management of Adult Inpatient Beds at Prospect Park Hospital												
IAPT Growth Strategy Implementation												
<b>Comments :</b> <b>Mental Health Pathways:</b> Performance currently at 97% Inpatients and 88% Community Teams. Red rules adherence currently 89%. <b>Out of Area Placements:</b> Await first financial reports.												
<b>CHILDREN YOUNG PEOPLE AND FAMILIES (CYPF) SERVICE INTEGRATION:</b>												
<b>Comments:</b>												
<b>CAMHS DEVELOPMENT</b>												
Tier 3 (Note also SDIP)												
Implementation of new Community CAMHS Eating Disorders Service												
Tier 4 Phase 1												
Tier 4 Phase 2												
<b>Comments :</b> <b>Tier 3:</b> ConsultMe subnet delayed for futher 6 months for further development. <b>CAMHS T4 Phase 2:</b> Business case submitted to Trust Business Group December 2016; on hold waiting further clarification from commissioners.												
<b>AGENCY AND BANK PROJECT</b>												
Use of agency staff from Framework organisations												
Creation of Berkshire Healthcare staff bank												
<b>Comments:</b> Centralised control of medical temporary staff on pause while awaiting decision about employment of GPs working in Westcall service.												
<b>Strategic Goal 2: To deliver sustainable services based on sound financial management</b>												
<b>COST IMPROVEMENT PLANS:</b>												
<b>Comments:</b> Projected to carry a £500k risk into 2017/18												
<b>EFFICIENCY THROUGH BUSINESS TECHNOLOGY</b>												
E-Rostering												
<b>Comments:</b>												
<b>INFORMATION MANAGEMENT</b>												
Information Technology Architecture Strategy												
Interoperability (East & West)												
<b>Comments:</b>												
<b>Strategic Goal 3: be the provider of choice for people who use and commission our services</b>												
<b>PEOPLE STRATEGY PROGRAMME</b>												
Attraction and Retention project												
Health and Wellbeing project												
Workforce Planning project												
Organisational Development Objectives												

INITIATIVE	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Comments:</b>												
<b>Attraction and Retention project:</b> Slippage on most workstreams; red rated activity is the development of a calendar of Open Days and Recruitment Fairs, due to recruitment of new Resourcing Manager, interview due in December. <b>Note:</b> some workstreams originally planned have been subsumed into the Quality Improvement initiative.												
<b>Strategic Goal 4: To establish a comprehensive range of integrated 'out of hospital' services</b>												
<b>LEARNING DISABILITY (LD) STRATEGY</b>												
<b>LD Service Optimisation and Redesign</b>												
<b>Comments:</b> Delays due to working with commissioners and partners on Transforming Care plans.												
<b>HEALTH AND SOCIAL CARE SYSTEMS INITIATIVES</b>												
<b>Berkshire East New Vision of Care</b>												
<b>Berkshire East Sustainability and Transformation Plan (Frimley Footprint)</b>												
<b>Berkshire West Frail Elderly Pathway</b>												
<b>Berkshire West Accountable Care System</b>												
<b>Berkshire West Sustainability and Transformation Plan (Thames Valley Footprint)</b>												
<b>Development of the Health Hub</b>												
<b>NHS111 Clinical Coordinator Hub - joint/partnership tender with SCAS</b>												
<b>Review of Community Nursing (note also SDIP)</b>												
<b>Better Care Funds (BCF) - Delivery of BCF funded Berkshire Healthcare initiatives</b>												
<b>Comments:</b> Berkshire East New Vision of Care; Communication and engagement maintained further work required to confirm specific actions on coproduction and kitemarking												
<b>Development of the Health Hub:</b> Changes in key posts in Bracknell Forest council have resulted in delays. Reading Borough Council have requested the development of an integrated hub.												
<b>NHS111 Clinical Hub -</b> Care UK have withdrawn; coproduction with TV111 Partnership underway.												
<b>Strategic Goal 5: To work with our partners to play our part in developing caring and compassionate communities</b>												
<b>EMBRACING DIVERSITY</b>												
<b>Equality Delivery System (EDS) Priorities</b>												
<b>Equality and Inclusion Strategy 2016-20</b>												
<b>Maintain Top 100 ranking in Stonewall work place equality index</b>												
<b>Time to Change - Phase 3</b>												
<b>Implementation of the Workforce Race Equality Standard and EDS 2 objectives</b>												
<b>Comments:</b>												
<b>PATIENT AND CARER ENGAGEMENT</b>												
<b>Hearing the Patient Voice</b>												
<b>Carers' Strategy</b>												
<b>Comments:</b>												
<b>SUSTAINABLE DEVELOPMENT</b>												
<b>Sustainable Development Management Plan</b>												
<b>Strategy for the Health and Care System 2014 - 2020</b>												
<b>Notes:</b> Quarter 2 reports for the management plan delayed due to difficulties convening meetings.												

2016/17 Strategy Implementation Monthly Progress Report to end of December 2016

INITIATIVE (Activity Gateway)	Responsible Body	Exec lead	Responsible officer	RAG	Start	End	Revised End Date	Duration (days)	Comment/Progress	April	May	June	July	August	September	October	November	December	January	February	March	2017/18	2018/19																																									
										4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	3	10	17	24	31	7	14	21	28	4	11	18	25	1	8	15	22	29	5	12	19	26	2	9	16	23	30	6	13
<b>Strategic Goal 1: To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care</b>																																																																
<b>PRIORITIES FOR QUALITY</b>																																																																
<b>Quality Account Reporting 2015/16</b>																																																																
Draft 2015/16 Quality Account presented to external stakeholders for comment																																																																
Final draft of 2015/16 Quality Account reviewed before presentation to Trust Board																																																																
KPMG Audit of 2015/16 Quality Account																																																																
Trust Board approves our 2015/16 Quality Account																																																																
2015/16 Quality Account submitted to Monitor																																																																
2015/16 Quality Account published on Trust website/NHS Choices																																																																
<b>Quality Account Preparation and Reporting 2016/17</b>																																																																
Discussion of priorities for 2017/18 inclusion in 2018 Quality Account																																																																
Agreement of priorities for 2017/18 Quality Account																																																																
Draft 2016/17 Quality Account presented to external stakeholders for comment																																																																
Final draft of 2016/17 Quality Account reviewed before presentation to Trust Board																																																																
KPMG Audit of 2016/17 Quality Account																																																																
Trust Board approves Berkshire Healthcare's 2016/17 Quality Account																																																																
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<b>Quality Account Delivery</b>																																																																
Quarter 1 Monitoring of Priorities for 2016/17																																																																
Quarter 2 Monitoring of Priorities for 2016/17																																																																
Quarter 3 Monitoring of Priorities for 2016/17																																																																
Quarter 4 Monitoring of Priorities for 2016/17																																																																
<b>Quality Contract Schedule Delivery</b>																																																																
Quarter 1 Monitoring of requirements																																																																
Quarter 2 Monitoring of requirements																																																																
Quarter 3 Monitoring of requirements																																																																
Quarter 4 Monitoring of requirements																																																																
<b>QUALITY IMPROVEMENT PROGRAMME</b>																																																																
<b>Phase 1: Secure Quality Improvement Partner</b>																																																																
Publish contract tender opportunity																																																																
Completion of Expressions of Interest																																																																
Completion of Invitations to Tender; preferred provider identified																																																																
Board approval																																																																
Contract award																																																																
Contract mobilisation and commences																																																																
<b>MONITOR NHS IMPROVEMENT ANNUAL PLAN REQUIREMENTS</b>																																																																
Full 2016/17 APR submitted to Monitor																																																																
Circulation of annual plan for staff and stakeholders																																																																
2017/19 Operational Plan guidance released																																																																
Draft 2017/19 Operational Plan submitted to NHS Improvement																																																																
Full 2017/19 Operational Plan submitted to NHS Improvement																																																																
2017/18 Plan on a Page and team planning templates distributed to staff																																																																
<b>DELIVERY OF CQUINS</b>																																																																
Quarter 1 CQUIN target achieved																																																																
Quarter 2 CQUIN target achieved																																																																
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<b>OPTIMISING ESTATES</b>																																																																
<b>West Berkshire Community Hospital - New Renal/Cancer Care Unit</b>																																																																
Final Funder Approval for Renal Unit/Cancer Care Unit Build																																																																
Build ground and first floor to Shell and Core																																																																
Renal Unit Fit Out																																																																
Renal Unit Commission and Open																																																																
Design 1st Floor Cancer Service Layout																																																																
1st Floor fit out																																																																
1st Floor Commission and Open																																																																
<b>Reconfiguration of Prospect Park Hospital</b>																																																																
Options paper to consider alternative utilisation of non-MH accommodation																																																																
Feasibility study of preferred options																																																																
Develop business case for the preferred option																																																																
Achieve sign off and approval																																																																
Develop Implementation Plan																																																																
<b>Options for Trust Headquarters</b>																																																																
Outline options paper presented to the Executive for agreement																																																																
Negotiate and secure best terms for selected building																																																																
Detailed options paper presented to the Executive for agreement																																																																
Outline design and scope requirements																																																																
<b>Rationalise Reading Services into the hub</b>																																																																
<b>Hub for Reading Adult Services and Locality Team</b>																																																																
Identify options and select preferred property																																																																
Negotiate terms for the agreed property																																																																
Exercise call option if preferred site is Scientific Technical Centre (STC) - University of Reading																																																																
Whitenights campus																																																																
Design and fit out building																																																																
<b>Rationalise Reading Services into the hub</b>																																																																
<b>Relocation of IAPT Services Shinfield to University</b>																																																																
Identify options for provision of Podiatry and Dietetic services to one site (Tilehurst) and end occupation of Oxford Road and Milman Road																																																																
<b>Hub for Reading Children's Services and future Mental Health Services</b>																																																																







INITIATIVE (Activity Gateway)	Responsible Body	Exec lead	Responsible officer	RAG	Start	End	Revised End Date	Duration (days)	Comment/Progress	April		May		June		July		August		September		October		November		December		January		February		March		2017/18	2018/19																		
										4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	3	10	17	24	31	7	14	21	28	5	12	19	26	2	9	16	23	30
Implementation of patient portal (Year 2) - dates to be confirmed																																																					
<b>Strategic Goal 3: be the provider of choice for people who use and commission our services</b>																																																					
<b>PEOPLE STRATEGY PROGRAMME</b>																																																					
<b>Attraction and Retention project - some areas subject to agreeing resource</b>																																																					
<b>Workstream 1: Develop and implement social media strategy</b>																																																					
Secure line management, HR and financial resources to support, agree evaluation criteria																																																					
Develop and implement strategy (improve website, LinkedIn etc)																																																					
Evaluate and refine social media interventions																																																					
<b>Workstream 2: Reduce turnover for new starters</b>																																																					
Implement the 'First 100 Days - onboarding' and orientation approach																																																					
Evaluate solutions, revise and implement across trust																																																					
<b>Workstream 3: Review and refine turnover target</b>																																																					
Benchmark with other similar organisations and agree overall turnover target and targets for key groups																																																					
Evaluate effectiveness of targets																																																					
<b>Workstream 4: Improve Trust profile through Open Days and Recruitment Fairs</b>																																																					
Secure line management, HR and financial resources to support, agree evaluation criteria																																																					
Plan an agreed calendar of Open Days and Recruitment Fairs,																																																					
Attend and evaluate open days and recruitment fairs																																																					
<b>Workstream 5: Attract and retain retired nurses affordably</b>																																																					
Secure line management, HR and financial resources to support, agree evaluation criteria																																																					
Develop options, plan implementation																																																					
Implement and evaluate																																																					
<b>Workstream 6: Outline case for international nurse recruitment</b>																																																					
Secure line management, HR and financial resources to support, agree evaluation criteria																																																					
Develop and evaluate case, plan and secure resources for implementation of approved options for international recruitment or close workstream																																																					
Plan, implement and evaluate approved options																																																					
<b>Workstream 7: Financial incentives</b>																																																					
Pilot Phase 1 financial incentives and evaluate																																																					
Prioritise and pilot Phase 2 financial incentives and evaluate																																																					
Prioritise and pilot Phase 3 financial incentives and evaluate																																																					
<b>Workstream 8: Optimise the number of student nurses and AHPs recruited and appointed to Band 5 vacancies - MH and CHS</b>																																																					
Secure line management, HR and financial resources to support, agree evaluation criteria																																																					
Develop solutions																																																					
Plan, implement and evaluate approved options																																																					
<b>Workstream 9: Career development and progression for community health and mental health nurses</b>																																																					
Secure line management, HR and financial resources to support, agree evaluation criteria																																																					
Develop solutions																																																					
Plan, implement and evaluate approved options																																																					
<b>Health and Wellbeing project - To improve the health and wellbeing of staff by reducing sickness absence from stress and anxiety</b>																																																					
Prioritise initiatives and secure financial and project resources (Line, HR and OH)																																																					
Development of solutions, testing, implementation planning																																																					
Implementation and Evaluation																																																					
<b>Workforce Planning project: Proposed: (2nd HETV funded) project to acquire / develop process mapping tools to capture and relate demand and capacity with performance; and support measurable service improvement</b>																																																					
<b>Benchmarking Community Nursing against national demand and capacity information</b>																																																					
Plan, brief participants, undertake demand / capacity fieldwork																																																					
Analyse data from fieldwork and report findings and conclusions, recommendations																																																					
Plan and resource implementation of approved recommendations																																																					
<b>Service Improvement Toolkit</b>																																																					
<b>Phase 1 development initiation</b>																																																					
Design, develop and test																																																					
Train trainers and plan delivery of training																																																					
Deliver training																																																					
<b>Service Improvement Toolkit: Phase 2 development</b>																																																					
Business Case: Secure Line management, HR and financial resources to support development of outline / detailed business cases to secure Go / Go No decision																																																					
Tender process: Secure Line management, HR and financial resources to support tender process and securing of contract with provider and funding																																																					
Plan and implement in agreed phases across clinical and corporate services																																																					
<b>Organisational Development Objectives</b>																																																					
<b>Phase 1 - Talent Management Pilot</b>																																																					
Cohort 1: Director reporting to Exec. Talent Management Review (Round 2) + succession planning																																																					
Cohort 2a: Non-clinical managers Talent Management Review (Round 2) + succession planning																																																					
Cohort 2b: Clinical Leadership Define role, hold Talent Review Boards, hold succession planning session																																																					
Cohort 3: Agree membership of Cohort 3; plan and implement Talent Review Boards, Succession Planning Session																																																					
<b>Phase 2 Values Based Service Improvement Training</b>																																																					
Secure Line management, L&D, and Service Improvement expertise: Design Training solution																																																					
Develop and test Training																																																					
Train the Trainers																																																					
Plan and Deliver Training agreed cadre plus additional non-managing clinical leaders																																																					

INITIATIVE (Activity Gateway)	Responsible Body	Exec lead	Responsible officer	RAG	Start	End	Revised End Date	Duration (days)	Comment/Progress	April		May		June		July		August		September		October		November		December		January		February		March		2017/18		2018/19																	
										4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	3	10	17	24	31	7	14	21	28	5	12	19	26	2	9	16	23	30
<b>Strategic Goal 4: To establish a comprehensive range of integrated 'out of hospital' services</b>																																																					
<b>LEARNING DISABILITY STRATEGY</b>																																																					
<b>LD Service Optimisation and Redesign</b>																																																					
Co-produce model for Intensive Intervention and review role/function of CTPLD (Community Team for People with Learning Disability) and inpatient services																																																					
Implement new model / new service and reduce demand for inpatient beds																																																					
Review the use of existing inpatient estate: Little House and Campion - potential move to PPH Jasmine Ward (cross reference with PPH Reconfiguration)																																																					
Business & Strategy Group																																																					
Alex Gild																																																					
Colin Archer																																																					
Amber																																																					
01/09/15																																																					
31/10/16																																																					
TBC																																																					
427																																																					
Project Board established and reviewed draft documents - further work on financial modelling to be completed to support decision making by Commissioners - expect to be delivered - but timescale to be revised																																																					
Green																																																					
01/09/16																																																					
31/08/17																																																					
365																																																					
Plans for suspension of Little House completed.																																																					
Green																																																					
01/04/16																																																					
30/09/16																																																					
183																																																					
Business case approved by Capital Review Group.																																																					
<b>HEALTH AND SOCIAL CARE SYSTEMS INITIATIVES</b>																																																					
<b>Berkshire East - monitoring Berkshire Healthcare's contribution to system initiatives</b>																																																					
<b>New Vision of Care</b>																																																					
Leadership structure in place																																																					
Resource scoped for delivery phase																																																					
Communication, engagement, co-production, "kitemarking" in place																																																					
Green																																																					
01/04/16																																																					
30/04/16																																																					
30																																																					
Completed.																																																					
Green																																																					
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30/04/16																																																					
30																																																					
Completed.																																																					
Amber																																																					
01/04/16																																																					
30/05/16																																																					
60																																																					
Communication and engagement maintained further work required to confirm specific actions on coproduction and kitemarking																																																					
Green																																																					
01/04/16																																																					
30/01/17																																																					
305																																																					
Priority Enabler workstreams in place (Connected Care, Workforce, Finance planning and risk, Leadership)																																																					
Future Workstreams piloted (Integrated working, Electronic Frailty Index)																																																					
Green																																																					
01/07/16																																																					
30/01/17																																																					
214																																																					
<b>Sustainability and Transformation Plan (Frimley footprint)</b>																																																					
Outline STP submitted																																																					
Assessment of the 3 gaps and identification of priorities																																																					
Submission of the Full STP																																																					
Assessment of the Full STP by national bodies																																																					
Submission of detailed delivery plans																																																					
Submission of detailed financial plans																																																					
Green																																																					
01/04/16																																																					
22/04/16																																																					
22																																																					
Submitted.																																																					
Green																																																					
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60																																																					
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31																																																					
Completed																																																					
Green																																																					
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21/10/16																																																					
62																																																					
Completed																																																					
Green																																																					
31/07/16																																																					
17/10/16																																																					
21/10/16																																																					
79																																																					
Completed																																																					
<b>Berkshire West - monitoring Berkshire Healthcare's contribution to system initiatives</b>																																																					
<b>Frail Elderly Pathway</b>																																																					
Wellbeing and Prevention Initiatives																																																					
Assessment/coordination/care planning																																																					
Green																																																					
01/04/16																																																					
12/12/16																																																					
256																																																					
Wellbeing and Prevention Initiatives																																																					
Assessment/coordination/care planning																																																					
Green																																																					
01/04/16																																																					
31/01/18																																																					
671																																																					
<b>Accountable Care System</b>																																																					
Phase 2: Strategic Development including develop financial framework; progress priority areas and interface with emerging Thames Valley STP																																																					
Phase 3: Implementation and Benefits Realisation including full ACS operations for all services in scope and decision point for social care integration																																																					
Green																																																					
01/04/16																																																					
30/06/17																																																					
456																																																					
<b>Sustainability and Transformation Plan (Thames Valley footprint)</b>																																																					
Outline STP submitted																																																					
Assessment of the 3 gaps and identification of priorities																																																					
Submission of the Full STP																																																					
Assessment of the Full STP by national bodies																																																					
Submission of detailed delivery plans																																																					
Submission of detailed financial plans																																																					
Green																																																					
01/04/16																																																					
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Submitted.																																																					
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01/04/16																																																					
30/05/16																																																					
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Completed																																																					
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Completed																																																					
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31																																																					
Completed																																																					
Green																																																					
31/07/16																																																					
30/09/16																																																					
21/10/16																																																					
62																																																					
Completed																																																					
Green																																																					
31/07/16																																																					
17/10/16																																																					
21/10/16																																																					
79																																																					
Completed																																																					
<b>Development of the Health Hub</b>																																																					
Wokingham Health and Social Care Hub to 'go live'																																																					
Slough Health and Social Care Hub in development - project commenced																																																					
Exact specification to be agreed																																																					
Bracknell and Ascot Health and Social Care Hub - workshop with Director of Adult Social Services (DASS) to decide on model																																																					
Green																																																					
01/06/16																																																					
30/06/16																																																					
30																																																					
Went live on 13th June 2016																																																					
Green																																																					
01/02/16																																																					
01/09/16																																																					
01/10/16																																																					
214																																																					
Project has commenced and the 'Go Live' now set for April 2017 with a potential 'soft' launch in early 2017																																																					
Green																																																					
01/04/16																																																					
01/05/16																																																					
01/12/16																																																					
31																																																					
As above.																																																					
Red																																																					
11/03/16																																																					
30/04/16																																																					
51																																																					
Changes in key posts in Bracknell Forest council have resulted in delays. Reading Borough Council have requested the development of an integrated hub.																																																					
<b>NHS 111 Clinical Coordination Hub - joint/ partnership tender with SCAS</b>																																																					
Tender submission																																																					
Internal development of specification- capability and costings																																																					
Phase 3 co-production of service model																																																					
Green																																																					
01/04/16																																																					
06/06/16																																																					
67																																																					
Completed																																																					
Green																																																					
25/03/16																																																					
06/06/16																																																					
74																																																					
Completed																																																					
Amber																																																					
03/08/16																																																					
30/09/16																																																					
01/04/17																																																					
59																																																					
Care UK have withdrawn; coproduction with TV111 Partnership commenced December 2016.																																																					
<b>Review of community nursing (Note also SDIP)</b>																																																					
<b>Berkshire East</b>																																																					
Review of current service model and scope options for new model																																																					
Co-design future model with Commissioners, key stakeholders and specialist partners																																																					
Discuss and agree with Commissioners the 17/18 Service Specification and agreed 'go live' of future service model																																																					
Green																																																					
01/04/16																																																					
30/09/16																																																					
183																																																					
Options around internal workforce models to be scoped at final workshop.																																																					
Green																																																					
01/08/16																																																					
31/12/16																																																					
31/03/17																																																					
153																																																					
Commissioners would like to link this work with Primary Care Transformation. Revised SDIP and timeframes agreed with commissioners. Virto Vis staff workshops completed. work underway on "quick wins"/refresh of specification and finalising draft workforce model.																																																					
<b>Berkshire West</b>																																																					
Review of current service models and data. Scope options for new model																																																					
Co-design future model with Commissioners, key stakeholders and specialist partners																																																					
Discuss and agree with Commissioners the 17/18 Service Specification and agreed 'go live' of future service model																																																					
Green																																																					
01/04/16																																																					
30/09/16																																																					
183																																																					
Review of data completed, options not developed as data sets scene for discussions with commissioners (function before form).																																																					
Green																																																					
01/08/16																																																					
31/12/16																																																					
31/03/17																																																					
153																																																					
Green																																																					
01/10/16																																																					
31/03/17																																																					
182																																																					
<b>Better Care Funds (BCF) - Delivery of BCF funded Berkshire Healthcare initiatives</b>																																																					
<b>Berkshire West</b>																																																					
Quarter one targets																																																					
Quarter two targets																																																					
Quarter three targets																																																					
Quarter four targets																																																					
<b>Berkshire East</b>																																																					
Quarter one targets																																																					
Quarter two targets																																																					
Quarter three targets																																																					
Quarter four targets																																																					
Operational Leadership Team																																																					
David Townsend																																																					
Gerry Crawford																																																					
Green																																																					
01/07/16																																																					
31/08/16																																																					
62																																																					
Green																																																					
01/10/16																																																					
30/11/16																																																					
61																																																					
Green																																																					
01/01/17																																																					
28/02/17																																																					
59																																																					
Green																																																					
01/04/17																																																					
31/05/17																																																					
61																																																					
Jill Barker																																																					
Green																																																					
01/07/16																																																					
31/08/16																																																					
62																																																					
Green																																																					
01/10/16																																																					
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28/02/17																																																					
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01/04/17																																																					
31/05/17																																																					
61																																																					

INITIATIVE (Activity Gateway)	Responsible Body	Exec lead	Responsible officer	RAG	Start	End	Revised End Date	Duration (days)	Comment/Progress	2017				2018				2019												
										April	May	June	July	August	September	October	November	December	January	February	March	2017/18	2018/19							
<b>Strategic Goal 5: To work with our partners to play our part in developing caring and compassionate communities</b>																														
<b>EMBRACING DIVERSITY</b>																														
<b>Equality Delivery System Priorities</b>																														
Demonstrate that staff, especially disabled staff, are supported to remain healthy and report positive experiences of employment	Diversity Steering Group	Bev Searle	Jenny Vaux	Green	01/04/15	15/06/16		442																						
Evidence that staff are free from abuse, harassment and bullying in the workplace				Green	01/04/15	15/06/16		442																						
Transitions of vulnerable groups from one service to another (in particular hospital discharge) are made smoothly & recognise the need for 24/7 care				Green	01/04/15	31/03/17		731																						
Use of voluntary sector stakeholders/assets to act as community champions and assist with transitions, communication, information.				Green	01/04/15	31/03/17		731																						
<i>To be updated when Equality and Inclusions Strategy adopted</i>																														
<b>Berkshire West EDS panel priorities</b>																														
<i>To be refreshed in 2017/18 plan</i>																														
<b>Berkshire East EDS panel priorities</b>																														
<i>To be refreshed in 2017/18</i>																														
<b>Equality &amp; Inclusion Strategy 2016-20</b>																														
<i>Gateways to be added following adoption of strategy</i>																														
<b>Maintain Top 100 ranking in Stonewall work place equality index</b>																														
	Diversity Steering Group	Bev Searle	Jenny Vaux	Green	01/04/16	31/03/17		365																						
<b>Time to Change (TTC) - Phase 3</b>																														
<i>Improving our intranet offer for staff and managers</i>																														
	Time to Change Taskforce	Helen Mackenzie	Nathalie Zacharias	Green	01/04/16	01/10/16	01/04/17	184	Work on the intranet to commence 2017 once new website is complete as we currently cannot add to the existing TeamNet site.																					
Implement Walk to Rio initiative				Green	15/04/16	21/08/16		129	Completed																					
Refocus the Time to Change Champion role				Green	15/07/16	15/10/16		93	Completed.																					
<b>Implementation of the Workforce Race Equality Standard and EDS 2 objectives</b>																														
EDS2 Panel – outcomes and recommendations signed off by DSG	Diversity Steering Group	Bev Searle	Louella Johnson	Green	01/02/16	26/06/16		147	Completed																					
Secure Line and Equality HR resources				Green	01/04/16	31/07/16		122	Completed																					
Develop Action plans to address issues identified through WRES monitoring and EDS2 Panel outcomes				Green	01/06/16	30/06/16		30	Completed																					
Implement EDS2 / WRES action plans phase 1				Green	01/07/16	31/03/17		274																						
Implement and evaluate EDS2 / WRES action plans phase 2				Green	01/04/17	31/03/18		365																						
<b>PATIENT AND CARER ENGAGEMENT</b>																														
<b>Hearing the Patient Voice</b>																														
<i>Staggered implementation of the Patient Participation Strategy: Changing our service culture from consultation to co-production</i>																														
Patient leaders	Patient Experience and Engagement Group	Helen Mackenzie	Debbie Fulton	Green	01/04/16	31/03/17		365																						
Promote Patient Leaders across the Trust to increase awareness of the initiative				Green	01/04/16	30/05/16		60	Completed																					
Recruitment of people on to the patient leader programme				Green	01/04/16	31/03/17		365	Joint RBH Patient Leaders Programme commenced with 2 patient leaders/ mentors identified. Induction being planned and projects being identified.																					
Review of the joint RBH/ BHFT patient leader training programme after completion of first training cohort – October 2016				Green	01/04/16	31/10/16		214	Next recruitment round of patient leaders completed. Two Patient Leaders appointed at this time.																					
Identification of patient leader mentors and development of mentor programme				Green	01/04/16	31/10/16		214	Each Patient Leader has a mentor and are commencing programmes led by clinical directors.																					
<b>Carers' Strategy</b>																														
Embed previous 6 priority action areas into localities as "business as usual"	Carers Strategic Development	David Townsend	David Townsend	Green	01/04/15	31/03/17		731	Bi-monthly operational group to be set up to manage locality carer action plans.																					
Roll out Triangle of Care to Community Health Services	Group			Green	01/06/15	31/03/17		670	Work in progress																					
Delivery of 15 key initiatives to drive the development and improvement of carer support				Green	01/04/16	31/03/17		365	Updated action plan completed and progressing - action plan presented to B&S.																					
<b>SUSTAINABLE DEVELOPMENT</b>																														
<b>Sustainable Development Management Plan</b>																														
Quarter 1 monitoring and reporting	Sustainable Development Group	Bev Searle	Paul Harrison	Green	07/07/16	07/07/16	10/01/17	1	Has been delayed due to key attendees not being able to attend quarterly review meeting. Rescheduled for Jan 2017																					
Quarter 2 monitoring and reporting				Green	07/10/16	07/10/16		1																						
Quarter 3 monitoring and reporting				Green	06/01/17	06/01/17		1																						
Quarter 4 monitoring and reporting				Green	07/04/17	07/04/17		1																						
<b>Strategy for the Health and Care System 2014 - 2020</b>																														
Development of our sustainability strategy in response to Strategy for the Health and Care System 2014 - 2020				Green	01/04/16	31/03/17		365																						
Approval of our sustainability strategy				Green	01/04/16	01/04/16	21/11/16	1	Sustainability Development Management Plan was approved at the November Business and Strategy Exec.																					
Implementation of our sustainability strategy				Green	01/08/15	31/12/20		1980																						

Key:	
Text in Blue	Updates since previous report
Purple	Action Will not be delivered
Red	Significant risk that action will not be delivered or serious delays to project being delivered
Amber	Action delayed but delivered or will be delivered
Green	Action either delivered or on schedule to be delivered within timescales

### Trust Board Paper

<b>Board Meeting Date</b>	14 February 2017
<b>Title</b>	Annual Declarations of Interest Review
<b>Purpose</b>	To present and review the Board declarations of interest
<b>Business Area</b>	Corporate Governance
<b>Author</b>	Company Secretary
<b>Relevant Strategic Objectives</b>	N/A
<b>CQC Registration/Patient Care Impacts</b>	N/A
<b>Resource Impacts</b>	None
<b>Legal Implications</b>	Annual review in line with Governance requirements
<b>SUMMARY</b>	The current schedule of Directors declarations of interest is provided for review and update as appropriate.
<b>ACTION REQUIRED</b>	Directors are invited to review their declaration entries and to advise any changes.

**DECLARATIONS OF DIRECTOR INTERESTS**  
**February 2017**

DATE	NAME	POSITION	INTERESTS DECLARED
<i>Non-Executive Directors</i>			
01.10.14	FISHER Chris	Non-Executive Director	Chair of the Assurance Committee of Health Education Thames Valley
01.10.13	LYSONS Ruth	Non-Executive Director	Veterinary Consultant, Food & Farming Compliance Consultancy. Non-Executive Director of the British Veterinary Association Trustee, My Cancer, My Choices, charity – 1162165
15.02.11	LEJMAN Mark	Non-Executive Director	Director, PlusUno Ltd Non-Executive Chairman, Endeka Ceramics
01.06.15	BUCKLE David	Non-Executive Director	Salaried GP, Woodley Centre Surgery Medical Director and Director of General Practice Development – Herts CCG
01.06.15	MIAN Mehmuda	Non-Executive Director	None
27.07.16	DAY Mark	Non-Executive Director (elect)	None
01.12.16	EARWICKER Martin	Chair	Chair, Farnborough College of Technology Vice Chair Dorset County Hospital (resigned following appointment as chair elect) Trustee Hart Citizen Advice Bureau
<i>Executive Directors</i>			
09.09.08	EMMS Julian	Chief Executive	Wife is employed by the Trust as Service Manager of the EIP Service. Brother is Global Marketing Lead of Pfizer
03.09.09	GILD Alex	Director of Finance, Performance & Information	Vice President Healthcare Financial Management Association and President with effect from December 2017

01.11.15	IRANI Minoos	Medical Director	Member of Invited Review Panel, Royal College of Paediatrics & Child Health.
20.11.12	MACKENZIE Helen	Director of Nursing & Governance	None
20.11.12	SEARLE Bev	Director of Corporate Affairs	Board Member Social Care Institute for Excellence Sister employee of Oxford Health NHS Foundation Trust (Non Board role) Cousin, Director of Solutions for Health
26.11.12	TOWNSEND David	Chief Operating Officer	Samaritans support volunteer – Bracknell, Wokingham & Ascot Branch. Director – Stanbury Gate Management Ltd.

(Updated February 2017)

**Trust Board Paper**

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

**Minutes of the Audit Committee Meeting held on  
Wednesday, 25 January 2017, Fitzwilliam House, Bracknell**

Present: Chris Fisher, Non-Executive Director, Committee Chair  
Mark Lejman, Non-Executive Director  
Mehmuda Mian, Non-Executive Director

In attendance: Alex Gild, Director of Finance, Performance and Information  
Minoo Irani, Medical Director (*present for item 6*)  
Amanda Mollett, Head of Clinical Effectiveness and Audit  
Debbie Fulton, Deputy Director of Nursing  
Satinder Jas, External Auditors, KPMG  
Clive Makombera, Internal Auditors, RSM  
Julie Hill, Company Secretary

Item	Title	Action
<b>1.A</b>	<b>Chair's Welcome and Opening Remarks</b>	
	Chris Fisher, Chair welcomed everyone to the meeting and introduced and welcomed Alison Durrands, Agency Programme Director who was observing the meeting as part of her Nye Bevan Leadership Programme.	
<b>1.B</b>	<b>Apologies for Absence</b>	
	Apologies were received from: Fleur Nieboer, External Auditors, KPMG and Debbie Kinch, Counter Fraud, TIAA.	
<b>2.</b>	<b>Declaration of Interests</b>	
	There were no declarations of interest.	
<b>3.</b>	<b>Minutes of the Previous Meetings held on 26 October 2016</b>	
	The Minutes of a meeting held on 26 October 2016 were approved as a correct record after the following amendment had been made to minute no: 10: the first line of the fourth paragraph to read:  "The Head of Clinical Effectiveness and Audit pointed out that there was a risk around the Trust meeting the national CQUIN targets relating to physical health screening for patients with psychosis...."	
<b>4.</b>	<b>Action Log and Matters Arising</b>	
	The Action Log had been circulated.  The Chair said that the appendix to the action log was an NHS Providers' briefing on NHS Improvement's Single Oversight Framework.  The Committee noted the action list updates and the briefing on the Single Oversight Framework.	



	<p>The Chair reported that the Council of Governors had approved the appointment of Deloitte as the Trust's External Auditors from April 2017.</p> <p>It was noted that the Trust's current External Auditors, KPMG had withdrawn their tender due to a potential conflict of interest because they were bidding for another Trust contract.</p>	
<b>5.</b>	<b>Board Assurance Framework and Corporate Risk Register</b>	
	<p>The Director of Finance, Performance and Information presented the item and said that the Company Secretary had introduced changes to the way the Trust identified the strategic risks on the Board Assurance Framework and had developed a new template which made it easier to track and review risks.</p> <p>It was noted that the Trust Board Away Day in October 2016 had identified the key risks to achieving the Trust's strategy and these risks now formed the Board Assurance Framework. The Executive had reviewed the risks on the previous Board Assurance Framework and had agreed which risks could be closed, remain on the Corporate Risk Register or would be managed as part of the new Board Assurance Framework (appendix 2).</p> <p>The Audit Committee warmly welcomed the new style Board Assurance Framework (BAF).</p> <p>During the discussion the following points were made:</p> <ul style="list-style-type: none"> <li>• Risk 1 workforce – the key action identified on the BAF was the development of the workforce strategy implementation plan detail with milestones, objectives and priorities. As part of the mitigation for this risk, it would be helpful to include a quantitative baseline projection of where the Trust's "do nothing" risks were over the next 2-3 years (i.e. which services and staff groups present the greatest cause for concern in terms of risk if the Trust was unable to impact the current work force metrics, for example rising turnover, vacancies and agency usage.</li> <li>• Risk 7 strategic partnerships – the actions/activity to mitigate risk needed to be defined and more detailed to give stronger assurance and clarity on timing on movement from current High risk to target Low.</li> </ul> <p style="text-align: right;"><b>Action: Director of Corporate Affairs</b></p> <p>The Committee reviewed the Board Assurance Framework and the Corporate Risk Register.</p>	
<b>6.</b>	<b>Pilot Audit of Mortality Review Process</b>	
	<p>The Chair reported that the Audit Committee's role was to seek assurance in relation to the mortality review process and that more detailed reviews of any matters pertaining to clinical quality would be referred to the Quality Assurance Committee.</p> <p>The Medical Director and the Head of Clinical Effectiveness and Audit presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• In April 2016, the Trust formally launched the mortality review</li> </ul>	

process in response to the Mazars Review of deaths of people with a Learning Disability or Mental Health problem in contact with

- Southern Health NHS Foundation Trust.
- A report was presented to the Trust Board in June 2016 detailing the Trust's full response to the Mazars report findings.
- The aim of the pilot was to test the Trust's mortality review criteria and to provide a snapshot of how the mortality review process was being implemented in the third month following its formal launch in April 2016.
- The pilot audit reviewed all deaths which occurred in the month of June that were recorded on the RiO system.
- The majority of the audit criteria were met with the exception of the following:
  - 2 deaths of children with learning disabilities were not reported on the Datix system but did have Initial Findings Reports produced and reviewed by the Mortality Review Group.
  - All deaths which occurred within 28 days of discharge from a community hospital: of these 12 deaths should have been reported onto the Datix system based on the current reporting criteria as they were deaths following transfer from a Trust community ward to an acute hospital.
  - A review of all deaths of patients who had contact with Adult Mental Health services in the 365 days preceding death was undertaken. It was found that 3 of the 10 deaths should have been reported onto the Datix system based on the current criteria.
- The audit highlighted areas where improvement would contribute to better patient care:
  - In the absence of any national criteria or evidence base for reporting timeframes of deaths following transfer from community wards to acute hospital wards, the Mortality Review Group proposed that the 28 day timeframe for reporting be changed to 7 days of transfer. This was approved by the Quality Executive Group and the Quality Assurance Committee.
  - The Head of Clinical Effectiveness and Audit has worked with staff to ensure that staff record the transfer/discharge summary onto the RiO system so that any deaths which occur within 7 days of transfer from a community ward to an acute ward were reported and followed-up.
  - The Head of Clinical Effectiveness and Audit and a Clinical Director were leading a piece of work to identify whether there was more work across the local health care system to make end of life care more appropriate and to minimise patients being "bounced" between acute and community hospitals. The work will be reviewed and monitored through the Safety, Experience and Clinical Effectiveness Group chaired by the Director of Nursing and Governance.
- To ensure that the recommendations were embedded, it was proposed that the Trust's Clinical Audit team will complete a further audit on all patient deaths which occur in quarter 4.

Clive Makombera, Internal Auditors said that he would share any learning from other Trusts and will conduct a review of the Trust's mortality review systems and processes as part of their 2017-18 work programme. This would provide objective assurance on the overall systems, processes and learning from patient deaths.

**Action: Clive Makombera**

	<p>The Chair commented that the mortality review criteria was developed in-house and queried whether there was a national view.</p> <p>The Head of Clinical Effectiveness and Audit said that national guidance was expected to be published and that the Trust would review and adapt its mortality review process to comply with any national requirements.</p> <p>Mehmuda Mian, Non-Executive Director commented that she was surprised by the number of deaths of patients transferred from community to acute wards who did not have a transfer/discharge summary uploaded onto RiO. The Medical Director said that the information was often included in the nurses' notes but had not been uploaded onto the RiO system and confirmed that the issue had now been addressed.</p> <p>The Medical Director reported that the Care Quality Commission had published a review (December 2016) of how NHS acute, mental health and community trusts reviewed and investigated deaths of patients in their care. This review was carried out in response to the very low numbers of investigations or reviews of deaths at Southern Health NHS Foundation Trust.</p> <p>It was noted that the Care Quality Commission intended to strengthen its assessment of learning from deaths with particular emphasis on patients with a learning disability or a mental health problem.</p> <p>The Committee noted the report.</p>	
<b>7.</b>	<b>Single Waiver Tenders Report</b>	
	<p>A paper setting out details of Single Waiver tenders approved October to December 2016 had been circulated.</p> <p>The Chair commented that on a couple of occasions, a tender had been extended because of capacity issues in the Procurement Team. The Director of Finance, Performance and Information confirmed that additional staff had now been allocated to the Procurement Team.</p> <p>It was also noted that contract value for money would be reviewed as part of the Trust's Carter work on discretionary spending.</p> <p>The Committee noted the report.</p>	
<b>8.</b>	<b>NHSI Quarter 3 Submission 2016/17</b>	
	<p>The NHS Improvement Quarter 3 Submission 2016/17 had been circulated.</p> <p>Mehmuda Mian, Non-Executive Director asked whether the Royal Berkshire Hospital NHS Foundation Trust had paid their outstanding aged debt. The Director of Finance, Performance and Information confirmed that the Trust had received the majority of the aged debt.</p> <p>The Trust had also received the outstanding pension recharge of retrospective pension contribution from NHS England in respect for a doctor whose employment transferred when the Trust took on management of Community Health Services in April 2011.</p> <p>The Director of Finance, Performance and Information reported that NHS Improvement were offering an incentive of match funding every £1 over</p>	

	and above the Sustainability and Transformation funding control target. The Committee approved the NHS Improvement Quarter 3 submission.	
<b>9.</b>	<b>Information Assurance Framework</b>	
	The Director of Finance, Performance and Information presented the report and reported that there were no major issues to report in Quarter 3.  The Chair asked whether the Trust was on track to complete the Annual Information Audit Programme at the end of the financial year. The Director of Finance, Performance and Information confirmed that this was the case.  The Committee noted the report.	
<b>10.</b>	<b>Losses and Special Payments Report</b>	
	The losses and special payments report had been circulated.  The Committee approved the losses and special payments as set out in the report.	
<b>11.</b>	<b>Cyber Security Annual Report</b>	
	The Director of Finance, Performance and Information reported that the purpose of the report was to provide the Audit Committee with an annual update on Cyber Security. It was noted that all organisations faced cyber threats and it was therefore important that the Trust had appropriate systems, policies, processes and training in place to minimise the effects to both patients and staff.  The Chair asked whether any of the three serious incidents reported to the Department of Health and the Information Commissioners Office relating to a patient record erroneously merged with another patient's record and two instances of patient information being emailed insecurely to another NHS organisation had resulted in patient harm.  The Director of Finance, Performance and Information said that the incident relating to a patient's record being merged had caused distress to the patient. It was noted that the issue had arisen because two patients with the same name and date of birth had attended the Walk in Centre and it had not been picked up that the records related to two separate individuals. It was noted that the other two incidents had not resulted in any patient harm.  The Committee noted the report.	
<b>12.</b>	<b>Clinical Audit Progress Report</b>	
	The Head of Clinical Effectiveness and Audit presented the report and highlighted the following issues: <ul style="list-style-type: none"> <li>• One national audit (Early Intervention in Psychosis Audit 2016) had been published since the previous meeting which had been reviewed in detail at the November 2016 Quality Assurance Committee.</li> <li>• In addition, one Executive requested audit (safeguarding response to alleged sexual assault/inappropriate behaviour on Mental Health</li> </ul>	

	<p>Inpatient Wards) and one CQUIN (Young People’s Transitions to Adult Services) had been received by the Clinical Audit Department and were reviewed by the November 2016 Clinical Effectiveness Group where they were deemed to have a low and advisory risk respectively. Actions to mitigate these risks were noted with summaries attached to the Committee report.</p> <ul style="list-style-type: none"> <li>• In addition, the Pilot Audit of the Trust Mortality Review Process had been completed (the full report was discussed at minute no. 6).</li> </ul> <p>The Chair commented that a common theme in the Safeguarding audit report was the in relation to the non-adherence to policy and asked whether the Quality Assurance Committee had discussed this issue.</p> <p>The Head of Clinical Effectiveness and Audit confirmed that this had not been specifically raised by the Quality Assurance Committee, but said that one of the reasons for undertaking the audit in the first place was that non-adherence to policy had been flagged as a potential issue.</p> <p>The Chair asked whether the Clinical Audit Plan 2016/17 would be completed at year end. The Head of Clinical Effectiveness and Audit said that the Clinical Audit Plan was a rolling programme and the Plan for 2017/18 would be considered at the February 2017 meeting of the Quality Assurance Committee.</p> <p>The Committee noted the report.</p>	
<b>13.</b>	<b>Internal Audit Strategy, Progress Report and Health Matters Report</b>	
	<p><b>a) Internal Audit Strategy</b></p> <p>Clive Makombera, Internal Auditors, RSM, presented the Internal Audit Strategy and reported that the audit plan for 2017-18 took account of feedback from the Trust which was that it would be better to focus on undertaking a smaller number of more in-depth reviews rather than spreading resources too thinly.</p> <p>The Chair asked the Director of Finance, Performance and Information to confirm that the Executive Directors were satisfied that that the issues identified in the Internal Audit Plan 2017/18 (appendix a of the report) represented an appropriate mix of areas. The Director of Finance, Performance and Information confirmed that the Internal Annual Audit Plan reflected the views of the Executive Directors.</p> <p>Mr Makombera said that the Plan was not set in stone and if other more pressing issues emerged during the year, the Plan could be amended.</p> <p>The Chair asked Satinder Jas, KPMG whether the External Auditors were satisfied with the Internal Audit Plan for 2017/18. Mr Jas confirmed that in his opinion that Plan covered the key areas of risks and said that the External Auditors would flag any emerging issues during the course of the year.</p> <p><b>b) Internal Audit Progress Report</b></p> <p>Clive Makombera reported that the Internal Auditors had issued the Board Assurance Framework and Risk Management report and had given a rating of “reasonable assurance”.</p> <p>The report made two medium priority recommendations in relation to the updating of controls and assigning responsible owners and target dates to</p>	

	<p>address any gaps in controls and assurance. The recommendations will be addressed as part of the new Board Assurance Framework process. Mr Makombera confirmed that the Internal Auditors approved the direction of travel for the new Board Assurance Framework.</p> <p>Clive Makombera reported that the Internal Auditors had completed and published 9 final reports. In addition, 3 draft reports had been issued and a further three reviews were in progress.</p> <p><b>c) Health Matters Report</b> The Health Matters Report had been circulated.</p> <p>The Committee noted the Annual Audit Strategy; the Internal Audit Progress Report and the Health Matters Report.</p>	
<b>14.</b>	<b>Counter Fraud Progress Report</b>	
	<p>The Counter Fraud Progress Report had been circulated. Members of the Committee confirmed that they were happy with the actions as set out in the report and made no further comments.</p> <p>The Committee noted the report.</p>	
<b>15.</b>	<b>External Audit Progress Report</b>	
	<p>Satinder Jas, External Auditors, KPMG reported the Department of Health had published a new Group Accounting Manual which applied to 2016-17 audits and there were minor changes to accounting standards, for example, the de minimus limit of £5k for capitalising individual/group assets now applied across all entities.</p> <p>It was noted that the External Auditors had identified similar risks for the Trust in 2016-17 as in previous year, namely in relation to the valuation of land and buildings and in relation to the management override of controls.</p> <p>Mr Jas reported that due to the significant financial challenge in the provider sector and faced by the Trust, the External Auditors will undertake a detailed review of the Trust's financial position and financial sustainability.</p> <p>The Head of Clinical Effectiveness and Audit reported that the guidance on Quality Accounts 2016-17 had not yet been published. It was noted that the Governors had agreed that the locally determined quality performance indicator which would be externally audit would be to review the additional NHS Improvement's indicator on 'minimising delayed transfers of care'.</p> <p>The Committee noted the report.</p>	
<b>16.</b>	<b>Minutes of the Finance, Investment and Performance Committee held on 26 October 2016 and 30 November 2016 and 28 December 2016</b>	
	<p>The minutes of the Finance, Investment &amp; Performance Committee meetings of 26 October 2016, 30 November 2016 and 28 December 2016 were received and noted. It was noted that these had already been presented to the Trust Board.</p> <p>The Chair reported that he had substituted for Cllr Mark Day, Non-Executive Director at the Finance, Investment and Performance Committee meeting held on 28 December 2016. It was noted that the Trust Board had</p>	

	<p>approved the substitution at its meeting on 13 December 2016.</p> <p>Mark Lejman, Chair of the Finance, Investment and Performance Committee reported that the Committee had met earlier today and confirmed that the Trust's financial position was stable. It was noted that the Committee had identified maintaining safe staffing as a key area for the Trust. The Committee had also received an update on the Bed Optimisation project from the Chief Operating Officer and had approved funding to modernise the Trust's data network infrastructure.</p> <p>It was noted that the Trust had been shortlisted to become a Global Digital Exemplar. The Chair thanked Mr Lejman for his update.</p> <p>The Committee noted the minutes of the Finance, Investment and Performance Committee.</p>	
<b>17.</b>	<b>Minutes of the Quality Assurance Committee held on 14 November 2016</b>	
	<p>The minutes of the Quality Assurance Committee meeting of 14 November 2016 were received and noted. It was noted that these had already been received by the Trust Board.</p> <p>The Committee noted the minutes of the Quality Assurance Committee held on 14 November 2016.</p>	
<b>18.</b>	<b>Minutes of the Quality Executive Committee held on 10 October 2016, 14 November 2016 and 12 December 2016</b>	
	<p>The minutes of the Quality Executive meetings of 10 October 2016, 14 November 2016 and 12 December 2016 were received and noted.</p> <p>It was noted that current staffing vacancies for the CRHTT were at 20% in the East and 40% in the West. The Deputy Director of Nursing said that some of the vacancies were being covered by long term temporary staff and reported that the Trust was closely monitoring serious incident reports and other indicators to ensure that quality was not compromised by the staffing situation.</p> <p>The Chair asked whether the performance metrics were sufficiently "real time" to identify any quality concerns. The Deputy Director of Nursing said that as well as monitoring of metrics CRHTT capacity and concerns were discussed as part of the bed conference calls.</p> <p>The Committee noted the minutes of the Quality Executive Committee.</p>	
<b>19.</b>	<b>Audit Committee Effectiveness – Self-Assessment</b>	
	<p>The Chair said that it was good governance practice to conduct an annual review of the Committee's effectiveness. It was noted that the results were very positive with only two areas identified for improvement:</p> <ul style="list-style-type: none"> <li>• The first area related to Non-Executive Director succession planning to ensure that there was not an over reliance on one individual who was financially qualified.</li> <li>• The second issue was around clear communication channels between the Committee and report authors to ensure that the Committee received the information it needed.</li> </ul> <p>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. The</p>	

	<p>Committee's greater focus on the assurances it received in relation to clinical audit and risk management and how they link to the Trust's strategic objectives was also identified as a positive recent development.</p> <p>The Committee noted the results of the annual Committee Effectiveness.</p>	
<b>20.</b>	<b>Annual Work Plan</b>	
	<p>The Chair commented that there was a full agenda for the April meeting and therefore he was not planning to have a "deep dive" item unless anyone had a particular topic they wanted to discuss.</p> <p>The Audit Committee noted the Annual Work Plan.</p>	
<b>21.</b>	<b>Any Other Business</b>	
	The Committee noted that no other business was raised.	
<b>23.</b>	<b>Date of Next Meeting</b>	
	<b>26 April 2017 at 2pm</b>	

These minutes are an accurate record of the Audit Committee meeting held on 26 January 2017.

**Signed:-** \_\_\_\_\_

**Date: -** \_\_\_\_\_



### Trust Board Paper

<b>Board Meeting Date</b>	14 February 2017
<b>Title</b>	<b>Use of Trust Seal</b>
<b>Purpose</b>	This paper notifies the Board of use of the Trust Seal
<b>Business Area</b>	Corporate
<b>Author</b>	Director of Finance, Performance & Information
<b>Relevant Strategic Objectives</b>	N/A
<b>CQC Registration/Patient Care Impacts</b>	N/A
<b>Resource Impacts</b>	None
<b>Legal Implications</b>	Compliance with Standing Orders
<b>SUMMARY</b>	<p>a) The Trust's Seal was affixed to a 10 year lease relating to the Group Floor, Rear Office at 81 London Street, Reading RG1 4QA (with tenant break options at the end of the 5<sup>th</sup> and 8th years). The Lease is to enable the Talking Therapies service to relocate from the Walk-in Centre in the Broad Street Mall shopping centre in January 2017.</p> <p>b) The Trust's Seal was affixed to a deed relating to a charitable grant for the construction of a new facility (including a Renal Unit at West Berkshire Community Hospital).</p>
<b>ACTION</b>	To note the update.

**Trust Board Paper**

<b>Board Meeting Date</b>	14 February 2017
<b>Title</b>	Health & Safety Annual Report 2016
<b>Purpose</b>	To provide the Board with the annual Health & Safety report for 2016
<b>Business Area</b>	Operations
<b>Author</b>	Chief Operating Officer
<b>Relevant Strategic Objectives</b>	To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
<b>CQC Registration/Patient Care Impacts</b>	Outcome 14 – Supporting Workers
<b>Resource Impacts</b>	None
<b>Legal Implications</b>	Report seeks to provide assurance of Trust's adherence to relevant legislation
<b>SUMMARY</b>	The attached paper provides the Board with the Trust's annual Health & Safety report, highlighting key areas of performance and providing assurance on relevant internal processes.
<b>ACTION REQUIRED</b>	To note the report and seek any clarification.

## BHFT Health & Safety Annual Report 2016

### Executive Summary

This report provides an update to the Board on Health and Safety for the calendar year 2016.

The report reviews Trust performance on a range of categories, comparing results to the prior year and national figures. Key points of note include:

- The Trust did not receive any improvement or enforcement actions due to major adverse health and safety events during 2016.
- There were 23 incidents reported under the RIDDOR regulations in the year 2015/16, down from 27 in the previous annual period. As in the previous year, most related to slips, trips and falls, manual handling and assaults.
- For financial year 2015/16, the Trust reported **563** physical assaults to NHS Protect compared to **763** for 2014/15. This is a reduction of **26%**.
- There were no significant fires in 2016. A full review of fire training, policies and processes has been undertaken following the fire at Prospect Park Hospital on 6th December 2015 which resulted in one patient dying.
- The Trust commissioned an independent review of fire safety policy and procedures. The findings of this review have been implemented in a non-clinical action plan.
- No fire safety inspections have been undertaken by the Royal Berkshire Fire and Rescue Service in 2016 though there have been several high level meetings with the service following the incident at Prospect Park.
- There has been an increase in the number of days lost through sickness; this now stands at 14.9 per FTE compared to 13.9 in 2015. The main reasons for absence are similar to 2015 with S10 Anxiety/stress/depression/other psychiatric illnesses being the highest reason this year at 22.6% compared with 24.5% last year.
- The Trust has been able to maintain high levels of compliancy in statutory training and has been consistent in achieving or exceeding 90% throughout the year.

## 1. Key National Annual Figures

The most recent data from the Health and Safety Executive is for the period 2015/16. It highlights the following issues:

- **1.3 million** working people were suffering from a work-related illness (up from 1.2 million in 2014/15).
- **144** workers killed at work (up from 142 in 2014/15).
- **2,515** mesothelioma deaths due to past asbestos exposures (2014) (down from 2,538 in 2013)
- **72,702** other injuries to employees reported under RIDDOR (down from 76,000 in 2014/15).
- **621,000** injuries occurred at work according to the Labour Force Survey (up from 611,000)
- **30.4 million** working days lost due to work-related illness and workplace injury (up from 27.3 million).
- **£14.1 billion** estimated cost of injuries and ill health from current working conditions (2014/15)

## 2. Enforcement

The Trust did not receive any improvement or enforcement action from the Health and Safety Executive during 2016.

## 3. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

The yearly reported incidents fell into the following categories by descending order:

Incident Type	2016	2015
Manual Handling	9	8
Assault	7	8
Slip, Trip or Fall	3	8
Sharps Injury	2	2
Collision	1	1
Person not at work taken to hospital	1	0
<b>Total</b>	<b>23</b>	<b>27</b>

RIDDOR incident reports, including root cause analysis and remedial actions taken, are included in quarterly Trust performance reports and tabled at the Joint Staffs Consultative Committee.

All staff undergo statutory and mandatory training in health & safety every 5 years  
The number of staff trained has been an average of 95% in 2016.

PM_05		Statutory Training: Health & Safety - Percent													Total by month	
Target		Green > 85%	Amber 70 - 85%	Red < 70%												
Freq	Sector	Last 12m avg	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	DA/DQ	
M	Total	94.8%	95%	94%	95%	95%	95%	96%	95%	95%	95%	95%	95%	95%		
M	MH IP & UC	88.0%	91%	89%	92%	92%	93%	90%	89%	90%	90%	89%	91%	91%		
M	Bracknell	85.0%	94%	94%	94%	94%	95%	94%	94%	94%	97%	96%	96%	97%		
M	Slough	86.0%	95%	96%	97%	97%	97%	97%	98%	97%	98%	94%	96%	97%		
M	WAM	98.5%	95%	95%	95%	100%	97%	97%	97%	97%	96%	96%	95%	97%	High	
M	West Berks	85.0%	96%	96%	97%	96%	97%	97%	97%	96%	95%	95%	94%	95%		
M	Reading	84.7%	96%	96%	97%	92%	95%	94%	94%	95%	96%	96%	95%	94%		
M	Wokingham	86.0%	96%	94%	97%	95%	96%	97%	97%	96%	97%	97%	97%	97%		
M	Corporate	83.5%	94%	94%	93%	94%	94%	94%	93%	93%	93%	94%	92%	93%		

## 4. Violence and Aggression

The Trust is required to record and report all incidents of physical assault against staff to NHS Protect. These figures are published annually. Both the national NHS figures and those of BHFT increased from the previous year.

### **The most recent national figures for FY 2015/16 highlight the following:**

- 70,555 physical assaults on NHS staff nationally, which relates to 53 assaults for every 1,000 members of staff.
- 46,107 of those physical assaults took place in the mental health and learning disability sector which relates to 191 assaults for every 1,000 members of staff within the MH sector.
- 77% of assaults within the MH sector involved medical or mental health factors i.e. the patient did not have capacity at the time of the incident.
- 769 criminal sanctions relating to physical assaults were reported during the period within the MH sector.
- The number of internally issued sanctions for physical assaults. 1,588 were issued and this could include visiting in pairs, written warnings, exclusions from sites etc.

The Trust reported 563 physical assaults to NHS Protect for FY 2015/16 compared to 763 for 2014/15. The physical assaults for BHFT are below the national average for mental health Trusts. The national average for mental health Trusts is 191 assaults per 1,000 staff whereas BHFT is 124 physical assaults per 1,000 staff. 85% of the assaults happened on healthcare premises and 15% took place in the community. BHFT had 4 criminal sanctions issued and 9 internal sanctions for physical assaults for the last financial year.

### **Calendar Year 2016:**

- 508 physical assaults took place in 2016, which is a reduction of 137 compared to 2015.
- 210 of those took place in the learning disability service.
- 217 assaults took place on the mental health adult admission wards, PICU and older persons wards compared to 281 in 2015 which is a decrease of 64 assaults.
- The reduction of assaults within LD is due to some long term and challenging patients no longer being treated by the service

The Security Management Specialists continue to raise the importance of reporting security-related incidents, particularly incidents of violence and aggression, via the Trust's incident reporting system. It is acknowledged that, as indicated by the national figures, the significant majority of physical and non-physical assaults are the result of a patient's mental health or medical condition, but it is important that this data continues to be captured.

As well as physical assaults, for 2016 there were 437 reported cases of non-physical assault against staff. This is a decrease of 5 incidents reported for the previous year. This includes verbal abuse, threatening behavior, harassment etc.

Compared to the total number of reported physical assaults for 2016, it is assumed that non-physical assaults are under reported.

A detailed analysis of all of the incidents demonstrates that there is not a particular member of staff who is disproportionately associated with the reported assaults.

## 5. Personal Safety and Lone Working

The Trust has an ongoing contract with Skyguard for the provision of lone worker devices. In January 2017, the Trust had 1,222 devices with 1,417 staff registered on the web portal as users. Statistics show that approximately 30% of the devices are used within any 1 month.

As per the Trust's Lone Worker policy, monthly monitoring reports of non-usage are automatically sent to managers so as they can manage non usage within their team and these reports per locality are sent to all Locality Directors. The current contract with Skyguard expires in summer 2017 and the Security Management Specialists are exploring other types of technology that might further assist Lone Workers.

The Security Management Specialists have been working with the communications team to promote and encourage usage in the form of screen savers, posters, text messages, e-mails and sections in Team brief and Newline newsletter. The focus of National Personal Safety Week was lone working and safety whilst working out in the community and the Security Management Specialists took the opportunity to speak to as many staff within the Trust as possible about this.

## 6. Fire Safety

Royal Berkshire Fire and Rescue Service (RBFRS) have not undertaken any fire safety audits to ensure the Trust is compliant with the Regulatory Reform (Fire Safety) Order 2005 (RR (FS) O 2005) during 2016.

It carried out one follow-up audit at Little Dragons Nursery at Bath Road; the result was "broadly compliant" with recommendations for improvements.

RBFRS has also carried out Site Specific Risk Assessment visits at West Berkshire Community Hospital and Prospect Park Hospital for the purpose of updating their own risk records. These were not compliance checks.

The Trust appointed a new Fire Safety Advisor to post on 4<sup>th</sup> January 2016.

## 7. Fire Incidents

The sub-categories of fire related incidents have been changed for this report and all incidents over the last 4 years put into the new categories for comparison. There has been a rise in reported incidents in 2016, mainly in false alarms. These figures are correct for data on Datix as at 12<sup>th</sup> January 2017.

### Fire Related Incidents by Service

Services	2013	2014	2015	2016	Total
Mental Health	26	10	15	27	78
Community West	21	13	10	13	57
Estates & Facilities	10	8	9	13	40
Community East	2	2	0	4	8
<b>Totals:</b>	<b>59</b>	<b>33</b>	<b>34</b>	<b>57</b>	<b>183</b>

## Fire related incidents by type

Sub-category	2013	2014	2015	2016	Total
Fire Accidental	12	6	3	6	27
Fire Arson	2	6	4	2	14
False Alarm Accidental Use of Call Point	3	2	1	1	7
False Alarm Malicious	3	1	0	1	5
False Alarm Other	29	13	21	35	98
Fire Equipment Damaged	0	0	2	1	3
Fire Equipment Failure	9	2	0	6	17
Planned Fire Evacuation Drill	1	1	1	2	5
Risk of Fire Identified	0	2	1	2	5
Other	0	0	1	1	2
<b>Grand Total</b>	<b>59</b>	<b>33</b>	<b>34</b>	<b>57</b>	<b>183</b>

## Smoking Related Incident

Was this a smoking related incident?	2015	2016	Total
Mental Health	182	196	415
Berkshire Healthcare Community East	5	4	9
Berkshire Healthcare Community West	6	5	12
Estates, Facilities & Support Services	12	0	12
Total	205	205	448

## 8. Fire Safety Improvements:

The following works have been completed in 2016 on BHFT properties

Location	Action required	Actions completed
Little House	Fire Doors require upgrading.	Completed
Erleigh Road	Fire Alarm Upgrade required	Completed
Church Hill House	Fire alarm upgrade required.	Completed
Prospect Park Hospital	Fire evacuation plans need re-drawing	New plans drawn, fire response plan written and new fire brigade access points labelled inside and out

## 9. Fire Training

All members of staff undergo statutory fire safety training every 12 months. Those not on wards have Fire Awareness Training but those who work with inpatients have Inpatient Fire Evacuation Training. Whichever one they do will count as their statutory training.

PM_04		Statutory Training: Fire - Percent													Total by month
Target		From April 2016 - Green > 95%, Amber 70 - 95%, Red < 70%													
Freq	Sector	Last 2.0m avg	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	
M	Total	83.0%	88%	86%	85%	84%	83%	83%	84%	83%	81%	82%	83%	84%	
M	Mt IP & UC	79.8%	80%	80%	84%	82%	81%	80%	79%	70%	72%	70%	87%	95%	
M	Bracknell	83.1%	84%	83%	79%	83%	81%	81%	81%	82%	83%	83%	88%	91%	
M	Slough	83.0%	92%	91%	89%	88%	84%	85%	83%	82%	80%	78%	79%	76%	
M	WAM	86.2%	88%	86%	85%	86%	87%	86%	87%	86%	83%	85%	86%	87%	High
M	West Berks	88.2%	90%	91%	91%	87%	83%	81%	88%	85%	82%	83%	85%	87%	
M	Reading	87.7%	89%	88%	86%	84%	82%	82%	80%	84%	81%	83%	82%	83%	
M	Wokingham	85.2%	89%	87%	83%	83%	82%	84%	87%	86%	83%	86%	86%	88%	
M	Corporate	82.4%	88%	88%	88%	83%	88%	84%	84%	83%	78%	79%	74%	73%	

The number of staff trained has been an average of 84% in 2016. The site specific ward evacuation training programme has increased during 2016 and the target of 95% of staff trained at Prospect Park Hospital by December has been achieved.

## 10. Days Lost through Sickness

The information on the number of days lost through sickness is reported for the calendar year January 2016 to December 2016. The table below shows the number of days lost per FTE by sickness reason.

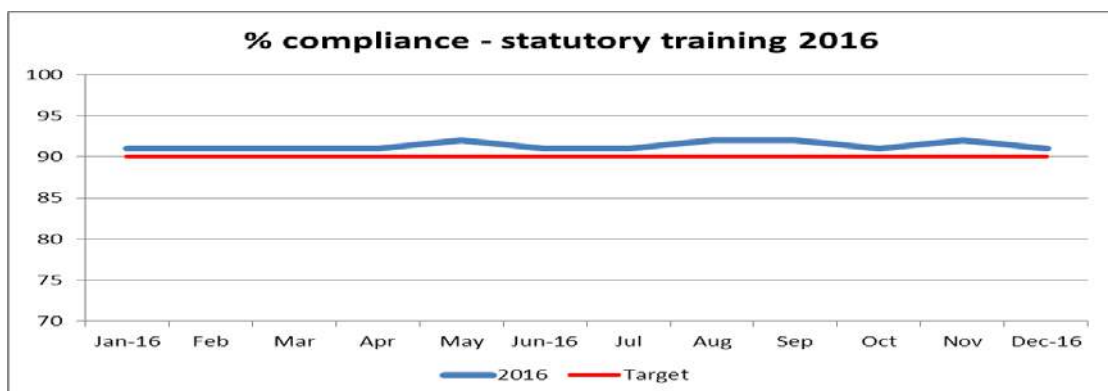
Absence Reason	Grand Total	Percentage by Reason	Days Lost Per Fte
S10 Anxiety/stress/depression/other psychiatric illnesses	12,308	22.6%	3.4
S11 Back Problems	4,067	7.5%	1.1
S12 Other musculoskeletal problems	6,170	11.4%	1.8
S13 Cold, Cough, Flu - Influenza	4,654	8.6%	1.2
S14 Asthma	241	0.4%	0.0
S15 Chest & respiratory problems	2,222	4.1%	0.6
S16 Headache / migraine	1,697	3.1%	0.5
S17 Benign and malignant tumours, cancers	2,447	4.5%	0.6
S18 Blood disorders	187	0.3%	0.0
S19 Heart, cardiac & circulatory problems	1,258	2.3%	0.3
S20 Burns, poisoning, frostbite, hypothermia	23	0.0%	0.0
S21 Ear, nose, throat (ENT)	1,533	2.8%	0.4
S22 Dental and oral problems	312	0.6%	0.2
S23 Eye problems	383	0.7%	0.1
S24 Endocrine / glandular problems	227	0.4%	0.0
S25 Gastrointestinal problems	4,661	8.6%	1.3
S26 Genitourinary & gynaecological disorders	2,138	3.9%	0.6
S27 Infectious diseases	366	0.7%	0.2
S28 Injury, fracture	3,165	5.8%	0.9
S29 Nervous system disorders	570	1.0%	0.2
S30 Pregnancy related disorders	1,540	2.8%	0.4
S31 Skin disorders	538	1.0%	0.2
S98 Other known causes - not elsewhere classified	2,847	5.2%	0.7
S99 Unknown causes / Not specified	796	1.5%	0.2
<b>Total</b>	<b>54,354</b>	<b>100.0%</b>	<b>14.9</b>



There is an increase in the number of days lost per FTE – 14.9 per FTE in 2016 compared to 13.9 per FTE in 2015. The continuation of Manager Self-Service across the trust has helped maintain the accuracy and recording of reasons for absence. The main reasons for absence are similar to 2015 with stress/anxiety related illness being the highest reason this year at 22.6% compared with 24.5% last year. The second highest reason was for musculoskeletal conditions / back problems at 11% (compared to 18%). The pilot fast track physiotherapy service for staff was evaluated and made permanent in February.

## 11. Statutory Training compliance

The graph below shows the percentage of staff compliancy with statutory training throughout 2016 against a target of 90%.



Corporate Induction continues to be a key driver for compliancy allowing the majority of staff to complete all statutory and core mandatory training within their first two months at the Trust.

In 2016, a forum was set up for all statutory and mandatory subject leads to share performance data and training knowledge. As part of this, statutory and mandatory training requirements for staff groups were simplified and made more visible on Teamnet and the Training Portal was removed in favour of live, self-service records on ESR. Individuals can now see what is required of their staff group on Teamnet and access their own record on ESR to compare and maintain their compliance against their individual competencies. In addition, managers make use of the improved ESR Business Intelligence function to monitor their team performance.

E-learning continues to support statutory and mandatory training and is a popular and effective method for staff to maintain their compliancy in a timely and cost efficient way.

**Trust Board Paper**

<b>Board Meeting Date</b>	14 February 2017
<b>Title</b>	<b>Annual Board Planner 2017</b>
<b>Purpose</b>	The attached sets out the non-standing items of business which will be presented to the public and in committee Trust Board meetings during 2017.
<b>Business Area</b>	Corporate
<b>Author</b>	Julie Hill, Company Secretary
<b>Relevant Strategic Objectives</b>	N/A
<b>CQC Registration/Patient Care Impacts</b>	N/A
<b>Resource Impacts</b>	None
<b>Legal Implications</b>	None
<b>SUMMARY</b>	The attached Board Planner sets out the forthcoming business of the Trust Board. During the course of the year, other items of business are likely to occur and these items will be added to the relevant agenda.
<b>ACTION</b>	To note the annual Trust Board planner 2017

Trust Board Planner 2017 – Non-Standing Items

<b>April</b>	
• Staff Survey Results	Bev Searle
• Strategy Implementation Plan Update Report	Bev Searle
• Quality Improvement Contract Approval	Helen Mackenzie
• Mental Health Strategy Implementation – Qtr report	Bev Searle
• Final budget for 2017/18	Alex Gild
• Workforce Implementation Plan Report	Bev Searle
• Vision Performance Metrics Report	Alex Gild
• Board Assurance Framework and Corporate Risk Register	Alex Gild
<b>May</b>	
• Quality Accounts	Minoo Irani
• Annual Report	Julian Emms
• Licence Conditions – Board Declarations	Alex Gild
• NHS Improvement – Corporate Governance Declarations	Alex Gild
• “Guardians in Safe Working” – Qtr Report	Minoo Irani
• Patient Experience – Qtr 4 Report	Helen Mackenzie
• Efficiency Benchmarks Report	Alex Gild
<b>July</b>	
• Workforce Race Equality Standard	Bev Searle
• Equality Strategy – Annual Report	Bev Searle
• Revalidation Annual Report	Minoo Irani
• “Guardians in Safe Working” – Qtr Report	Minoo Irani
• Estate Strategy – Update	Alex Gild
<b>September</b>	
• Patient Experience – Qtr 1	Helen Mackenzie
• Strategy Implementation Plan Update Report	Bev Searle
• TB Away Day Agenda	Chair/Julie Hill
• Quality Strategy – Annual Update Report	Helen Mackenzie
• “Guardians in Safe Working” – Qtr Report	Minoo Irani
<b>November</b>	
• Caldicott Guardian Annual Report	Minoo Irani
• Patient Experience – Qtr 2	Helen Mackenzie
• Annual Research and Development Report	Minoo Irani
• Mental Health Strategy Update Report	Bev Searle
• TB Away Day – Notes and Actions	Julie Hill
• Mental Health Strategy Implementation – Qtr report	
<b>December</b>	
• “Guardians in Safe Working” – Qtr Report	Minoo Irani
• Strategy Implementation Plan Update Report	Bev Searle
• Workforce Development Strategy Annual Update Report	Bev Searle
• External Audit Letter	Alex Gild
• IT Strategy – Update	Alex Gild