BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING HELD IN PUBLIC

10:00am on Tuesday 12 December 2017
Boardroom, Fitzwilliam House,
Skimped Hill Lane, Bracknell, RG12 1BQ

AGENDA

No	Item	Presenter	Enc.
	OPENING BUSINESS		
1.	Chairman's Welcome	Martin Earwicker, Vice Chair	Verbal
2.	Apologies	Martin Earwicker, Vice Chair	Verbal
3.	Declaration of Any Other Business	Martin Earwicker, Vice Chair	Verbal
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Martin Earwicker, Vice Chair	Verbal
5.1	Minutes of Meeting held on 14 November 2017	Martin Earwicker, Vice Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Vice Chair	Enc.
	QUALITY		
6.1	Board Visit – Orchid Ward	Ruth Lysons, Non-Executive Director	Enc.
6.2	Bluebell Ward, Prospect Park Hospital, Bed Closure Option Appraisal	Helen Mackenzie, Director of Nursing and Governance	Enc.
6.3	Quality Impact Assessment Report	Helen Mackenzie, Director of Nursing and Governance	Enc.
6.4	Annual Community Mental Health Survey 2017	Helen Mackenzie, Director of Nursing and Governance	Enc.
6.5	Quality Assurance Committee a) Minutes of the meeting held on 21 November 2017 b) Guardians of Safe Working Hours Quarterly Report c) Learning from Deaths Quarterly Report	Ruth Lysons, Chair of the Quality Assurance Committee Dr Minoo Irani, Medical Director	Enc.
	EXECUTIVE UPDATE		
7.1	Executive Report	Julian Emms, Chief Executive	Enc.
	PERFORMANCE		
8.1	Month 07 2017/18 Finance Report*	Alex Gild, Chief Financial Officer	Enc.
8.2	Month 07 2017/18 Performance Report*	Alex Gild, Chief Financial Officer	Enc.
8.3	Finance, Investment and Performance Committee Meeting on 29 November 2017 **The Month 7 Finance and Performance Reports were reviewed by the FIP*	Mark Lejman, Chair of the Finance, Investment and Performance Committee	Verbal

No	Item	Presenter	Enc.
	Committee		
STRATEGY			
9.1	Workforce Strategy Update Report	Bev Searle, Director of Corporate Affairs	Enc.
CORPORATE GOVERNANCE			
10.1	Annual Information Governance Report	Dr Minoo Irani, Medical Director	Enc.
10.2	External Audit Letter	Alex Gild, Chief Financial Officer	Enc.
10.3	Council of Governors Update	Martin Earwicker, Vice Chair	Verbal
Closing Business			
11.	Any Other Business	Martin Earwicker, Vice Chair	Verbal
12.	Date of the Next Public Trust Board Meeting – 13 February 2018	Martin Earwicker, Vice Chair	Verbal
13.	**CONFIDENTIAL ISSUES:** To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Martin Earwicker, Vice Chair	Verbal

Berkshire Healthcare NHS
NHS Foundation Trust

AGENDA ITEM 5.1

Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday 14 November 2017

Boardroom, Fitzwilliam House

Present:	Mark Lejman	Vice-Chair *(deputising for Martin Earwicker, Chair)*
	Mark Day	Non-Executive Director
	Julian Emms	Chief Executive
	Chris Fisher	Non-Executive Director
	Alex Gild	Chief Financial Officer
	Dr Minoo Irani	Medical 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
	Naomi Coxwell	Non-Executive Director (Elect)

17/182	**Welcome** (agenda item 1)
	Mark Lejman, Vice-Chair chaired the meeting and welcomed everyone, including the observers: Tom Lake, Public Governor, Krupa Patel, Public Governor, Dr Angeliki Tziaka, Registrar, Prospect Park Hospital, Reva Stewart, Locality Director (Reading) and Kyle Gatier, Optum.
17/183	**Apologies** (agenda item 2)
	Apologies were received from: Martin Earwicker, Chair and David Buckle, Non-Executive Director.
17/184	**Declaration of Any Other Business** (agenda item 3)
	There was no other business declared.
17/185	**Declarations of Interest** (agenda item 4)
	i. Amendments to Register – none
	ii. **Agenda Items** - none
17/186	**Minutes of the previous meeting – 12 September 2017** (agenda item 5.1)

	The Minutes of the Trust Board meeting held in public on Tuesday 12 September 2017 were approved as a correct record of the meeting.
17/187	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. The following action was discussed further: **Patient Experience Quarter 1 Report – Feedback from Patients on the Campion Unit** The Director of Nursing and Governance corrected the update on the action log and reported that feedback from Learning Disability patients on the Campion Unit would be included in the Quarter 3 and not in the Quarter 2 Patient Experience Report as stated on the action log. **Action: Director of Nursing and Governance** **Quality Board Visit to Hazelwood Unit – Social Worker Posts at Prospect Park Hospital** The Chief Operating Officer reported that there had been a number of conversations between the Trust and Reading Borough Council following their decision to re-locate two Social Worker posts away from the Prospect Park Hospital site. It was noted that the Trust was closely monitoring the impact of the move on both BHFT staff and patients. **The Trust Board**: noted the schedule of actions.
17/188	**Patient Story Video - Physiotherapy** (agenda item 6.1)
	The Trust Board watched a patient story video. The patient spoke about his positive experiences of using the Trust's Physiotherapy Service and the Integrated Pain Assessment and Assessment Service to support his recovery after cancer related surgery. The patient also spoke about the value of patient support groups. The Chief Executive said that the patient was very complimentary about the service he had received from the Trust but his story had highlighted an important area which was around supporting people post treatment. It was noted that the Integrated Pain Assessment and Assessment Service mentioned in the story was a multi-agency service. Chris Fisher, Non-Executive Director asked whether there was a potential risk around Commissioners making procurement decisions which could impact on Physiotherapy services and disrupt integrated care pathways. The Director of Corporate Affairs said that the East Commissioners were looking to develop a new approach to commissioning MSK services which if successful, would enhance the development of integrated care pathways. The Chief Executive said that it would be important that the Trust Board received a mix of both positive and negative patient stories. Mehmuda Mian, Non-Executive Director noted that the patient had spoken about the important role support groups played in aiding recovery and asked whether the Trust

	provided support to these groups. The Chief Executive said that the Health Hub maintained a directory of voluntary services. It was noted that the main way that the Trust supported patient groups was by providing premises in the evenings for groups to meet which helped to keep costs down. The Chief Operating Officer said that the Localities engaged with a number of patient groups and reported that there was a slot on the agenda of the quarterly performance meetings on reviewing carer and patient group activity and feedback. The Director of Nursing and Governance asked the Trust Board to give her feedback on the format of the patient story. There was general support for videoing the patient story and for having more patient stories as part of the Trust Board meeting. The Trust Board thanked the patient for sharing his story.
17/189	**Patient Experience Report Quarter 2 Report (agenda item 6.2)**
	The Director of Nursing and Corporate Governance presented the paper and highlighted the following points: • The formal complaint response rate, including those within a timescale re-negotiated with complainants was 100% for the quarter which continued to represent exceptional performance. • The top reasons for complaints during quarter 2 continued to be: care and treatment; attitude of staff; and communication. • During quarter 2, the Trust had received 59 complaints across a range of services. This was an increase of 17 compared with quarter 1. The increase in complaints related to the same services which had previously received higher numbers of complaints and included: Community Mental Health Teams and the Crisis Resolution Home Treatment Team. • The Friends and Family Test response rate was disappointing and the Trust was investigating other ways of trying to improve the response rate to at least 15%. Ruth Lysons, Non-Executive Director noted the top reasons for complaints were in respect of care and treatment and attitude of staff and asked how the Trust monitored these areas when staff went to visit patients in their own homes. The Chief Executive said that he signed all complaint letters and that in his experience very few complaints concerned home visits. The Chief Executive reported that the Trust recorded telephone calls and the recordings were used as part of the complaint investigation process. The Vice Chair asked why it was so proving to be so challenging to increase the Friends and Family Test response rate. The Director of Nursing and Governance said that one of the key reasons was that frontline staff did not recognise the value of the Friends and Family Test feedback process. The Director of Nursing and Governance agreed to update the Trust Board on the range of actions being undertaken to increase the response rate. **Action: Director of Nursing and Governance**

	Mark Day, Non-Executive Director noted that Trust received complaints via its local Members of Parliament (MPs) and asked whether the Trust proactively engaged with MPs. The Chief Executive reported that the Trust had a good relationship with its seven local MPs and that he was in regular contact with MPs and their offices. Ruth Lysons, Non-Executive Director asked what constituted a compliment. The Chief Executive said that in the main, recorded compliments tended to be in writing, for example, letters, cards and emails rather than verbal comments. Mehmuda Mian, Non-Executive Director asked whether the Trust Board received information about clinical claims and any other litigation activity against the Trust. The Chief Executive said that the Quality Executive Committee received claim reports and had raised the same issue about Trust Board oversight at the meeting on 13 November 2017. The Quality Executive Committee had proposed that a report on claims would be presented to the Audit Committee every six months. **Action: Director of Nursing and Governance/Company Secretary** **The Trust Board**: noted the report.
17/190	**Annual Research and Development Report** (agenda item 6.3)
	The Medical Director presented the report and highlighted the following points: • The Trust had its best year to date in terms of Research and Development and this was largely because of its close working relationship with the University of Reading. • The Trust had a small Research and Development Team which supported research initiatives but it was important to note that the Trust would never be able to compete with the large teaching hospitals which had significantly larger Research and Development functions. Ruth Lysons, Non-Executive Director commented that she fully supported the Trust's Research and Development Programme but asked whether it was the case that BHFT undertook a significant amount of work in identifying patients to participate in research programmes and supplied the data, but the academics who published papers received the kudos. The Medical Director said that before agreeing to participate in a research project, it was important that the Trust carefully considered the resource implications and any potential benefits for both patients and the Trust. The Medical Director said that in his experience research projects were "win-win" for both the academics and the Trust. Mark Day, Non-Executive Director said that it was important that the Trust played its part in Research and Development and asked whether the outcomes of research were disseminated to the staff who had undertaken the work for the research study. The Medical Director said that the Trust held a Research Club meeting and there was an open invitation for clinicians to attend and this provided an opportunity for the outcome of any research papers to be shared. **The Trust Board**: noted the report.

17/191	**Executive Report** (agenda item 7.1)
	The Executive Report had been circulated. The following issues were discussed further: **Temporary Staffing and Agency** Chris Fisher, Non-Executive Director asked whether the reduction in agency spending had plateaued and if it had, whether it had plateaued at the right point. The Director of Nursing and Governance said that in her view, the agency programme had plateaued, but the ban on using agency staff for certain administrative and clerical roles from 4th December 2017 would have a positive impact on reducing agency costs. **Workforce Shortages** The Chief Executive said that the national shortage of Psychiatrists and Registered Nurses continued to pose a significant challenge to the Trust and that it was the Trust's biggest risk on the Board Assurance Framework. **CQC Review of the Local System in Bracknell Forest** Ruth Lysons, Non-Executive Director referred to the comments made by the CQC Chief Inspector for Primary Care Services about the future challenges for the Bracknell Forest area which included workforce shortages and a shortage of care home places and asked whether anything would change as a consequence of the CQC's inspection. The Chief Executive said that Bracknell Forest was an area of high real estate costs and the only new care homes tended to be privately owned and therefore without increased national funding, it was unlikely that the Council would be able to increase its care home stock. **The Trust Board**: noted the report.
17/192	**Compassionate Leadership Programme: Progress and Evaluation** (agenda item 7.2)
	The Director of Corporate Affairs presented the paper and said that the Trust's two-day Compassionate Leadership Course and a one day Introduction to Compassionate Resilience had been developed with the aim of rolling the programme out across the Trust during September 2016 to March 2018. It was noted that the initial plan was to invite around 350 managers and senior clinicians to attend the two day course (18 individuals per cohort). The one day course was aimed at staff in non-managerial roles. At the beginning of 2017, the implementation plan was revised as it had become apparent that the two day teaching approach was likely to have more impact in terms of culture change if it was delivered to a core group of staff from each team rather than just the manager/team leader. The Director of Corporate Affairs reported that to support this approach, the Trust had developed the role of Compassion Champions who would support teams to develop their own compassionate charters.

	The Director of Corporate Affairs said that the Compassionate Leadership training had been well received by staff and that there was strong alignment with the Trust's Values and with the Quality Improvement Programme. Naomi Coxwell, Non-Executive Director (Elect) asked whether other Trusts had developed similar programmes. The Chief Executive said that other Trusts had developed elements of the programme, for example Mindfulness, but said that he was not aware of any similar programmes. Chris Fisher, Non-Executive Director asked how you measured the success of the programme. The Chief Executive said the King's Fund would be evaluating the effectiveness of the programme. The Chief Executive reported that the Trust's Organisational Strategy tracked the results of the staff survey year on year and that the staff engagement score was a useful proxy measure for staff satisfaction. It was noted that the Chair and the Non-Executive Directors would be attending a Compassionate Leadership programme training session early in the New Year (the Executive Team had already received Compassionate Leadership training). **The Trust Board**: noted the report.
17/193	**Month 6 2017-18 Finance Report** (agenda item 8.1)
	The Month 6 financial summary report had been circulated. The Chief Financial Officer reported that the Finance, Investment and Performance Committee meeting held on 25 October 2017 had reviewed the Month 6 Finance Report. The Chief Financial Officer presented the finance report and highlighted the following points: • As at Month 6 (mid-financial year), the end of year forecast was that there was a risk of around £0.9m to achieving the control total a year end. The £0.9m risk was the same amount as reported in Month 5 but there were two key items which had changed significantly over the course of September: o The Acute Overspill Placement position had improved by £1.3m following intense work undertaken which had reduced the forecast although the situation remained a highly variable area; and o The Out of Area Placements due to Independent Hospital/Specialist Placements position had worsened by -£1.1m. In month, two "new" patients had been placed. These patients had previously been Acute Overspill/Psychiatric Intensive Care Unit patients. There was also the risk of further patients being placed. • The Finance, Investment and Performance Committee was continuing to monitor the risks to the delivery of the financial plan and had agreed a number of mitigations which could be deployed, which were largely technical in nature, if the risk to the control total materialised. Chris Fisher, Non-Executive Director commented that closing the five beds on Bluebell Ward, Prospect Park Hospital meant that those patients were now being cared for by another providers and asked whether there were plans to re-open the beds, if the staffing

issues could be resolved.

The Director of Nursing and Governance said that the decision to temporarily close five beds was taken because of the patient safety issues of caring for patients on a 27 bedded ward when the national average for an acute mental health ward was between 15-18 beds.

The Director of Nursing and Governance said that she would present an option paper for Bluebell Ward at the December 2017 Trust Board meeting.

Action: Director of Nursing and Governance

The Vice Chair reported that the Chair had asked him to request that future Finance Reports include the revised end of year cash flow forecast.

Action: Chief Financial Officer

Naomi Coxwell, Non-Executive Director (Elect) said that there were two components which contributed to the level of Out of Area Placements: patient flow and length of stay.

The Chief Operating Officer reported that the Trust had undertaken detailed analysis as part of the Bed Optimisation Project and had identified inappropriate admissions, delayed discharges and length of stay as key areas for focus.

The Chief Operating Officer said that a range of actions had been put in place to address these issues but it would take time before any improvements made a significant impact on reducing the number of Out of Area Placements required and sustaining that improvement.

The Trust Board noted: the following summary of financial performance and results for Month 6 2017/18 (October 2017):

Year To Date (Use of Resource) metric:

- Overall rating 1 (plan 1)
  - Capital Service Cover 2.0 (rating 2)
  - Liquidity days 8.7 (rating 1)
  - Income and Expenditure Margin 0.60% (rating 2)
  - Income and Expenditure Variance 0.2% (rating 1)
  - Agency -28.3% (rating 1)

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

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

Month 4: £129k surplus (including Sustainability and Transformation funding), -£24k variance from plan:

Key variances:

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

Forecast

	The Trust was currently projecting a £0.9m risk to achieving the control total which would also mean a loss of quarter 4 sustainability and transformation funding of £0.6m (ie a total risk of £1.5m). This was due to increasing specialist and acute overspill placements. Both of these areas were the focus of intense work and the Trust was looking to mitigate the risk to the control total by the end of the financial year. **Cash:** Month 6: £22.3m (plan £19.1m) The variance to plan was primarily due to: • Year to Date capital underspend due re-phasing of the Estates and IM&T expenditure +£2.7m • NHS Property changes not yet received. **Capital expenditure Year To Date:** Month 6 £1,028k (plan £4,608k) The variance to plan was primarily due to: • Estates, extended timescales regarding ward configuration at Prospect Park Hospital (PFI), the majority of the budget was likely to be spent in the next financial year • IM&T, re-phasing of IT replacement programme £1.9m The variances were due to timing of spend rather than a reduction in the overall requirement. **The Trust Board**: noted the report.
17/194	**Month 6 2017-18 Performance Report** (agenda item 8.2)
	The Month 6 2017-18 Performance Summary Scorecard and detailed Trust Performance Report had been circulated. The Vice-Chair reported that the Finance, Investment and Performance Committee had scrutinised the Month 6 Performance Report at its meeting on 25 October 2017. It was noted that service efficiency and effectiveness and NHS Improvement (non-financial) were RAG rated red and contractual performance and people were RAG rated amber for month 6 (September). Chris Fisher, Non-Executive Director asked whether the Trust had a plan in place to address the non-compliance with the Seven Day Follow Up target (NHS Improvement non-financial section). The Chief Operating Officer reported that six patients had not received a Seven Day Follow Up and confirmed that each of the cases had been fully investigated and that remedial action had been taken. The Chief Operating Officer said that he hoped that the target would be back on track next month. The Chief Operating Officer said that if the target continued to be missed, he would bring a paper to the Finance, Investment and Performance Committee to consider what further action needed to be taken. **Action: Chief Operating Officer** **The Trust Board**: noted the report.

17/195	**Finance, Investment and Performance Committee Meetings – 27 September 2017 and 25 October 2017** (agenda item 8.3)
	Mark Lejman, Chair of the Finance, Investment and Performance Committee reported that in addition to the standing items, the Finance, Investment and Performance Committee meetings in September and October 2017 had discussed the actions being taken to reduce the level of Out of Area Placements as part of the Bed Optimisation Project and safe staffing. Mr Lejman reported that the Committee had also discussed the mitigations which could be deployed if the financial pressures due to the level of Out of Area Placements continued. The Chief Financial Officer reported that the Finance, Investment and Performance Committee meeting in January 2018 would receive a draft Financial Plan for 2018-19 and that this would then be submitted to the February 2018 Trust Board meeting. **Action: Chief Financial Officer** The Chief Executive reported that ten beds at West Berkshire Hospital had been temporarily closed because of patient safety concerns due to the number of staff vacancies. The Director of Nursing and Governance said that prior to the decision to close the beds, there had been three low level incidents at West Berkshire Community Hospital which had highlighted the need to take action in order to maintain safe staffing. **The Trust Board:** thanked Mark Lejman for his update.
17/196	**Strategy Implementation Plan Report** (agenda item 9.1)
	The Director of Corporate Affairs presented the report and said that there were no material risks to the delivery of the main elements of the strategy implementation plan. The Director of Corporate Affairs reported that as at the end of September 2017, good progress was being made with most of the initiatives being delivered to the expected time frames or with minor slippage. The report set out in detail which programme activities had slipped in their delivery dates and any activities which were at material risk of delivery (RAG rated red) and any projects which would not be delivered (RAG rated purple). Ruth Lysons, Non-Executive Director referred to the West Berkshire Community Hospital New Renal and Cancer Care Unit and asked whether the slippage in the target completion date was significant. The Chief Executive said that the project was not materially behind schedule. **The Trust Board**: noted the progress made against the plan and the revised target dates as set out in the report.
17/197	**Mental Health Strategy Progress Report (agenda item 9.2)**
	The Director of Corporate Affairs presented the report and highlighted the following points: • The progress report provided an overview of the changes since the last update report presented to the Trust Board in May 2017. • The Trust was now part of a group of Accountable Care System Mental Health Leads established in October 2017 with support from Claire Murdoch, National Mental Health Director for NHS England.

	• The Trust had started to explore the opportunity to join up strategic planning across the Accountable Care System Commissioners and Providers on a Berkshire-wide basis. • Health Education England published *Stepping Forward to 2010/21: Mental Health Workforce Plan for England* in July 2017 which set out workforce changes required to deliver the *Five Year Forward View for Mental Health* and *Future in Mind*. • Mental Health Workforce Plans would be required at a Sustainability and Transformation Partnership (STP) level linked to the national plan and progress against local mental health delivery plans. • The Trust anticipated the continuation of the process used by NHS England to provide non-recurrent funding to support progress against the *Five Year Forward View for Mental Health* targets. This required bids to be submitted at an STP level and commitment to ongoing funding from the Clinical Commissioning Groups. • The Mental Health Strategy priorities were being reviewed to ensure that there was alignment with the Quality Improvement Programme "True North" metrics. The Vice Chair reported that the Chair had asked him to raise the issue of the different East and West Accountable Care Systems' mental work programmes and to ask whether there was a danger that this would hinder the Trust in its ability to deliver consistent mental health services across the whole of Berkshire. The Director of Corporate Affairs said that she was not aware of any significant conflicting areas of work between the East and the West Accountable Care Systems (ACS) and pointed out that the Trust participated fully in both ACS's. **The Trust Board:** noted the update report.
17/198	**Audit Committee Minutes – 25 October 2017 (agenda item 10.1)**
	The minutes of the Audit Committee held on 25 October 2017 had been circulated. Chris Fisher, Chair of the Audit Committee reported that the Audit Committee had discussed the Trust's liabilities under the Clinical Negligence Scheme for Trusts (CNST) and noted that the Trust's CNST premiums were calculated on the basis of the Trust's claims history. The Chief Executive commented that services such as the Out of Hours GP Service provided by Westcall and services to particular groups of patients, for example, end of life, pregnant women and young children posed the biggest risk in terms of clinical claims. Mr Fisher reported that following the Committee's review of the risks on the Board Assurance Framework (BAF), he had met with the Director of Corporate Affairs to discuss workforce planning (BAF risk 1). Mr Fisher reported that the Committee was varying its approach to how it reviewed the Board Assurance Framework and reported that the October 2017 had received a report setting out more information about the gaps in controls or assurance in respect of the individual risks. It was noted that at the January 2018 meeting, there would be a report on the evidence to support that the mitigations were effective in managing the risks on the BAF. Mr Fisher reported that the Committee had also reviewed and approved the Charitable Funds Annual Report and Accounts 2016-17. It was noted that there was a meeting of Corporate Trustees after the Trust Board meeting to approve the Charitable Funds Annual

	Report and Accounts. The Vice Chair referred to minute 5A (BAF – Gaps in Controls and Assurance) and asked Mr Fisher for more information about the handover he had observed on a recent evening visit to Prospect Park Hospital. Mr Fisher said that he had been surprised that staff were not using an electronic system for the handover process. The Director of Nursing and Governance said that the Trust had done a lot of work to improve the effectiveness of the handover meeting and in particular making sure that the new shift were appraised of any patient risk factors. The Vice-Chair asked whether there were systems in place to report any financial losses due to out of date medication stocks. Mr Fisher said that losses and special payments above a certain threshold were reported to the Committee. **The Trust Board:** thanked Chris Fisher for his update.
17/199	**Corporate Risk Register – New Severe Risk – Cyber Security and Malware (agenda item 10.2)**
	The Chief Financial Officer reported that a new severe risk in relation to cyber security and malware had been added to the Corporate Risk Register. It was noted that the Trust had not been affected by the recent malware issue which had caused significant disruption to services in a number of NHS organisations. The Chief Executive commented that the Trust was heavily reliant on electronic systems and that if the IT system was compromised, it would have a significant impact on the Trust's operations. The Chief Financial Officer reported that the Trust was investing in additional software to increase its cyber security. Ruth Lysons, Non-Executive Director asked for assurance that the third party companies the Trust used in its data management and storage had robust cyber and anti-malware security systems. The Chief Financial Officer said that he would review the contracts with the relevant companies. **Action: Chief Financial Officer** Naomi Coxwell, Non-Executive Director (Elect) commented that cyber security was a global threat and asked what systems and processes were in place to ensure that its anti-malware system was kept up to date in order to deal with any new threats. The Chief Financial Officer said that the Trust undertook regular IT penetration testing and received automatic patches from software companies to mitigate any new risks. Ms Coxwell asked whether the Trust had outsourced its IT function. The Chief Financial Officer confirmed that the Trust had an in-house IT Department. Chris Fisher, Non-Executive Director and Chair of the Audit Committee proposed that the Audit Committee receive a "deep dive" report on IT business continuity. **Action: Chief Financial Officer/Chief Operational Officer** The Trust Board noted the addition of a new severe risk on the Corporate Risk Register in relation to cyber security and malware.
17/200	**Council of Governors Update** (agenda item 10.3)
	The Company Secretary reminded the meeting that the Joint Trust Board and Council of

	Governors meeting on 22 November 2017 was the annual strategic planning meeting. **The Trust Board:** noted the update.
17/201	**Any Other Business** (agenda item 11)
	There was no other business.
	The Vice Chair concluded the meeting and thanked the observers for attending.
17/202	**Date of Next Meeting** (agenda item 12)
	Tuesday, 12 December 2017
17/203	**CONFIDENTIAL ISSUES:** (agenda item 13)
	The Board resolved to exclude press and public from the remainder of the meeting on the basis that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.

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

Signed……..Date 12 December 2017
(Martin Earwicker, Chair)

Berkshire Healthcare NHS
NHS Foundation Trust

AGENDA ITEM 5.2

BOARD OF DIRECTORS MEETING: 12/12/2017

Board Meeting Matters Arising Log – 2017 – Public Meetings

Key:

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

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
11.04.17	17/057	Workforce Implementation Plan	The next update report to identify the initiatives aimed at specific staff groups together with the impact of the actions taken.	12.12.17	**BS**	Workforce Strategy update report in on the agenda for the meeting
12.09.17 14.11.17	17/153 17/187	Patient Experience Quarter 1 Report Matters Arising	The Director of Nursing and Governance to consider ways of obtaining feedback from patients on Campion Unit for inclusion in future reports. Update – the feedback to be included in the Quarter 3 report.	13.02.18	**HM**	
12.09.17	17/162	Audit Committee minutes	A summary of the internal audit plan to be presented to the Trust Board along with the	13.02.18	**JH**	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
			relevant meeting of the Audit Committee which approved the audit plan.			
14.11.17	17/189	Patient Experience Quarter 2 Report	The Trust Board to be updated on the range of actions being undertaken to increase the Friends and Family Test response rate.	12.12.17	**HM**	An update is included in the Executive Report
14.11.17	17/189	Patient Experience Quarter 2 Report	The Audit Committee work planner to be undated to include six monthly reports on clinical claims and litigation.	12.12.17	**JH**	The Audit Committee workplan has been updated
14.11.17	17/193	Month 7 Finance Report	An options paper for the number of beds on Bluebell Ward to be presented to the Trust Board.	12.12.17	**HM**	A paper is on the Trust Board Agenda.
14.11.17	17/193	Month 7 Finance Report	The Finance Report to include the revised end of year cash flow forecast in future reports.	12.12.17	**AG**	Included in the month 7 Finance Report.
14.11.17	17/194	Month 7 Performance Report	A paper to be presented to the Finance, Investment and Performance Committee if the Trust missed NHSi's 7 Day follow up target in quarter 2.	12.12.18	**DT**	The Trust achieved NHSi's target for 7 day follow ups in quarter 2.
14.11.17	17/194	Month 7 Performance Report	The Draft Financial Plan to be submitted to the January 2018 Finance, Investment and Performance Committee and to the	13.02.18	**AG**	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
			February 2018 Trust Board meeting.			
14.11.17	17/199	Corporate Risk Register – Cyber Security and Malware	The Trust's IT contracts with third party companies to be checked to ensure that they had robust cyber and anti-malware security systems.	12.12.17	**AG**	New systems are subject to risk analysis and security review. Previously targeted Internal Audit Reviews to existing externally hosted systems. No material issues and minor non conformities addressed through routine audit report process. All internal systems covered by annual cyber security report and ISO27001 compliance audits. Scheduled external cyber security essentials plus audit for February 2018, through NHS digital and GDE programme. National

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
						systems such as ESR are certified by NHS a digital.
14.11.17	17/199	Corporate Risk Register – Cyber Security and Malware	A “deep dive” report on IT business continuity to be submitted to the Audit Committee.	31.01.18	**AG**	This has been added to the Audit Committee’s work programme.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	12 December 2017
Title	**Board Visit Report – Orchid Ward**
Purpose	To receive the report of the Board Visit undertaken by Ruth Lysons, Non-Executive Director
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	1. To provide safe services, good outcomes and good experience of treatment and care
CQC Registration/Patient Care Impacts	Providing additional Board level assurance on patient safety and quality of care
Resource Impacts	None
Legal Implications	None
Equalities and Diversity Implications	N/A
SUMMARY	Board members conduct 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 Visit report is selected for inclusion on the agenda for discussion.
ACTION REQUIRED	To receive and note the report and discuss any matters raised.

Berkshire Healthcare NHS
NHS Foundation Trust

BERKSHIRE HEALTHCARE BOARD VISIT TO ORCHID WARD, Prospect Park Hospital, 7 November 2017

People participating:

Ruth Lysons, NED
Lelia, Deputy Ward Manager
Dr Beckett, Consultant
Cris Spring, Senior Nurse & Ward Manager
Gemma, Staff Nurse

Introduction

On arrival at the Hospital, I was welcomed very courteously by the receptionist and asked to sign-in. Cris Spring met me at reception and took me directly to the "Bed Management" meeting. After this, Cris took me to Orchid Ward, where we had a good discussion, before Lelia showed me around the Ward.

"Bed Management" Meeting

This forum for managing the flow of patients into and out of the In-patient wards, is a new innovation since my last Board Visit to PPH. Previously a daily conference call was in place. The new meeting is held daily in "Bird table" style, with a set agenda, and all attendees standing, to keep discussions focused and the duration down to 30 minutes. The meeting involved the designated Bed managers from each ward, another representative from each ward, the Senior nurses (Cris and Michelle), the Mental Health in-patient Service manager (Kenny Byrne) and a representative from Community and Crisis resolution teams. On the day I visited, there were 2 more patients needing beds, than there were beds available. This conclusion being drawn in spite of robust but professional consideration of 2 patients who were ultimately excluded from the list because they were "out of area" (registered with GPs outside Berkshire), and a person for whom a "warrant" had not been issued to transfer them from the care of the Ministry of Justice. I was impressed to observe, that in addition to the "patient flow", the meeting also considered the acuity of the current patients, in order to ensure that staffing levels of each ward reflected the needs of its patients. It was also very encouraging that the needs of patients who might have potential delayed transfers of care (eg homeless people), were being noted for action, even before they were admitted to PPH.

The work of Orchid Ward

- **The Clientele.** This is an acute Mental Health ward with 20 beds, caring for "older adults" (defined as over 70 years old by West Berkshire commissioners, and over 75 years old by East Berkshire). There is some flexibility over the age of patients, and Cris assured me, that the main priority was to ensure patients were accommodated on wards which were most appropriate for their needs. The patients have functional Mental Health disorders (eg depression or schizophrenia), but dementure patients are not allocated to Orchid Ward, unless they are "high functioning". Due to their age, patients also often have physical health problems, and need help with their personal care.
- **The Ward.** The ward was busy but calm and clean when I visited. Lelia showed me around, highlighting the clinic room, the activity room, patient kitchen, laundry, television lounges and patient bedrooms. When I visited there was 95% occupancy of beds, but I was told that Orchid is generally managing to maintain around 75% bed occupancy with an average length of stay of 42 days.
- **The service.** The ward provides medical and nursing care, and administers medication, psychological and occupational health therapies. Various activities are time-tabled for patients, including access to the Gym and Therapy Centre, which are shared between the wards in PPH. Psychological treatments include well-being, relaxation, Tai Chi and pottery.
- **The team.** The ward has a multidisciplinary team comprising:
    - 1 x Ward manager (currently Cris on an interim basis, with a substantive appointment planned for January)
    - Doctors (2 Consultants, supported by junior doctors)
    - 3 x Band 6 nurses
    - 10 x Band 5 nurses (currently 2 of these are vacancies, but there is an imminent appointment to one of these)
    - 2 x Band 4 posts
    - 7 x Band 3 posts
    - 8 x Band 2 healthcare assistants (currently 3 vacancies, but 2 have been recruited)
    - 1 psychologist, 1 assistant psychologist and 2 occupational health therapists line-managed separately by the Therapy team.

Observations and Discussion points

- **Staffing.** It was very nice to hear predominantly positive perspectives on staffing. The level of nursing vacancies was relatively low (5 in total, with 3 of these already recruited), and most of the "un-staffed" shifts being covered by the ward's own staff, via the Bank. However, Chris was concerned about the extent of staff sick-leave, which he was striving to reduce, in order to achieve greater stability. He said that the

introduction of “long day” working is proving very popular with staff, but can be quite challenging to manage. Dr Beckett, who was on the ward when I visited, told me that medical staffing was now feeling more stable, and consequently doctors felt more supported. He felt that high staff turnover generates instability, which itself causes people to leave – so the improved staffing situation (for which Dr Irani’s efforts were recognised) was extremely beneficial for staff morale. Let’s hope that this can be maintained!

- **Balance of Patient Care Requirements.** Many patients on Orchid Ward have physical as well as mental health problems. This leads to relatively frequent interchange of patients between PPH and the Royal Berkshire Hospital. Lelia felt that more procedures (such as administration of intra-venous fluids) should be done on Orchid ward, rather than the disruptive and resource hungry approach of escorting patients by ambulance to the RBH. Cris acknowledged that staff may sometimes display a lower “risk appetite” for physical health care, and therefore refer patients “defensively” to RBH on occasion. I understand that a Business Case has been prepared for a Physical Health Lead Nurse for Orchid Ward. On the basis of my conversations at this visit, it appears that this could be a very helpful innovation, which could improve patient experience.
- There was also discussion about the “*staff mix*” on Orchid Ward, given the relatively high demand for assistance with personal care (showers, incontinence management, dressing etc). There was a suggestion that more healthcare assistants and fewer psychologists might sensibly be assigned to the ward. However, there is clearly a need to keep sight of the purpose of the ward in treating mental health problems, and not only a provider of physical care.

- **Electronic prescribing of medicines (EPMA).** In October, Orchid Ward became the first in PPH to “go live” with EPMA. Everyone I spoke to was extremely pleased with the system. It now means that medicines can be prescribed remotely by doctors and pharmacy reviews are conducted electronically. The system clearly flags when patients are due to receive medication, and errors due to troublesome handwriting are eliminated. All in all this system appears to save time as well as eliminating many of the key risks relating to administration of medicines.
- **Key Risks.** Cris told me that the key risks on Orchid Ward are falls and choking. *Falls* are a particular issue due to the combination of frail patients located in a ward with numerous corridors and corners, in which walking aids can get entangled. There is no dedicated assistive technology in use on this ward. Cris considers that the risks from cables linked to sensors may be greater than the benefits. However, he felt that the technology is continually improving and may be helpful in future.
- There was a very unfortunate *Choking* incident on the ward relatively recently, and Cris said that all staff were acutely aware of this, and very focused on taking actions to manage this risk.

Conclusion

I was very reassured by my visit to Orchid Ward. As a ward for older adults with functional mental health problems, it has a different “feel” from other PPH wards, and presents different challenges for staff. The balance of care provision in relation to patients with both physical and mental health needs is a significant consideration. The degree of interaction between Orchid ward patients and the RBH clearly needs careful management, to ensure patients are safe, but that their experience is not worsened by unnecessary transfers between these hospitals. The prospect of appointing a lead nurse for physical health, would seem to be a very helpful way of honing this balance.

Given the considerable efforts which Directors and others have made to improve the difficult staffing situation at PPH, it was very heartening to note that vacancy levels are low on Orchid Ward, and that the nursing and medical staffing position appeared considerably more stable than previously.

The successful early adoption of the new electronic prescribing system (EPMA) was clearly a source of great pride to all the staff I spoke to on Orchid ward. They were all emphatic about the improvements EPMA offered for both ease of use and patient safety.

I should like to thank Cris and Lelia for their time with me, and more importantly, for their expertise and dedication to the care of BHFT patients.

Ruth Lysons 10 November 2017.

Trust Board Paper

Board Meeting Date	12th December 2017
Title	Bluebell Ward Bed Closure Option Appraisal
Purpose	The purpose of this report is to provide an option appraisal around Bluebell Ward bed closures
Business Area	Nursing & Governance
Author	Helen Mackenzie, Director of Nursing and Governance
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and supports maintaining good patient experience
Resource Impacts	There is a potential impact of £500k to the trust if the recommendation is agreed
Legal Implications	N/A
Equality and Diversity Implications	N/A
SUMMARY	In June 2017 the decision to close 5 beds on Bluebell Ward was taken in light of quality and safety concerns. This paper gives details of a literature review, benchmarking information regarding bed numbers and occupancy levels and the options available to the trust regarding the number of beds on Bluebell Ward. Cost implications are highlighted in the paper. From the information available a recommendation is made to permanently close 5 beds on Bluebell Ward.
ACTION	The Board is asked to: Consider the report and agree the recommendation to permanently close 5 beds on Bluebell Ward.

Bluebell Ward Bed Closure Option Appraisal

1. Introduction

On 27th June 2017 a patient died on Bluebell Ward through self-strangulation. As a consequence of this an immediate safety review was conducted and the Care Quality Commission (CQC) became involved.

Bluebell Ward had 27 beds open. Both the ward manager and the nurse consultant informed the director of nursing that it was impossible to manage 27 patients on one ward. A CQC inspection during May had resulted in three compliance actions being placed on Bluebell Ward and when the CQC were informed about the death they explained that this death increased their concerns about the ward. They further explained that Bluebell Ward was an outlier in the number of beds available and questioned as to whether this compromised safety.

In conjunction with the Chief Executive, Chief Operating Officer and Director of Nursing a decision was taken to close 5 beds and maintain the same level of staffing as if the ward were 27 beds. The CQC were informed and as consequence no enforcement action was placed on the trust.

The purpose of this paper is to provide options for the Trust Board to consider in relation to Bluebell ward and whether the 5 beds should remain closed.

2. Literature Review

2.1 Ward size

A literature review was completed searching for guidance on the optimal number of beds for acute inpatient mental health wards. None of the sources/documents examined gave an official national recommendation for the number of beds in an acute adult inpatient ward.

However the review found the following recommendations for ward size:

1. Royal College of Psychiatrists (2011) Ten standards for adult in-patient mental healthcare

   Recommends a ward size maximum of 18 beds

   General adult wards should not have more than 18 beds on any one ward. Larger wards can seem institutional and can contribute to patients feeling less safe. Integral to effective treatment and recovery is a good relationship between the patient and the staff, coupled with a tailored approach to the individual's needs and careful planning of their care pathway. This can be more difficult to build and sustain with greater numbers of patients on wards. Smaller wards also permit a more personal and comfortable environment.

2. Sainsbury Centre for Mental Health (2002) Acute Inpatient Care

   Recommends between 10 and 15 beds per ward, with units of between 3 and 5 wards; no more than two storey high

3. Royal College of Psychiatrists (1998) Not Just Bricks and Mortar
   Indicated that the size of an acute psychiatric ward seemed to be converging internationally around a figure of 15 beds

2.2 Bed Occupancy

As part of the review it was clear that bed occupancy rates of 85% or less were recommended.

A bed occupancy rate of 85% is seen as optimal. This enables individuals to be admitted in a timely fashion to a local bed, thereby retaining links with their social support network, and allows them to take leave without the risk of losing a place in the same ward should that be needed. Delays in admission, which result from higher rates of bed occupancy, may cause a person's illness to worsen and may be detrimental to their long-term health.

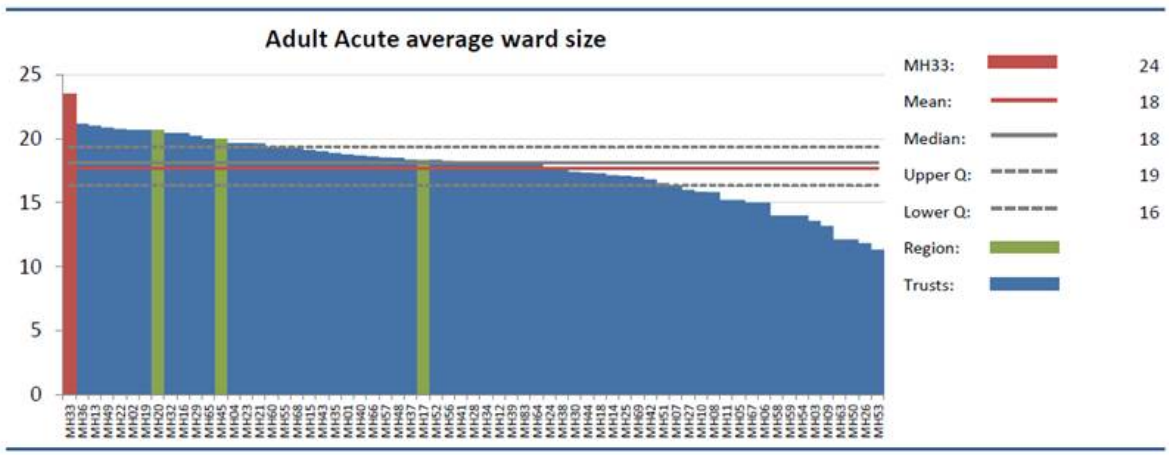
This recommendation is supported by Royal College of Psychiatrists and Joint Commissioning Panel for Mental Health,

2.3 Conclusion from literature review.

Based on the literature review, which is limited in size, the following can be concluded that a ward size between 15 and 18 beds with an occupancy rate of 85% is optimal.

3. Benchmarking Ward Size

NHS Benchmarking report for Inpatient and Community Mental Health (August 2017) indicated that the average number of beds for an acute adult inpatient ward was 18. The table below indicates the average ward size for acute adult service and shows the position for Berkshire Healthcare FT (MH33 in red):



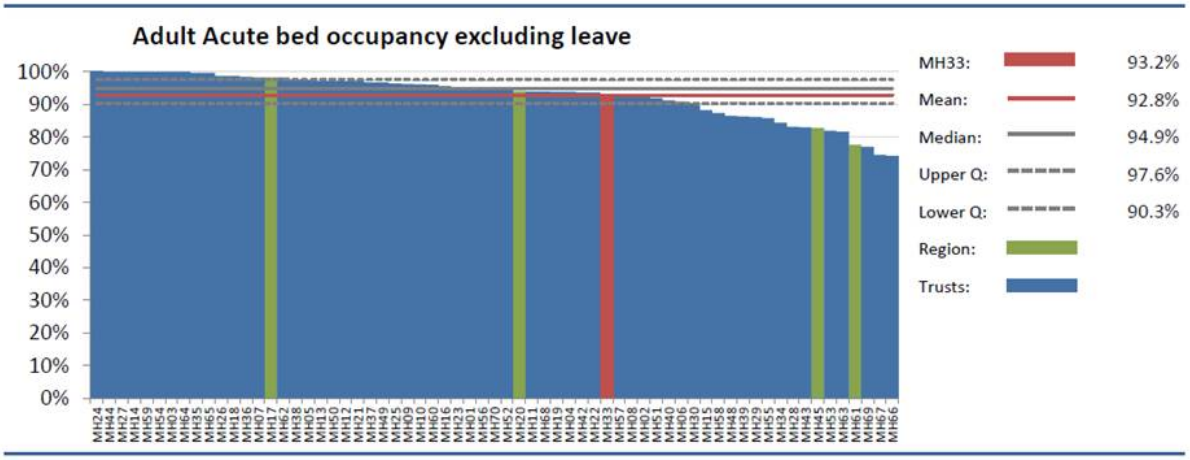
BHFT can be seen as an absolute outlier, nationally, in terms of average number of beds per ward.

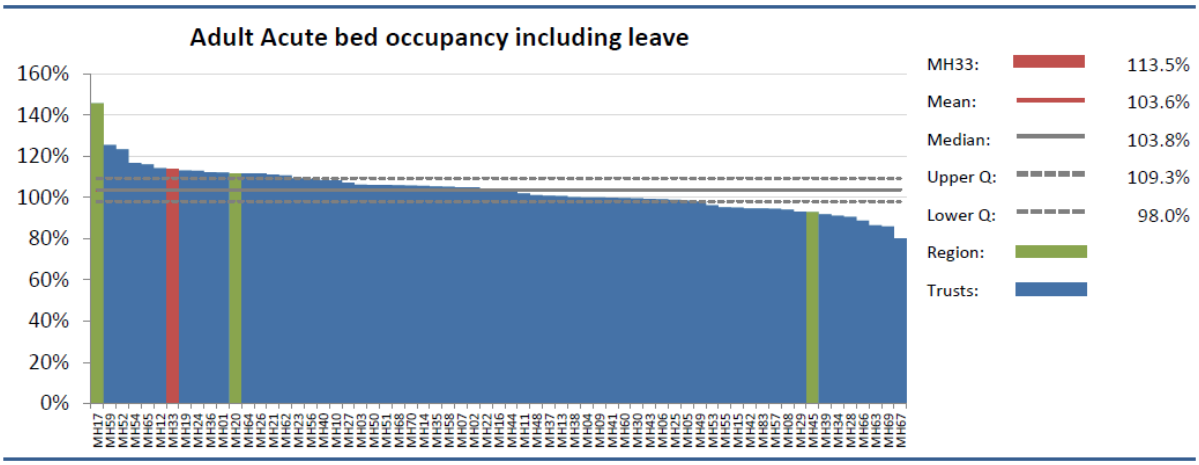
4. Prospect Park Hospital Number of Beds on acute adult inpatient wards

Ward	Number of Beds
Bluebell	22 (with 5 beds closed)
Daisy	23 (two of which are classified as Detox but

	are used as acute most of the time)
Rose	22
Snowdrop	22

5. Benchmarking Bed Occupancy (with Bluebell working as 27 bed ward)





The two tables above show that our bed occupancy rate is 93.2% excluding leave and 113.5% including leave. As noted previously best practice indicates that an occupancy rate of 85% excluding leave is optimal as this allows patients to be readmitted to the same ward if required from trial leave.

6. CQC position

The CQC have stated that they wish to see Bluebell remain 22 beds with staffing levels for 27 beds. The Director of Nursing has committed to informing the CQC if this position changes and it is possible that the change might result in enforcement action as they remain very concerned about the care on Bluebell Ward not only as a result of the death reported in June.

NB Staffing levels at Prospect Park are subject to a separate review.

7. Discussion

The optimal mental health inpatient provision is on an 18 bedded ward, local to home with an occupancy rate of 85%. This optimal provision is not a choice available for the trust and therefore we have to work to mitigate the risks to ensure our patients receive as optimal care as possible.

Reducing beds on Bluebell Ward brings it in line with our other acute wards however it does mean that there are 5 less acute beds in Berkshire, potentially leading to patients being placed out of area which is not optimal.

There are a number of workstreams progressing to manage the bed stock:

- The bed optimisation programme is seeking to mitigate out of area placements.
- In the first six months of 2017/18 there has been an average of 10% of patients delayed in hospital without medical need. This has meant that at any one time approximately 9 acute beds have not been available. A focus across on reducing delays will release beds as will overall reducing our length of stay.
- Patients with a diagnosis of emotionally, unstable personality disorder are admitted for too long periods against NICE guidance and the proposed cluster 8 programme will reduce the number of admissions of patients with this diagnosis in the medium term.

The Chief Operating Officer is leading an external review mental health bed provision based on population needs to 2030. This work will enable the system to understand how many beds are required.

By implication if the number of beds on Bluebell Ward are increased, patients placed out of area potentially decrease however local patient safety concerns significantly increase.

8. Options for Bluebell Ward

As indicated previously the purpose of this paper is to bring forward options for Bluebell Ward based on current evidence.

Option 1 – Bluebell Ward – 27 beds

Advantages:

- Patients are not placed out of area reducing the risk on discharge
- Additional cost avoided (potentially £500k)

Disadvantages:

- Patient safety concerns increase around management of the number of patients on the ward
- Staff morale impacted
- Ward size is much greater than recommendations
- CQC concerns increase, regulatory action possible
- Trust remains a significant outlier in ward size compared nationally

Option 2 – Bluebell Ward – 22 beds, with 5 beds closed permanently

Advantages:

- Number of beds is the same across all wards
- Staff are more able to manage patient safety
- Staff morale
- CQC remain satisfied with the action taken

Disadvantages

- Bed numbers still not optimal
- Cost of out of area placements if workstreams are unsuccessful potentially £500k

Option 3 – Reconfigure Bluebell Ward into two wards

In discussions with Estates the environment is not suitable to be reconfigured. Dismissed as an option

Option 4 – Open Jasmine Ward as an acute inpatient ward, keeping Bluebell Ward with 22 beds. Dismissed as cost prohibitive

Advantages:

- Additional 9 beds avoiding out of area placements
- Bed number well within optimal boundaries

Disadvantages:

- Ward would need to be recommissioned at a cost of £10 - £12k
- Staff costs approximately £1.2m
- Staff would be agency and therefore increasing risks around patient safety even if some permanent staff were relocated from other wards, the increase in agency would destabilise other areas
- Number of patients delayed has potential to increase
- Implementation time
- Campion move to Jasmine and relocation of Willow House to Campion and Hazelwood would be prevented.

9. Recommendation

The Quality Executive Group has reviewed the options and recommends option 2 to the board:

> *Bluebell Ward continues as 22 beds with 5 beds closed permanently, as it more readily meets the needs of patients, prevents regulatory enforcement action by the CQC and with the bed management workstreams working optimally, the 22 beds can be sustained.*

Helen Mackenzie

Director of Nursing and Governance

30th October 2017

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	12th December 2017
Title	Quality Impact Assessment Review
Purpose	The purpose of this report is to provide assurance to the board on quality impact assessment process followed for 2017/18.
Business Area	Nursing & Governance
Author	Helen Mackenzie, Director of Nursing and Governance
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and supports maintaining good patient experience
Resource Impacts	Non achievement of recurrent cost improvement plans puts the trust at risk of not achieving the control total.
Legal Implications	N/A
Equality and Diversity Implications	N/A
SUMMARY	The Quality Impact Assessment has concluded for 2017/18 and this report provides assurance to the board on the process followed and the steps to be taken in early 2018/19 to check that quality impact has not occurred.
ACTION	The Board is asked to: Note the report

Berkshire Healthcare NHS
NHS Foundation Trust

Quality Impact Assessment Review

Introduction

Boards have an obligation to maintain or improve quality. Quality and efficiency go hand in hand with improved services often costing less. The continuing requirement for Trusts to achieve an annual efficiency target means that as the years progress how this efficiency is achieved becomes more challenging. For 2017/2018 the cost improvement plan (CIP) target for Berkshire Healthcare FT is £4,708k. The Board is responsible for assuring that the plan is deliverable and not detrimental to quality of patient care.

This reinforces the need to focus on the impact on quality of the savings schemes identified as part of the CIP. To do this effectively, the right information is needed in order to understand the potential risks to quality and plans need to be put in place to ensure action is taken before quality deteriorates. If there is a negative impact on quality, the board will be made aware as soon as it occurs.

The responsibility for completing a quality impact assessment (QIA) relating to a CIP or service change in a locality rests with the Clinical Lead and Clinical Director. The Director of Nursing and Governance and Medical Director will provide a quality assurance function. Commissioner medical and nurse directors are required to provide a quality assurance function to their Clinical Commissioning Group Boards and NHS England. Monitor has specifically stated that they will judge Foundation Trusts as having poor governance if this process is not followed.

Following the Francis Report, all Directors of Nursing will be held to account for ensuring quality is maintained and that they report to the Board if they believe their concerns have not been heeded. It is a contractual requirement that the Director of Nursing reports quarterly to commissioners on statements made to the Board about changes to workforce she does not support or those that have not been brought to her attention.

A QIA has to be undertaken for all CIPs and service changes that have a potential impact on quality, safety, and workforce or on the working arrangements for staff. The majority of QIAs will be undertaken as part of the annual planning cycle when CIPs are agreed by individual localities and at Trust level. QIAs will also be undertaken when further in-year CIPs or service changes that may impact on quality and safety are agreed.

2017/18 QIA Process

The following new CIPs were proposed for 2017/18

- Operational Vacancy
- Corporate Back Office
- Operational Management and support
- Procurement 300k – not subject to QIA process
- Discretionary Spend 100k– not subject to QIA process
- Estates Strategy 200k – not subject to QIA process as savings not identified
- OAPs 500k – not subject to QIA process as savings not identified
- Unallocated / Possible STP 850k – not subject to QIA process as savings not identified

QIAs have been completed over the first two quarters of the year. Each completed QIA details actions to be taken and as a consequence savings to be achieved along with mitigation, if quality is perceived to have potential to be impacted.

QIA assurance process is displayed in table 1 below:

Scheme	£k	Comments
Operational Vacancy	1.156	Each service and in some instances teams have submitted QIAs where savings are to be made. The majority of savings are being released as a result of posts being empty for at least 6 months without impact on service provision. The senior clinical director has probed efficacy for each QIA and made a recommendation for approval. This scheme has not produced the high level savings opportunity identified by the finance team and agreed for inclusion in the initial plan by the Executive/Board.
Corporate Back Office	1,002	Unlike previous years the corporate back office has also been subject to the QIA process.

		Each service and in some instances teams have submitted QIAs where savings are to be made. The majority of savings are being released as a result of posts being empty for at least 6 months without impact on service provision. The senior clinical director has probed efficacy for each QIA and made a recommendation for approval. This scheme has not produced the high level savings opportunity identified by the finance team and agreed for inclusion in the initial plan by the Executive/Board.
Operational Management and Support	600	The Chief Operating Officer has started to review his directorate structure. In 2017/18 one clinical director role has not been filled and as a consequence is not being replaced. The locality and clinical director structure has been under review and changes are to be implemented. This scheme has not produced the high level savings opportunity identified by the finance team and agreed for inclusion in the initial plan by the Executive/Board.

The trust is offsetting its recurrent cost improvement challenge with its underlying vacancy factor. Lack of workforce is our most significant risk.

Quality Assurance Statement

In March and April 2018 a post implementation QIA will be completed to check that quality has not been affected by the savings made. Each service affected by a cost saving has completed a QIA which has been recommended to the Director of Nursing for approval by the senior clinical director. Where concerns have arisen the QIA would be discussed with the Medical Director, however no concerns have arisen and therefore the Director of Nursing has approved each QIA. Where quality concerns have existed during 2016/17 and 2017/18:

- All inpatient areas
- Community nursing teams
- Child and Adolescent Mental Health Services
- Crisis Response and Home Treatment Teams
- Community mental health teams
- Common Point of Entry
- Mental Health Act compliance

the MD and DON have not supported savings proposed in these services, to do so would require savings to be achieved as part of an overarching service redesign as opposed to an individual team basis.

To conclude the DON recommends that the QIA process for 2017/18 has been robust and that appropriate mitigations are in place to prevent an impact on quality of care and service provision as a result of implementing cost improvement plans.

Helen Mackenzie

Director of Nursing and Governance

Trust Board Paper

Board Meeting Date	12th December 2017
Title	Community Mental Health Team Annual National Survey Results
Purpose	The purpose of this report is to provide the Board with information on mental health patient experience within the trust
Business Area	Nursing & Governance
Author	Liz Daly, Head of Engagement and Service User Experience Jayne Reynolds, Deputy Director of Nursing Helen Mackenzie, Director of Nursing and Governance
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and supports maintaining good patient experience
Resource Impacts	N/A
Legal Implications	N/A
Equality and Diversity Implications	Patient experience has equality and diversity implications and this information is used to consider and address these.
SUMMARY	Each year all mental health trusts undertake a national survey of patients who have had contact with their mental health services. There are two papers included one which provides the results of Berkshire Healthcare Foundation Trust survey and one from NHS Improvement which provides national comparison. The Trust has been rated amber across all 10 sections which is the same as last year. When reviewing the detail of the 10 sections we improved in 6, stayed the same in 1 and a small decline in 3 (although against comparisons we were still nearer the highest score than the lowest.) When reviewing the detail of the questions within each section satisfaction had increased in 24, decreased in 15 and stayed the same in 3. The results will be shared with services and areas of

	action agreed. The NHSi paper indicates that the Trust is in the upper quintile for patient experience.
ACTION	The Trust Board is asked to: Consider the report

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Annual Community Mental Health Survey 2017

1. Introduction

The annual CQC Community Mental Health Survey for 2017 was published on 15th November 2017 and is based on a survey of over 12,139 patients who received care between September and November 2016. A sample of patients were sent the annual community mental health survey (generated at random on the agreed national protocol) from people seen between 1 September and 30 November 2016. The Trust had an overall response rate of 29%.The survey included 32 questions, with each question receiving a score and banding with the latter indicating whether a trust is above, below or within the expected range.

The published data set also includes a comparison with the equivalent question in the 2016. The community mental health survey is part of the CQC survey programme. And the overall experience question on the survey forms part of the NHSi Standard Oversight Framework. The results from the benchmarking reports form part of the 'insight' that feeds into monitoring quality and performance.

The survey is just one way trusts gauge the views of people who use services, all also have to offer service users the opportunity to comment on services using the Friends and Family Test. 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.

2. Trust level results

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.

The trust has been rated amber across all 10 sections which is the same as last year however there has been improvement within three areas which are highlighted below:

When you tried to contact Crisis Care, did you get the help you needed? We were in the lowest range for this question, rated as red. The latest survey results show a significant increase in satisfaction for patients contacting the crisis team, good improvement and recognises the work undertaken within the team.

	2017			
Crisis Care	Trust Score	Comparison with 2016	Lowest Nat Score	Highest Nat Score
Section Score	6.9	↑	5.1	7.3
Do you know who to contact out of office hours if you have a crisis?	7.7	↑	5.5	8.6
When you tried to contact them, did you get the help you needed?	**6.2**	↑	4.2	6.9

Changes in who people see: What impact has this had on the care you receive? We scored Green. This was the highest score of all Trusts for this question and considering the workforce constraints this is good news.

Organising your care: Do you know how to contact this person if you have a concern about your care? We scored Amber/ Green.

When reviewing the detail of the 10 sections we improved in 6, stayed the same in 1 and a small decline in 3 (although against comparisons we were still nearer the highest score than the lowest.)

When reviewing the detail of the questions within each section satisfaction had:

Increased in 24

Decreased in 15

Stayed the same in 3.

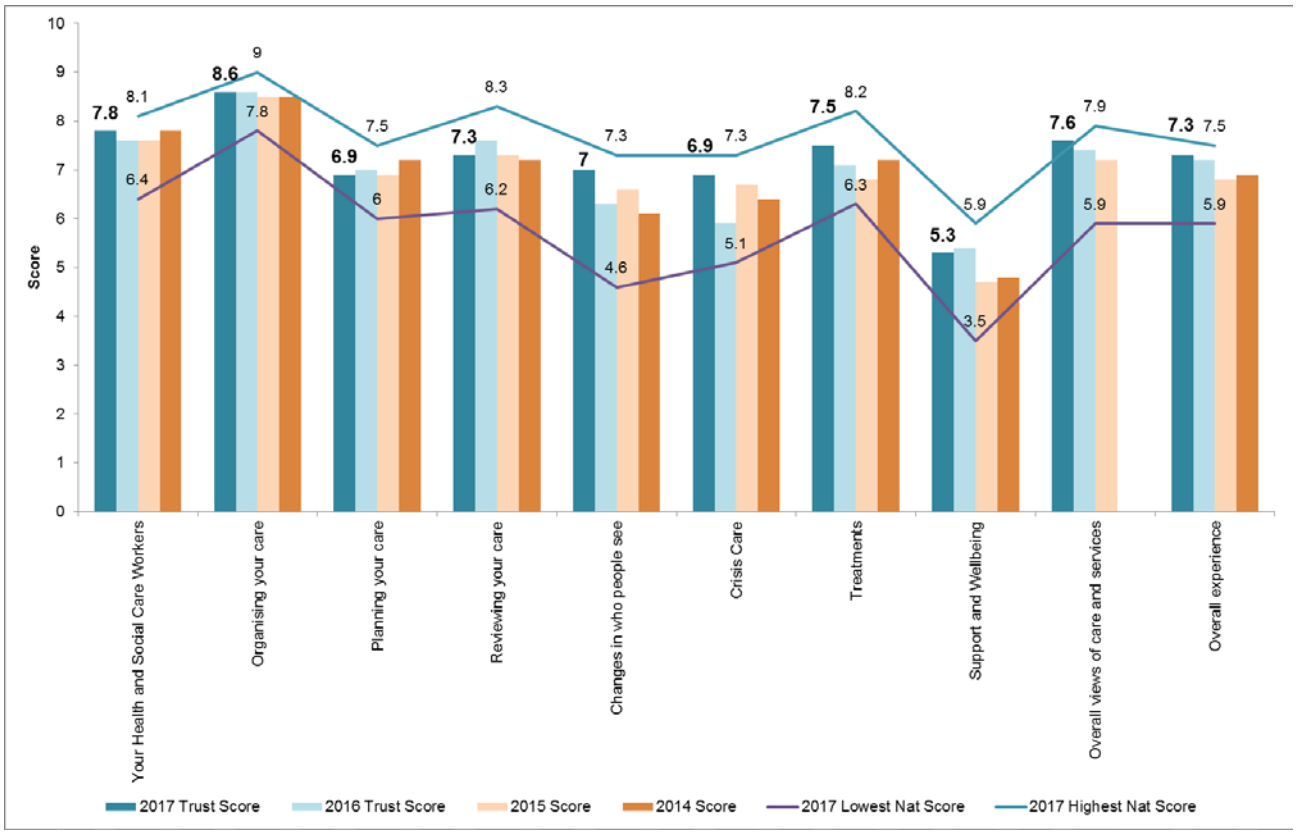
Appendix one shows a RAG comparison and indicates where the Trust has scored in regards to an expected range i.e. about the same (amber) is the range that the Trust can score within without being significantly different than average.

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

2.1 How did we do – section scores

Graph one below shows the results of the sections within the 2017 survey in comparison with previous years.

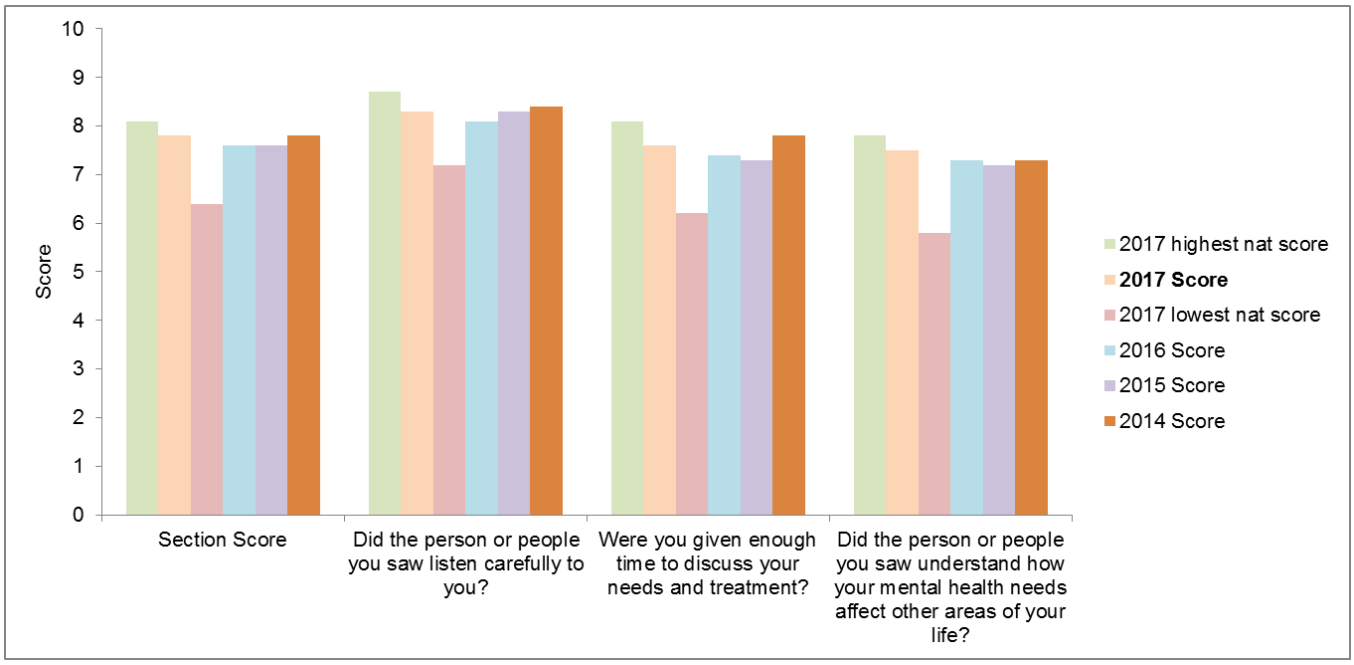
Graph One: Section Scores



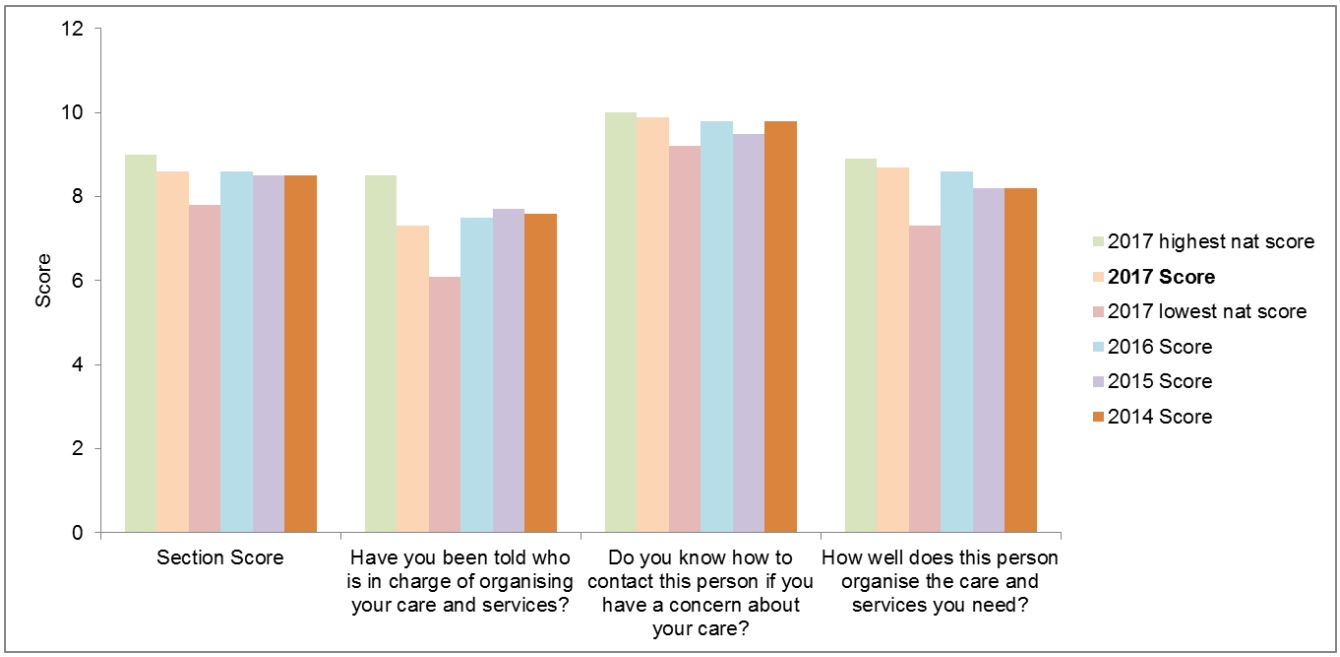
2.2 How did we do – over time

The graphs below show the results for our Trust in the 2017 survey within their respective sections against the national scores and the Trust results in 2016, 2015 and 2014.

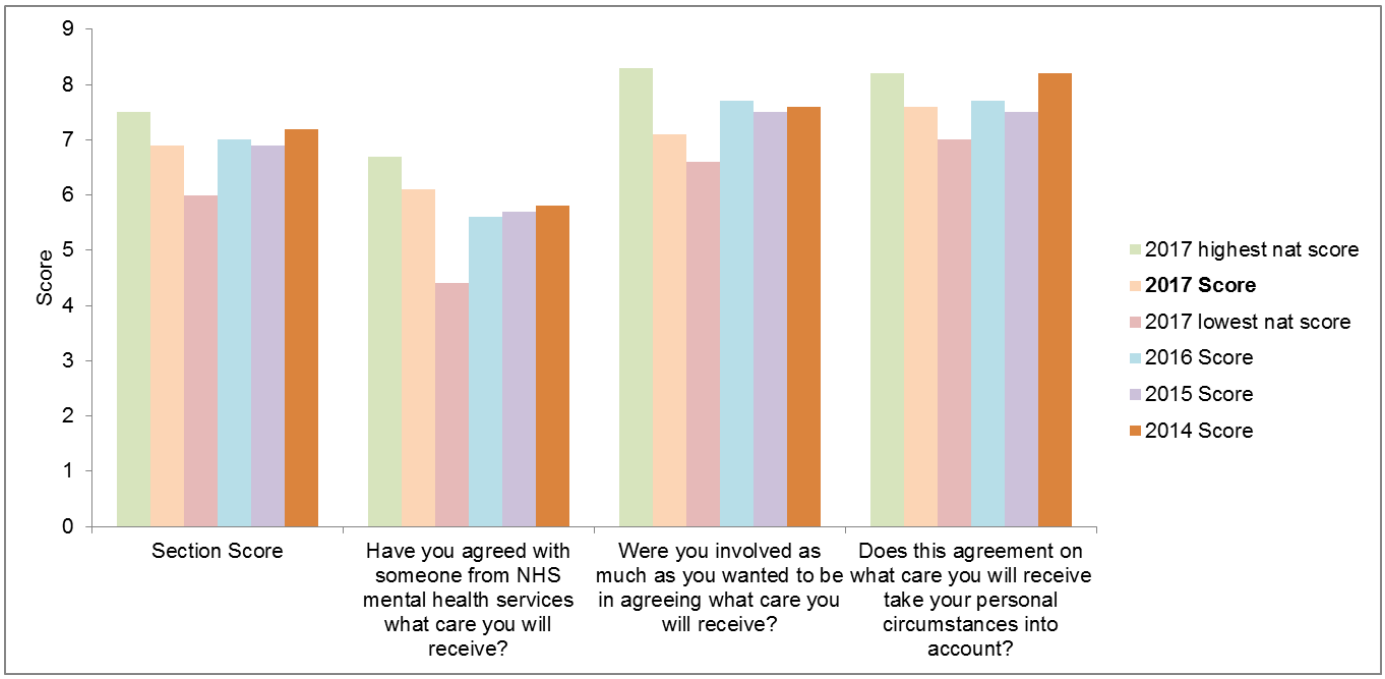
Graph Two: Health and Social Care Workers



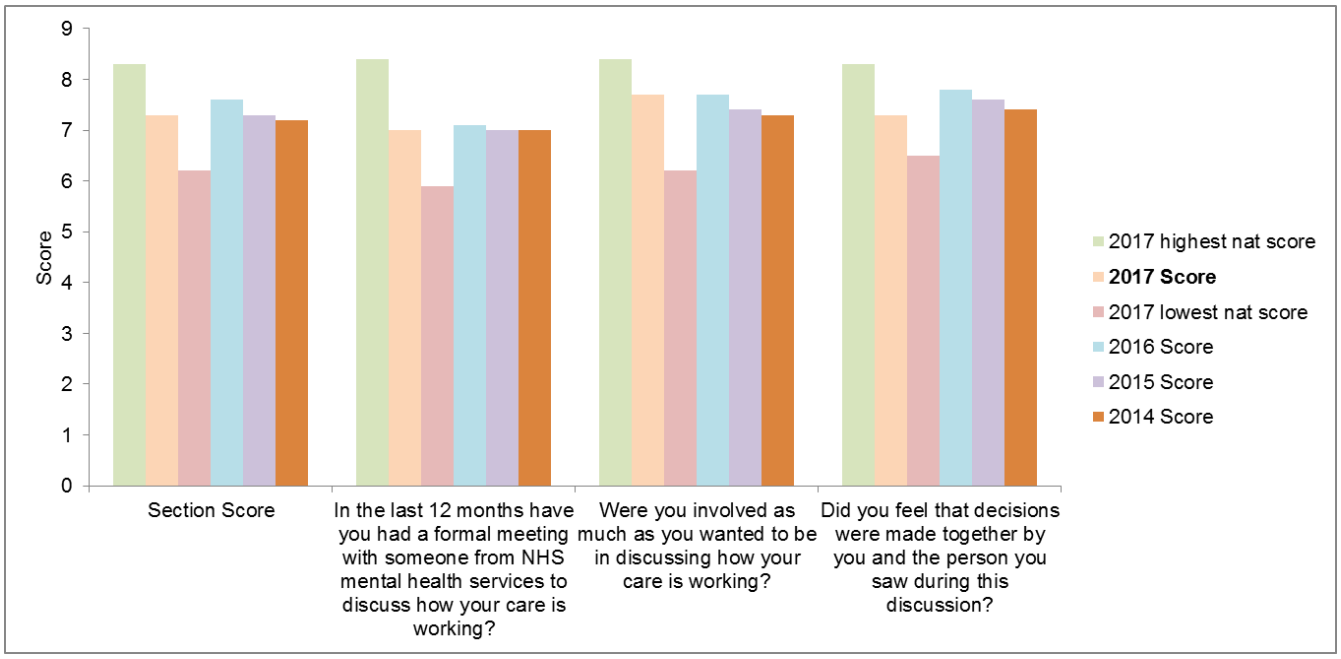
Graph Three: Organising your care



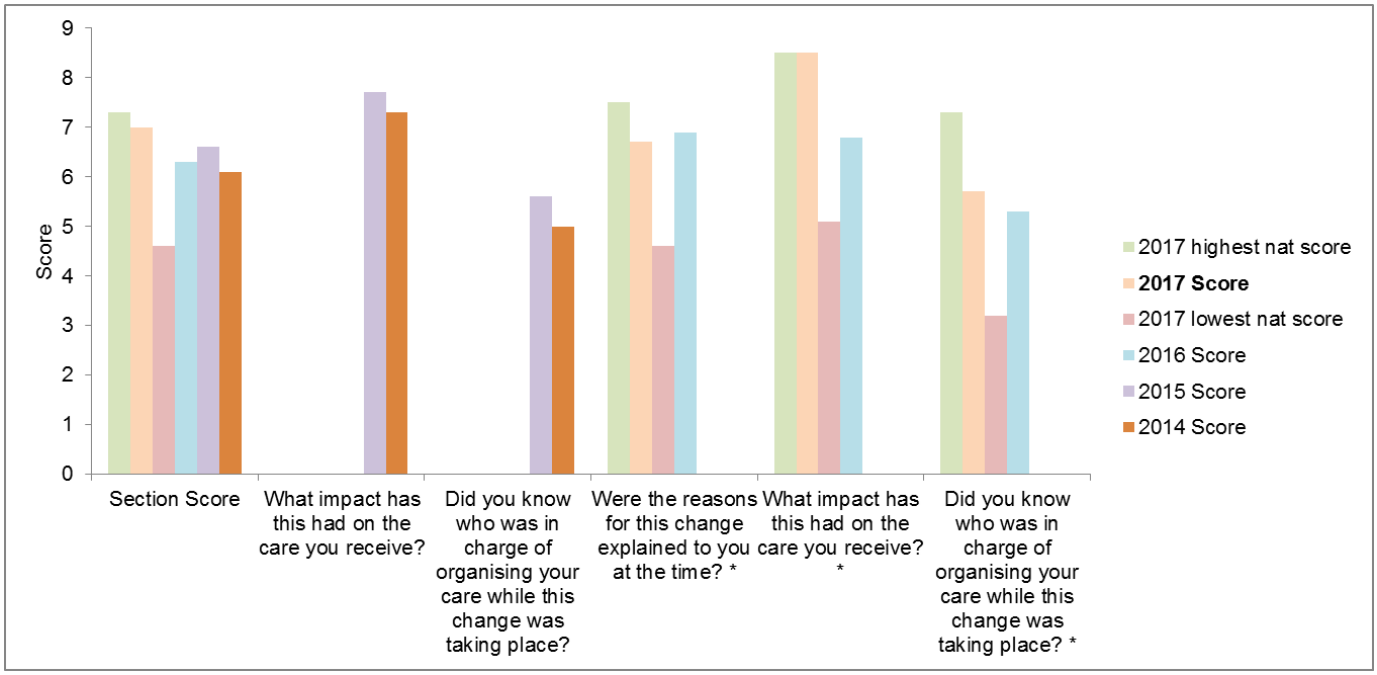
Graph Four: Planning your care



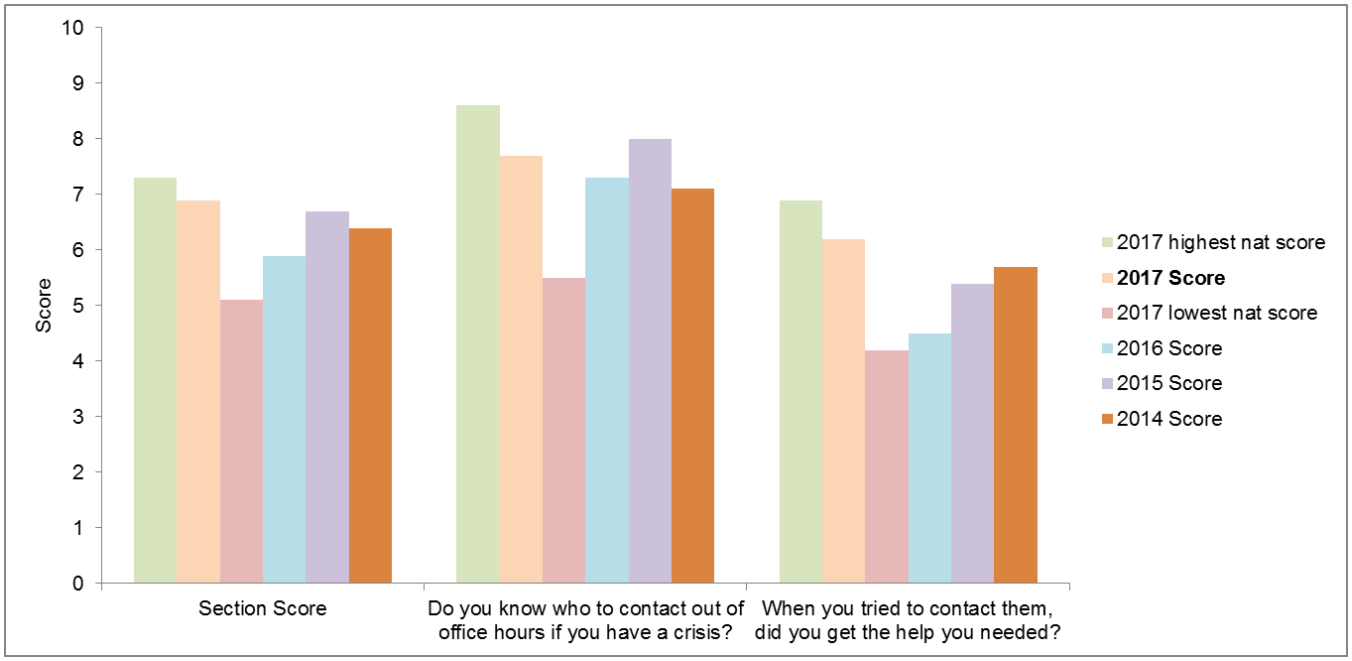
Graph Five: Reviewing your care



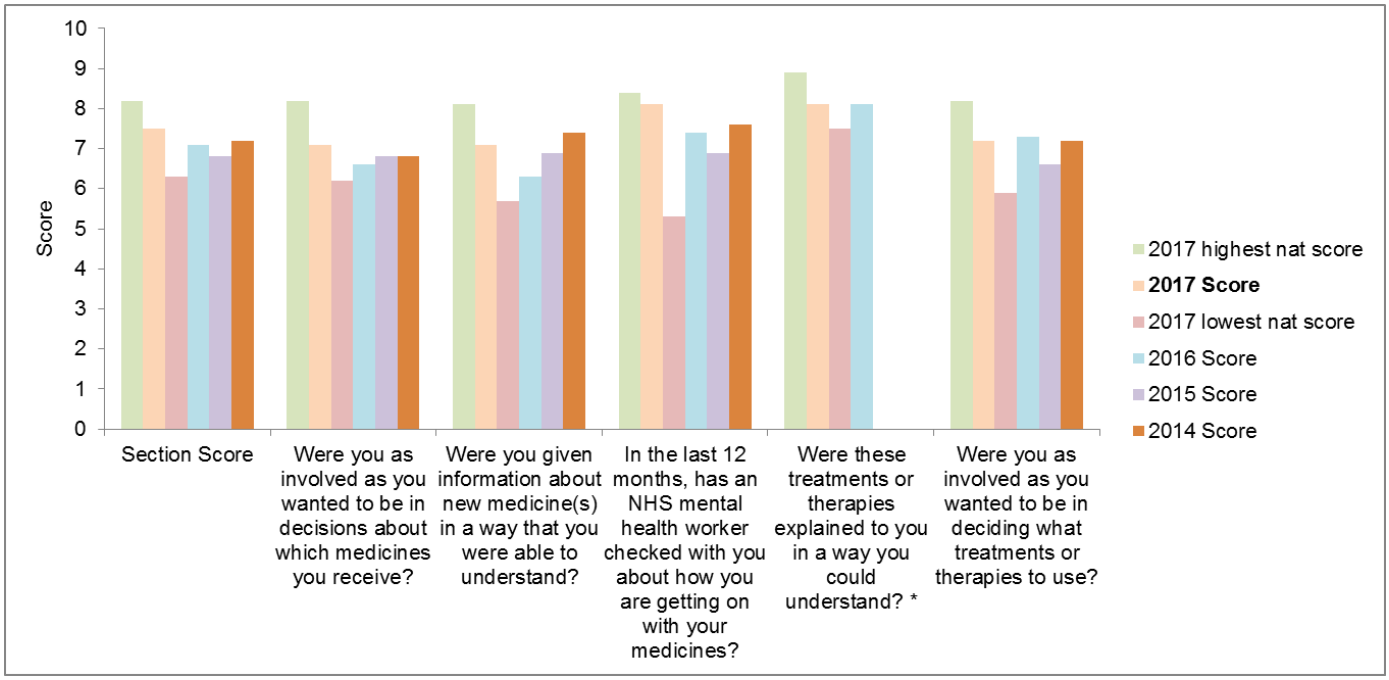
Graph Six: Changes in who people see



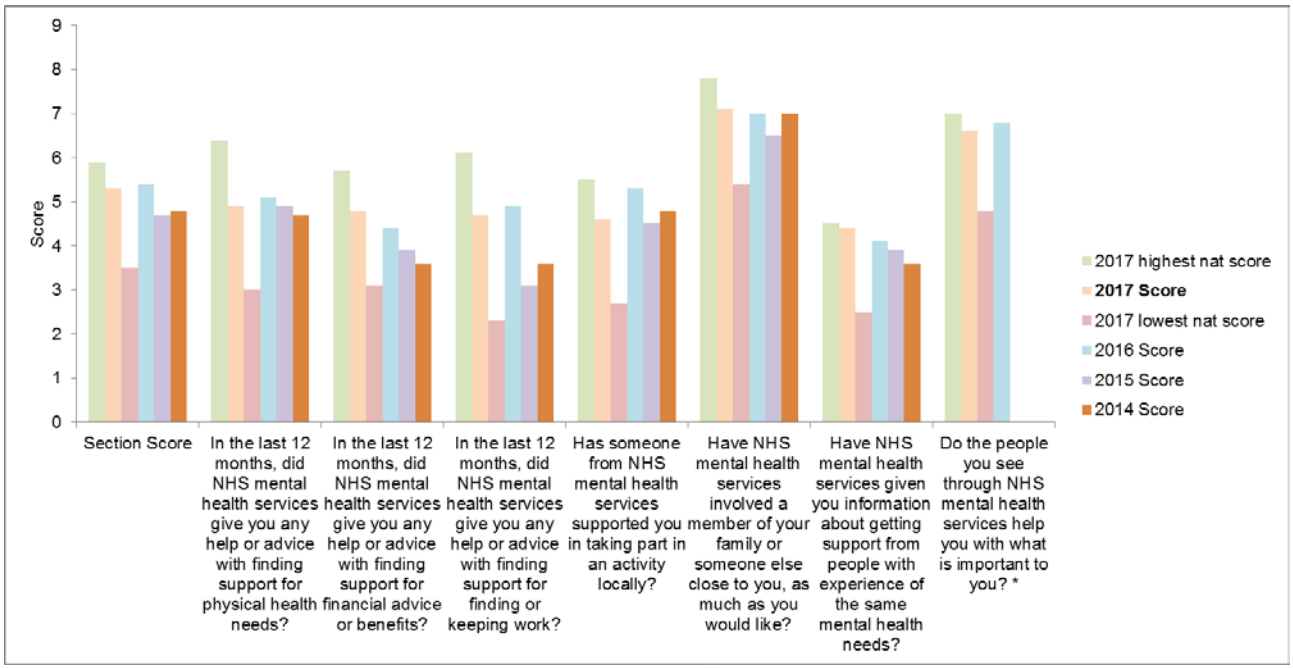
Graph Seven: Crisis Care



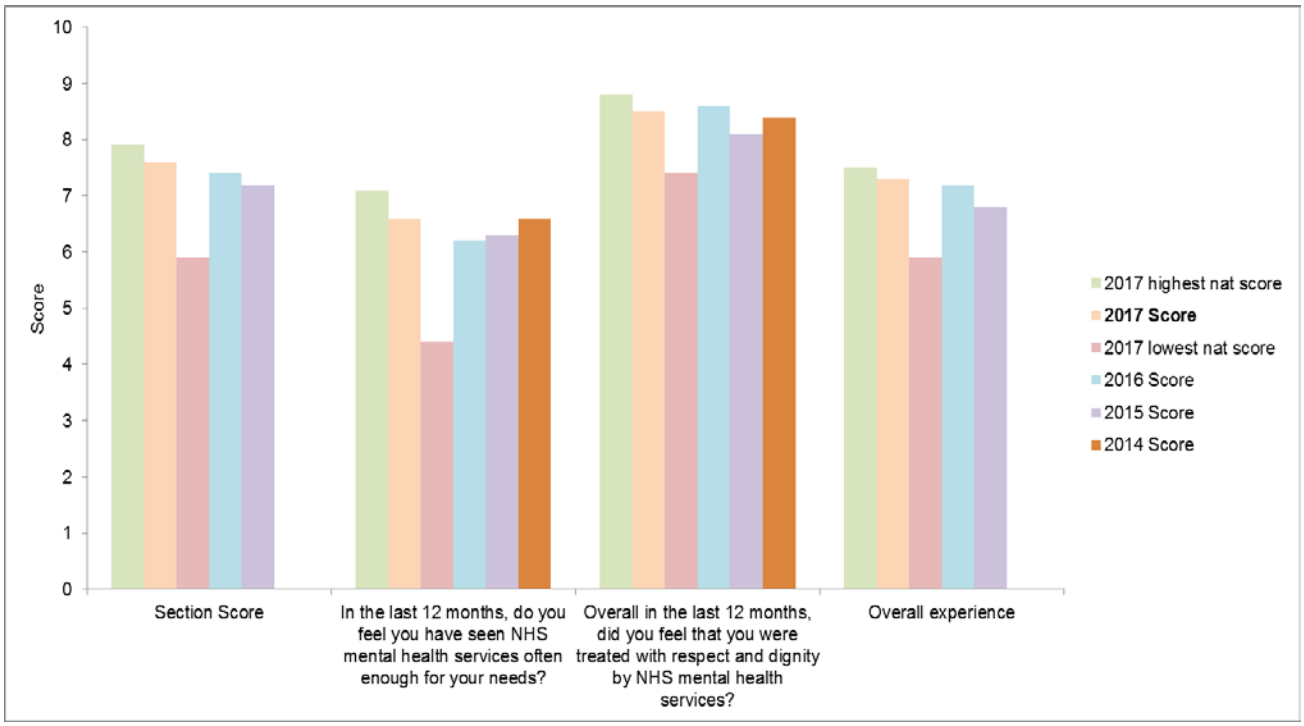
Graph Eight: Treatments



Graph Nine: Support and Wellbeing



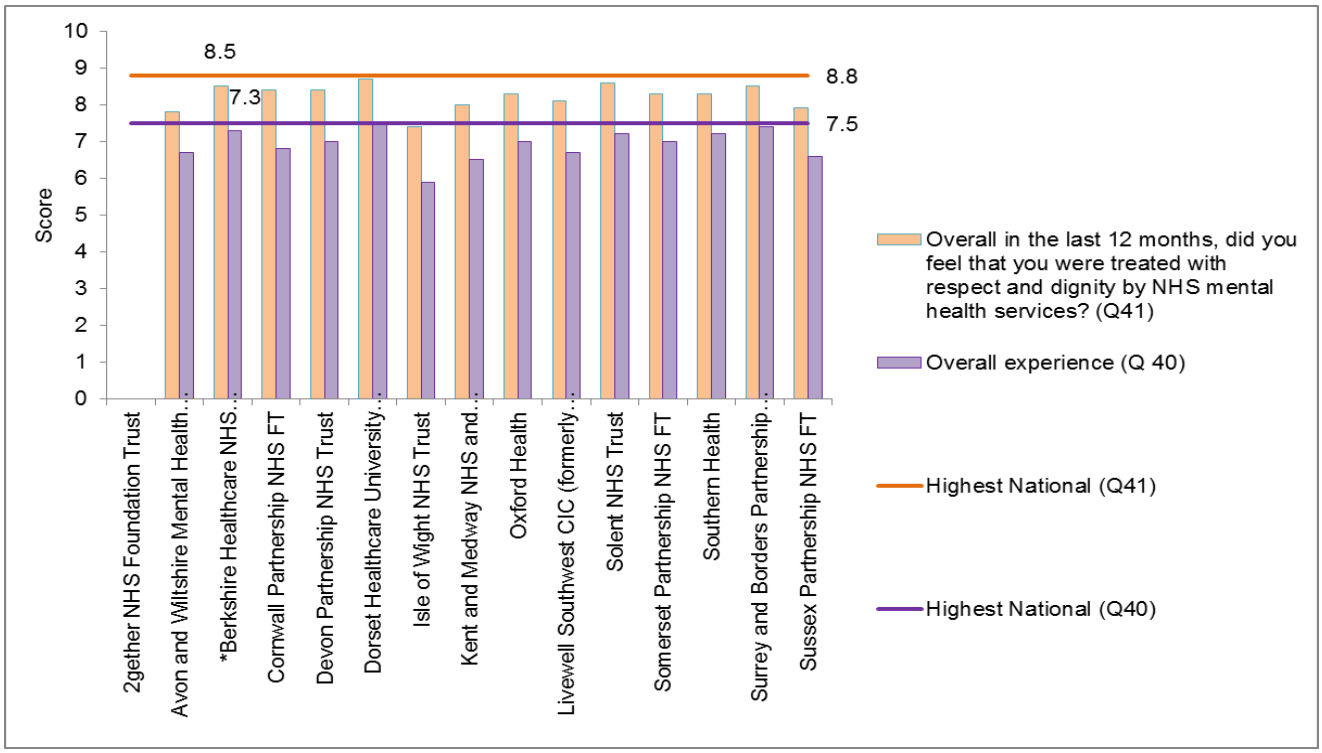
Graph Ten: Overall views of care and services and overall experience



3 How did we do – compared to others

Graph eleven shows Trusts in the region compared to each other, and the highest national score for 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.

When comparing with our local comparator, Oxford Health, it can be seen that Berkshire Healthcare:-

Scored higher across 24 areas

Including:

- Do you know who to contact out of office hours if you have a crisis?
- Chnages in the who people see section
- Support and Wellbeing section

Have the same level of satisfaction for:

- Did the person or people you saw listen carefully to you?
- Were you involved as much as you wanted to be in discussing how your care is working?
- Were these treatments or therapies explained to you in a way you could understand? *
- Were you as involved as you wanted to be in deciding what treatments or therapies to use?

Our patients reported being less satisfied in 14 areas compared to Oxford Health including:

- Planning your care

As crisis care was previously an area where the Trust did not score highly in the survey, a comparison against Oxford Health has been provided in table below to show improvement over time.

	2017				2016		2015	
	BHFT	Oxford Health	Lowest Nat Score	Highest Nat Score	BHFT	Oxford Health	BHFT	Oxford Health
Section Score	6.9	6.8	5.1	7.3	5.9	6.7	6.7	6.4
Do you know who to contact out of office hours if you have a crisis?	7.7	7.3	5.5	8.6	7.3	7.1	8	7
When you tried to contact them, did you get the help you needed?	6.2	6.3	4.2	6.9	4.5	6.3	5.4	5.7

4 Respondent Demographics

	2017	2016	2015	2014	2012	2011
Response Rate:	29%	28%	30%	29%	32%	25%
Response Rate (All Trusts):	26%	28%	29%	29%	32%	33%

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

- As with last year, a higher number of respondents over the age of 66 responded; 49% compared with 40% nationally
- Lower numbers of people between 36 and 65 years old responded; 34% compared with 46% nationally
- We were in line with the national average with 17% of people who responded to the survey aged between 18 and 35 years old, compared to 14% nationally
- As with last year, a higher percentage of our respondents are Asian or of an Asian British ethnic group; 7% compared with 4%, which is consistent with the respondents the previous year
- 3% of respondents identified themselves as bi-sexual, an increase from 1% in 2016 and no respondents in 2015. In 2014, locally 4% of our respondents specified bisexual as their sexual orientation.

5. Identified areas for Improvement:

As indicated the Trust saw a decline in response to 3 sections:-

- Planning your care
- Reviewing your care
- Support and wellbeing

Therefore these 3 areas should be considered for action planning in the coming year. There are programmes in place such as Zero Suicide which support these improvements.

6. Next steps

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

Liz Chapman & Jayne Reynolds

Head of Service Engagement and Experience/Deputy Director of Nursing

Appendix one: RAG comparison report

	2017 Comparison with other Trusts	2016 Comparison with other Trusts	2015 Comparison with other Trusts	2014 Comparison with other Trusts
Your Health and Social Care Workers				
Section Score	A	A	A	A
Did the person or people you saw listen carefully to you?	A	A	A	A
Were you given enough time to discuss your needs and treatment?	A	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	A
Organising your care				
Section Score	A	A	A	A
Have you been told who is in charge of organising your care and services?	A	A	A	A
Do you know how to contact this person if you have a concern about your care?	A/G	A	A	A
How well does this person organise the care and services you need?	A	A	A	A
Planning your care				
Section Score	A	A	A	A
Have you agreed with someone from NHS mental health services what care you will receive?	A	A	A	A
Were you involved as much as you wanted to be in agreeing what care you will receive?	A	A	A	A
Does this agreement on what care you will receive take your personal circumstances into account?	A	A	A	A/G
Reviewing your care				
Section Score	A	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	A
Were you involved as much as you wanted to be in discussing how your care is working?	A	A	A	A
Did you feel that decisions were made together by you and the person you saw during this discussion?	A	A	A	A
Changes in who people see				
Section Score	A	A	A	A
Were the reasons for the change explained to you at the time?	A	A	-	-
What impact has this had on the care you receive?	G	A	A	A
Did you know who was in charge of organising your care while this change was taking place?	A	A	A	A
Crisis Care				
Section Score	A	A	A	A
Do you know who to contact out of office hours if you have a crisis?	A	A	A	A
When you tried to contact them, did you get the help you needed?	A	R	A	A
Treatments				
Section Score	A	A	A	A
Were you as involved as you wanted to be in decisions about which medicines you receive?	A	A	A	A
Were you given information about new medicine(s) in a way that you were able to understand? *	A	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	A
Were these treatments or therapies explained to you in a way you could understand?	A	A	-	-
Were you as involved as you wanted to be in deciding what treatments or therapies to use?	A	A	A	A
Support and wellbeing (previously Other areas of life)				
Section Score	A	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	A

	2017 Comparison with other Trusts	2016 Comparison with other Trusts	2015 Comparison with other Trusts	2014 Comparison with other Trusts
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	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	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	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	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	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	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
Overall views of care and services				
Section Score	A	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	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	A
Overall experience				
Section Score	A	A	A	*
Overall	A	A	A	A

* not comparable prior to 2016 survey due to question change

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

Appendix two: Question score comparison report

	2017						
	Trust Score	Comparison with 2016	Lowest Nat Score	Highest Nat Score	2016 Score	2015 Score	2014 Score
Your Health and Social Care Workers							
Section Score	7.8	↑	6.4	8.1	7.6	7.6	7.8
Did the person or people you saw listen carefully to you?	8.3	↑	7.2	8.7	8.1	8.3	8.4
Were you given enough time to discuss your needs and treatment?	7.6	↑	6.2	8.1	7.4	7.3	7.8
Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.5	↑	5.8	7.8	7.3	7.2	7.3
Organising your care							
Section Score	8.6	↔	7.8	9	8.6	8.5	8.5
Have you been told who is in charge of organising your care and services?	7.3	↓	6.1	8.5	7.5	7.7	7.6
Do you know how to contact this person if you have a concern about your care?	9.9	↑	9.2	10	9.8	9.5	9.8
How well does this person organise the care and services you need?	8.7	↑	7.3	8.9	8.6	8.2	8.2
Planning your care							
Section Score	6.9	↓	6	7.5	7	6.9	7.2
Have you agreed with someone from NHS mental health services what care you will receive?	6.1	↑	4.4	6.7	5.6	5.7	5.8
Were you involved as much as you wanted to be in agreeing what care you will receive?	7.1	↓	6.6	8.3	7.7	7.5	7.6
Does this agreement on what care you will receive take your personal circumstances into account?	7.6	↓	7	8.2	7.7	7.5	8.2
Reviewing your care							
Section Score	7.3	↓	6.2	8.3	7.6	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	↓	5.9	8.4	7.1	7	7
Were you involved as much as you wanted to be in discussing how your care is working?	7.7	↔	6.2	8.4	7.7	7.4	7.3
Did you feel that decisions were made together by you and the person you saw during this discussion?	7.3	↓	6.5	8.3	7.8	7.6	7.4
Changes in who people see							
Section Score	7	↑	4.6	7.3	6.3	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? *	6.7	↓	4.6	7.5	6.9	-	-
What impact has this had on the care you receive? *	**8.5**	↑	5.1	8.5	6.8	-	-
Did you know who was in charge of organising your care while this change was taking place? *	5.7	↑	3.2	7.3	5.3	-	-
Crisis Care							
Section Score	6.9	↑	5.1	7.3	5.9	6.7	6.4
Do you know who to contact out of office hours if you have a crisis?	7.7	↑	5.5	8.6	7.3	8	7.1
When you tried to contact them, did you get the help you needed?	**6.2**	↑	4.2	6.9	4.5	5.4	5.7
Treatments							
Section Score	7.5	↑	6.3	8.2	7.1	6.8	7.2
Were you as involved as you wanted to be in decisions about which medicines you receive?	7.1	↑	6.2	8.2	6.6	6.8	6.8
Were you given information about new medicine(s) in a way that you were able to understand?	7.1	↑	5.7	8.1	6.3	6.9	7.4
In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	8.1	↑	5.3	8.4	7.4	6.9	7.6
Were these treatments or therapies explained to you in a way you could understand? *	8.1	↔	7.5	8.9	8.1	-	-
Were you as involved as you wanted to be in deciding what treatments or therapies to use?	7.2	↓	5.9	8.2	7.3	6.6	7.2
Support and Wellbeing							
Section Score	5.3	↓	3.5	5.9	5.4	4.7	4.8

	2017						
	Trust Score	Comparison with 2016	Lowest Nat Score	Highest Nat Score	2016 Score	2015 Score	2014 Score
In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	4.9	↓	3	6.4	5.1	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?	4.8	↑	3.1	5.7	4.4	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?	4.7	↓	2.3	6.1	4.9	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?	4.6	↓	2.7	5.5	5.3	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?	7.1	↑	5.4	7.8	7	6.5	7
Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?	4.4	↑	2.5	4.5	4.1	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? *	6.6	↓	4.8	7	6.8	-	-
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
Overall views of care and services							
Section Score	7.6	↑	5.9	7.9	7.4	7.2	*
In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.6	↑	4.4	7.1	6.2	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?	8.5	↓	7.4	8.8	8.6	8.1	8.4
Overall experience	7.3	↑	5.9	7.5	7.2	6.8	*
Overall	7.3	↑	5.9	7.5	7.2	6.8	6.9

* not comparable prior to 2016 survey due to question change

Appendix three: Regional comparison – section scores

Berkshire Healthcare NHS
NHS Foundation Trust

KEY:	Section
G	Best Performing Trusts
A	About the Same
R	Worst Performing Trusts

	Response Rate: 26%	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
2gether NHS Foundation Trust	33%	A	G	A	A	G	A	G	G	G
Avon and Wiltshire Mental Health Partnership NHS Trust	27%	A	A	A	A	A	A	A	A	A
Berkshire Healthcare NHS Foundation Trust	29%	A	A	A	A	A	A	A	A	A
Cornwall Partnership NHS Foundation Trust	30%	A	A	A	A	A	A	A	A	A
Devon Partnership NHS Trust	28%	A	A	A	A	A	A	A	A	A
Dorset Healthcare University NHS Foundation Trust	28%	A	A	A	A	A	G	A	A	A
The Isle of Wight NHS Trust	24%	R	R	R	R	R	A	R	R	R
Kent and Medway NHS and Social Care Partnership Trust	26%	A	A	A	A	A	A	A	A	R
Livewell Southwest CIC (formerly Plymouth Community Healthcare CIC)	30%	A	A	A/R	A	A	R	A	A	A
Oxford Health	25%	A	A	A	A	A	A	A	A	A
Solent NHS Trust	24%	A	A	A	A	A	A	A	A	A
Somerset Partnership NHS Foundation Trust	29%	A	A	A	A	A	A	A	A	A
Southern Health	29%	A	A	A	A	A	A	A	A	A
Surrey and Borders Partnership NHS Foundation Trust	27%	A	A	A	A	A	A	A	A	A
Sussex Partnership NHS Foundation Trust	24%	A	A	A	A	A	A	A	A	A

CQC Community Mental Health Survey 2017

Director: Ruth May, Director of Nursing
Date: 17th November 2017
Author: Ian Baker, Quality Intelligence and Insight Officer

Purpose

1. The annual CQC Community Mental Health Survey for 2017 was published on 15th November 2017. This paper summarises the headline results for NHS providers of mental health services. The paper and associated tool has been designed by QII to support NHS Improvement teams to gain insight into the views of users of community mental health service users, to compare this year's results with those of the previous survey.

2. The survey is just one way trusts gauge the views of people who use services, all also have to offer service users the opportunity to comment on services using the Friends and Family Test.

Background and Content

3. The Community Mental Health Survey for 2017 was published on 15th November 20176 and is based on a survey of over 12,139 patients who received care between September and November 2016

4. In total, 56 providers (including 2 CICs) took part in the survey. One provider, Tavistock & Portman NHS Foundation Trust, did not take part due to the make-up of the services it provides and the population it serves. In addition, Black Country Partnership NHS Foundation Trust was excluded from taking part in the survey due to having an extremely high proportion of dissenters (57%).

5. The survey includes 32 questions where it is possible to make comparison between trusts, for each question a score and banding is given, the banding states if a trust is above, below or within the expected range.

6. The published data set also includes a comparison with the equivalent question in the 2016.

7. An Excel tool has been built by QII, which provides the detailed results for all trusts on all questions.

8. The overall experience question of this survey is part of the NHSI Standard Oversight Framework.

Trust level results

9. In this report, trusts are compared in three ways as summarised in table 1 below:
   - Response to Question 40: Overall experience
   - Of the 32 questions where results are comparable, how many are classified by the CQC as being high or low outliers
   - When comparing the findings of the 2017 survey with those of the 2016 survey for how many questions have there been significant improvement or deterioration compared to last year

   Table 1 below summarises the trusts falling in either the upper or lower quintile nationally.

Table 1: CQC Mental Health survey summary – Upper/Lower quintiles and outliers

Provider	Region	SubRegion	Overall experience	Questions where trust are an outlier (of 32) -	Questions where trust are an outlier (of 32) +	Questions where there has been significant change since 2016 (of 32) -	Questions where there has been significant change since 2016 (of 32) +
Mersey Care NHS Trust	North	Cheshire & Merseyside	7.5	0	11	0	1
2gether NHS Foundation Trust	South West	South Central	7.5	0	7	0	1
Dorset Healthcare University NHS Foundation Trust	South West	South West	7.5	0	0	0	6
Humber NHS Foundation Trust	North	Yorkshire & Humber	7.4	0	11	0	7
South Staffordshire And Shropshire Healthcare NHS Foundation Trust	M&E	North Midlands	7.4	0	1	0	0
Surrey And Borders Partnership NHS Foundation Trust	South East	South East	7.4	0	6	1	1
Berkshire Healthcare NHS Foundation Trust	South East	Wessex	7.3	0	1	0	2
Derbyshire Healthcare NHS Foundation Trust	M&E	North Midlands	7.3	0	3	0	1
Pennine Care NHS Foundation Trust	North	Lancashire & Greater Manchester	7.3	0	1	1	1
Leeds And York Partnership NHS Foundation Trust	North	Yorkshire & Humber	7.3	0	6	0	0
North East London NHS Foundation Trust	London	North East & North Central London	7.3	0	3	0	1
Lincolnshire Partnership NHS Foundation Trust	M&E	Central & South Midlands	6.8	2	0	0	0
Northamptonshire Healthcare NHS Foundation Trust	M&E	Central & South Midlands	6.7	4	0	0	0
Avon And Wiltshire Mental Health Partnership NHS Trust	South West	South Central	6.7	0	1	3	0
Norfolk And Suffolk NHS Foundation Trust	M&E	East Of England	6.7	0	0	0	3
East London NHS Foundation Trust	London	North East & North Central London	6.7	5	0		
Coventry And Warwickshire Partnership NHS Trust	M&E	West Midlands	6.7	3	0	0	0
Central And North West London NHS Foundation Trust	London	North West London	6.6	1	0	0	0
Sussex Partnership NHS Foundation Trust	South East	South East	6.6	3	3	1	4
Sheffield Health & Social Care NHS Foundation Trust	North	Yorkshire & Humber	6.6	3	0	1	0
Kent And Medway NHS And Social Care Partnership Trust	South East	South East	6.5	5	0	0	0
Isle Of Wight NHS Trust	South East	Wessex	5.9	25	0	3	0

Key

xx Positive outlier

xx Upper quintile* but not an outlier

xx within middle 60% of trusts

xx Lower quintile* but not an outlier

xx Negative outlier

*based on national quintiles

2016 comparison data not available

10. No trusts are rated as strong positive outliers nationally on overall experience, although Mersey Care NHS Trust, 2gether NHS Foundation Trust and Dorset Healthcare NHS Foundation Trusts score the highest for overall experience. The trusts with the greatest number of questions banded rated as positive outliers (11) are Mersey Care NHS Trust and Dorset Healthcare NHS Foundation Trust

11. One trust, Isle of Wight NHS trust is rated as a negative outlier on overall experience, this trust are also a negative outlier in 25 of the 32 questions within the survey.

Table 2: CQC Mental Health survey summary – significant change in at least 10% of questions

Provider	Region	SubRegion	Overall experience	Questions where trust are an outlier (of 32) -	Questions where trust are an outlier (of 32) +	Questions where there has been significant change since 2016 (of 32) -	Questions where there has been significant change since 2016 (of 32) +
Humber NHS Foundation Trust	North	Yorkshire & Humber	7.4	0	11	0	7
Dorset Healthcare University NHS Foundation Trust	South Wes	South West	7.5	0	0	0	6
Camden And Islington NHS Foundation Trust	London	North East & North Central London	7.2	0	1	0	4
Sussex Partnership NHS Foundation Trust	South East	South East	6.6	3	3	1	4
Tees, Esk And Wear Valleys NHS Foundation Trust	North	Cumbria & North East	7.1	1	0	4	0
Birmingham And Solihull Mental Health NHS Foundation Trust	M&E	West Midlands	6.9	4	0	4	0
5 Boroughs Partnership NHS Foundation Trust	North	Cheshire & Merseyside	7.1	3	0	5	0
Hertfordshire Partnership NHS Foundation Trust	M&E	Central & South Midlands	6.9	1	0	5	0

Key

xx Positive outlier

xx Upper quintile* but not an outlier

xx within middle 60% of trusts

xx Lower quintile* but not an outlier

xx Negative outlier

*based on national quintiles

2016 comparison data not available

12. Compared to the 2016 survey, there has been no significant change in the majority of responses to specific questions. Only 4 trusts saw a significant improvement in at least 10% comparable question with the same number seeing a significant decline in at least 10% as outlined in table 2:

13. A tool has been produced by QII to assist regions to work with trusts on their survey results and can be found on the final page of this report.

Appendix A – CQC Mental Health survey summary – all Trusts

Provider	Region	SubRegion	Overall experience	Questions where trust are an outlier (of 32) -	Questions where trust are an outlier (of 32) +	Questions where there has been significant change since 2016 (of 32) -	Questions where there has been significant change since 2016 (of 32) +
Mersey Care NHS Trust	North	Cheshire & Merseyside	7.5	0	11	0	1
2gether NHS Foundation Trust	South West	South Central	7.5	0	7	0	1
Dorset Healthcare University NHS Foundation Trust	South West	South West	7.5	0	0	0	6
Humber NHS Foundation Trust	North	Yorkshire & Humber	7.4	0	11	0	7
South Staffordshire And Shropshire Healthcare NHS Foundation Trust	M&E	North Midlands	7.4	0	1	0	0
Surrey And Borders Partnership NHS Foundation Trust	South East	South East	7.4	0	6	1	1
Berkshire Healthcare NHS Foundation Trust	South East	Wessex	7.3	0	1	0	2
Derbyshire Healthcare NHS Foundation Trust	M&E	North Midlands	7.3	0	3	0	1
Pennine Care NHS Foundation Trust	North	Lancashire & Greater Manchester	7.3	0	1	1	1
Leeds And York Partnership NHS Foundation Trust	North	Yorkshire & Humber	7.3	0	6	0	0
North East London NHS Foundation Trust	London	North East & North Central London	7.3	0	3	0	1
Bradford District Care Trust	North	Yorkshire & Humber	7.3	0	3	0	1
Cumbria Partnership NHS Foundation Trust	North	Cumbria & North East	7.3	0	1	0	2
Cambridgeshire And Peterborough NHS Foundation Trust	M&E	East Of England	7.2	0	3	1	1
Camden And Islington NHS Foundation Trust	London	North East & North Central London	7.2	0	1	0	4
Nottinghamshire Healthcare NHS Trust	M&E	North Midlands	7.2	0	2	0	2
West London Mental Health NHS Trust	London	North West London	7.2	0	0		
Rotherham, Doncaster And South Humber NHS Foundation Trust	North	Yorkshire & Humber	7.2	0	4	0	1
Northumberland, Tyne And Wear NHS Foundation Trust	North	Cumbria & North East	7.2	1	2	0	0
Solent NHS Trust	South East	Wessex	7.2	0	1		
Southern Health NHS Foundation Trust	South East	Wessex	7.2	0	1		
Worcestershire Health And Care NHS Trust	M&E	West Midlands	7.2	0	1	1	2
Oxleas NHS Foundation Trust	London	South London	7.2	0	0	0	0
Greater Manchester West Mental Health NHS Foundation Trust	North	Lancashire & Greater Manchester	7.1	0	2		
5 Boroughs Partnership NHS Foundation Trust	North	Cheshire & Merseyside	7.1	3	0	5	0
Cheshire And Wirral Partnership NHS Foundation Trust	North	Cheshire & Merseyside	7.1	0	2	3	1
South West Yorkshire Partnership NHS Foundation Trust	North	Yorkshire & Humber	7.1	0	0	0	0
North Staffordshire Combined Healthcare NHS Trust	M&E	North Midlands	7.1	0	0	0	0
Tees, Esk And Wear Valleys NHS Foundation Trust	North	Cumbria & North East	7.1	1	0	4	0
South West London And St George's Mental Health NHS Trust	London	South London	7.1	0	1	1	0
Somerset Partnership NHS Foundation Trust	South West	South West	7.0	0	0	0	0
Devon Partnership NHS Trust	South West	South West	7.0	0	0	0	2
Oxford Health NHS Foundation Trust	South East	Wessex	7.0	0	1	0	0
Barnet, Enfield And Haringey Mental Health NHS Trust	London	North East & North Central London	6.9	2	0	3	0
Hertfordshire Partnership NHS Foundation Trust	M&E	Central & South Midlands	6.9	1	0	5	0
Lancashire Care NHS Foundation Trust	North	Lancashire & Greater Manchester	6.9	0	0	0	0
Dudley And Walsall Mental Health Partnership NHS Trust	M&E	West Midlands	6.9	0	0		
South Essex Partnership University NHS Foundation Trust	M&E	East Of England	6.9	2	1	2	0
Leicestershire Partnership NHS Trust	M&E	Central & South Midlands	6.9	5	0	1	0
Birmingham And Solihull Mental Health NHS Foundation Trust	M&E	West Midlands	6.9	4	0	4	0
North Essex Partnership University NHS Foundation Trust	M&E	East Of England	6.8	4	1	0	2
South London And Maudsley NHS Foundation Trust	London	South London	6.8	0	2	0	0
Cornwall Partnership NHS Foundation Trust	South West	South West	6.8	0	1	0	2
Lincolnshire Partnership NHS Foundation Trust	M&E	Central & South Midlands	6.8	2	0	0	0
Northamptonshire Healthcare NHS Foundation Trust	M&E	Central & South Midlands	6.7	4	0	0	0
Avon And Wiltshire Mental Health Partnership NHS Trust	South West	South Central	6.7	0	1	3	0
Norfolk And Suffolk NHS Foundation Trust	M&E	East Of England	6.7	0	0	0	3
East London NHS Foundation Trust	London	North East & North Central London	6.7	5	0		
Coventry And Warwickshire Partnership NHS Trust	M&E	West Midlands	6.7	3	0	0	0
Central And North West London NHS Foundation Trust	London	North West London	6.6	1	0	0	0
Sussex Partnership NHS Foundation Trust	South East	South East	6.6	3	3	1	4
Sheffield Health & Social Care NHS Foundation Trust	North	Yorkshire & Humber	6.6	3	0	1	0
Kent And Medway NHS And Social Care Partnership Trust	South East	South East	6.5	5	0	0	0
Isle Of Wight NHS Trust	South East	Wessex	5.9	25	0	3	0

Key

xx Positive outlier

xx Upper quintile* but not an outlier

xx within middle 60% of trusts

xx Lower quintile* but not an outlier

xx Negative outlier

*based on national quintiles

2016 comparison data not available

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	12 December 2017
Title	**Quality Assurance Committee – 21 November 2017**
Purpose	To receive the unconfirmed minutes of the meeting of the Quality Assurance Committee of 21 November 2017
Business Area	Corporate
Author	Company Secretary for Ruth Lysons, Committee Chair
Relevant Strategic Objectives	1. To provide safe services, good outcomes and good experience of care
CQC Registration/Patient Care Impacts	Supports ongoing registration
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
SUMMARY	The unconfirmed minutes of the Quality Assurance Committee meeting held on 21 November 2017 are provided for information. Attached to the minutes are the following reports which were discussed at the Quality Assurance Committee meeting and are presented to the Trust Board for information: • Guardians of Safe Working Hours Quarterly Report • Learning from Deaths Quarterly Report
ACTION REQUIRED	The Trust Board is requested to receive the minutes and to seek any clarification on issues covered.

Berkshire Healthcare NHS
NHS Foundation Trust

Unconfirmed Minutes of the Quality Assurance Committee Meeting held on Tuesday, 21 November 2017, Fitzwilliam House, Bracknell

Present:	Ruth Lysons, Non-Executive Director (Chair) David Buckle, Non-Executive Director Julian Emms, Chief Executive *(present until 11.30)* Minoo Irani, Medical Director Mehmuda Mian, Non-Executive Director Helen Mackenzie, Director of Nursing and Governance Amanda Mollett, Head of Clinical Effectiveness and Audit
In attendance:	Julie Hill, Company Secretary Dr Angeliki Tziaka, Registrar, Prospect Park Hospital

1 Apologies for absence and welcome

Apologies had been received from: David Townsend, Chief Operating Officer.

The Chief Executive said that he had another meeting to attend and would be leaving at 11.30.

The Chair welcomed everyone to the meeting and reminded everyone that the agenda had been structured to ensure that the items for discussion were at the start (sections 5 and 6) and information items (section 7) were at the end. This would ensure that the Committee's time was focussed on the key issues.

The Chief Executive said that in terms of the work of the Committee, the Quality Concerns Report was the most important agenda item as this triangulated intelligence from a range of sources and crystallised this data into the Trust's top quality concerns.

The Chief Executive commented that the agenda pack was over 300 pages and that this hindered the Committee's ability to focus on the key issues. The Chief Executive queried in particular whether the Committee needed to receive copies of the full Clinical Audit Reports. It was agreed to discuss this under the Clinical Audit Report agenda item.

2. Declaration of Any Other Business

There were no items of Any Other Business.

3. Declarations of Interest

There were no declarations of interest.

4.1 Minutes of the Meeting held on 15 August 2017

The minutes of the meeting held on 15 August 2017 were confirmed as an accurate record.

4.2 Matters Arising Log

The Matters Arising Log had been circulated. The following actions were discussed further:

Clinical Audit – Lithium

David Buckle, Non-Executive Director reported that he had contacted the Clinical Lead for the DXS system but had received no response. It was noted that the Clinical Lead for the DXS system had recently changed.

Mortality Review Audit

The Medical Director updated the Committee and reported that the Mortality Review Internal Audit had now been completed and the Trust was awaiting the initial feedback from the Internal Auditors.

The Committee noted the schedule of actions.

5. Patient Safety and Experience

5.1 Quality Concerns Status Report

The Director of Nursing and Governance reported that there had been no new quality concerns since the last meeting.

The Director of Nursing and Governance reported that the Quality Concerns were themed around Lord Darzi's definition of quality which had three components:

- Patient safety
- Clinical effectiveness
- Patient Experience

The Director of Nursing and Governance reported that the Trust's highest scoring risk on the Board Assurance Framework was workforce shortages and that this was also graded as "severe" on the Quality Concerns list.

The Director of Nursing and Governance reported that shortages of registered staff were particularly acute at Prospect Park Hospital and at West Berkshire Community Hospital. It was noted that there were currently ten beds closed at West Berkshire Community Hospital because of staffing shortages.

It was noted that Human Resources and the Operational Teams were working closely together to find ways of mitigating the workforce shortages by working differently and changing the skills mix.

The Chief Executive reported that the Trust was also investing in new technology which was helping mobile staff, such as community nurses.

David Buckle, Non-Executive Director said that in view of the national workforce shortages, should the Trust consider transferring some hard to recruit services to another provider.

The Chief Executive said that the Trust was able to disinvest itself of services such as the Slough Walk In Centre because another provider was able to deploy staff from across their organisation and therefore was better able to staff the service than the Trust.

It was noted that for “hot services” such as Acute Psychiatric In-Patient Services, everyone was struggling to recruit Psychiatrists and registered staff and therefore the service would not be able to be better provided by another organisation.

The Chief Executive said that it was important that the Trust focussed on the actions it could take to mitigate the workforce risk, for example, by being a good employer and providing attractive development opportunities for staff, for example, the Quality Improvement Programme.

The Chair asked whether the Trust had received any useful support from NHS Improvement. The Chief Executive reported that he had met with NHS Improvement yesterday and they had been assured by the actions the Trust was taking and had nothing further to suggest It was noted that there would be an update report on the Workforce Strategy at the December 2017 Trust Board meeting.

Mehmuda Mian, Non-Executive Director congratulated the Trust on recruiting 60 new members of staff for Prospect Park Hospital since January 2017.

The Director of Nursing and Governance reported that the other severe rated quality concerns were: high bed occupancy at Prospect Park Hospital and Bluebell Ward.

Naomi Coxwell, Non-Executive Director (Elect) reported that the Chief Operating Officer had presented an update on the Bed Optimisation Project at a recent Finance, Investment and Performance Committee meeting which had focussed on admission avoidance, reducing the length of stay and effective discharge.

The Chief Executive reported that the Trust was commissioning an external strategic review of beds to identify whether the Trust’s bed base was appropriate for its population in a 5-10 year time frame.

The Director of Nursing and Governance reported that the Care Quality Commission had recently re-inspected Bluebell Ward and had confirmed that good progress had been made to address their concerns.

The Committee noted the report.

5.2 Serious Incidents Report – Quarterly Report

The Director of Nursing and Governance presented the report and said that it provided information on the serious incidents that had occurred in quarter 2 and summarised the key themes, trends and learning from the serious incidents closed during quarter 2.

Mehmuda Mian, Non-Executive Director referred to page 28 of the agenda pack and asked how learning from serious incidents was disseminated.

The Director of Nursing and Governance explained that it depended on whether the learning related to an individual’s practice or whether it was relevant to a wider group. It was noted that issues relating to an individual’s

practice would be dealt with by the person's line manager on a one to one basis. There were a number of forums to disseminate learning across the Trust, including learning events, the Quality Executive Group and Patient Safety and Quality meetings.

Mehmuda Mian commented that staff were busy and received a lot of information and asked how the Trust was assured that staff were putting any learning into practice.

The Director of Nursing and Governance acknowledged that this was challenging and gave the example of clinical record keeping. It was noted that the Trust had a robust policy for clinical record keeping and undertook regular audits to identify any areas of non-compliance.

David Buckle, Non-Executive Director asked what explanation staff gave for not complying with the record keeping policy.

The Director of Nursing and Governance reported that staff said that they did not always have the time to write up notes.

The Chair referred to the serious incident on page 36 of the agenda pack which concerned a patient on Ascot Ward, Wokingham Hospital sustaining a neck of femur fracture following a fall and commented that there appeared to be a lack of compassion on behalf of staff.

The Director of Nursing and Governance agreed and said that the serious incident investigation had concluded that a lapse in care was a contributory factor in the patient's fall because staff had made the patient feel uncomfortable about ringing the call bell for assistance.

The Chair asked about the three information governance breaches in the Talking Therapies Service and commented that this was a service with vacancies and a high turnover of staff and asked whether focussed action was needed to address the issue.

The Director of Nursing and Governance said that the service had a high volume of patients but it was well led and there was good supervision in place to support staff. It was noted that changes had taken place as a result of the information governance breaches which would mitigate the risk of any similar breaches in the future.

David Buckle, Non-Executive Director commented that the Information Commissioner's Office was imposing heavy fines for information governance breaches.

The Medical Director said that he would be bringing an Annual Information Governance Report to the December 2017 Trust Board meeting.

David Buckle, Non-Executive Director referred to the death by choking serious incident which indicated that there was a delay in the emergency equipment arriving at the scene of the incident.

The Director of Nursing and Governance agreed to find out about more about why there was a delay in the Paramedics arriving and agreed to inform the Committee.

Action: Director of Nursing and Governance

The Director of Nursing and Governance reported that the Trust had commissioned a thematic review of the deaths from choking at Prospect Park Hospital over the last two years.

The Committee noted the report.

5.3 Learning from Deaths Quarterly Report

The Medical Director presented the paper and reported that NHS Improvement required Trusts to publish reports on learning from deaths from quarter 3 but the Trust had taken the decision to start reporting from quarter 1.

The Chair reminded the meeting that the Trust Board had delegated the responsibility for providing assurance that the Trust was compliant with NHS Improvement's requirements on Learning from Deaths to the Committee. It was noted that the report would be submitted to the December 2017 Trust Board meeting for information.

David Buckle, Non-Executive Director commended the Medical Director for the work he had done to develop the Trust's mortality review systems and processes and for the format of the quarterly learning from deaths reports.

Dr Buckle said that the format of the report would be improved if the cover sheet highlighted any key issues and explained about the process of identifying those deaths which would be reviewed further by the Mortality Review Group and an initial findings report produced.

Action: Medical Director/Head of Clinical Effectiveness and Audit

The Chair referred to page 61 of the agenda pack which referred to deaths of patients with a learning disability being referred to the national Learning Disability Mortality Review (LeDeR) Programme and asked for further information.

The Medical Director explained that the LeDeR programme was operational in Berkshire at the end of September 2017 and would be responsible for reviewing deaths of people with learning disabilities to identify common themes and learning.

The Chair asked whether the Trust would also review deaths of people with learning disabilities. The Medical Director confirmed that this was the case but said that once the LeDeR programme was fully up and running, the Trust's review of the deaths of people with a learning disability would be light touch.

The Chair asked for an explanation about what was meant by "avoidable" and "unavoidable" deaths.

The Medical Director said that the ONS classifications were only used for reporting of deaths of people with learning disabilities. The Medical Director explained that the national policy recommended use of the Office of National Statistics (ONS) classifications which stated that deaths from cancer were avoidable in people under the age of 74 but were considered unavoidable where deaths were not classed as premature, as in in people over the age of 74.

The Committee noted the report and confirmed that it provided assurance that the Trust was complying NHS Improvement's requirements in respect of learning from deaths.

5.4 Care Quality Commission Compliance Actions Report

The Director of Nursing and Governance presented the paper and reported that Willow House and Bluebell Ward were inspected by the Care Quality Commission in May 2017 and the Trust received the inspection reports in August 2017. It was noted that Willow House received one compliance action and Bluebell Ward received three compliance actions.

The Director of Nursing and Governance reported that the Trust had forwarded plans to the Care Quality Commission detailing the actions that the wards were taking to meet the compliance requirements.

The Committee noted the action plans developed in response to the Care Quality Commission's compliance notices.

5.5 Board Assurance Framework (Risk 1, 2 and 5)

The Committee reviewed the quality related risks. It was noted that responsibility for overseeing risk 1 (workforce) was now shared with the Finance, Investment and Performance Committee.

The Committee reviewed each risk and agreed that there was nothing further to add.

The Committee noted the report.

5.6 Sorrell Ward Absconsion Serious Incident – Action Plan Update

An update on the action plan in response to the Sorrel Ward Absconsion Serious Incident had been circulated.

The Director of Nursing and Governance said that the Quality Executive Committee meeting on 13 November 2017 had agreed to close the action plan.

The Chair commented that the action plan should be updated to make it clearer that actions had been implemented rather than being recorded as "in progress".

The Committee agreed that the Sorrell Ward Absconsion Serious Incident Acton Plan could be closed after the Director of Nursing and Governance had reviewed the wording to make it more explicit when actions had been implemented and completed.

Action: Director of Nursing and Governance

Clinical Effectiveness and Outcomes

6.1 Quality Accounts Report 2017-18 – Quarter 2

The Head of Clinical Effectiveness and Audit presented the report and advised that the updated information from quarter 1 report was highlighted in yellow.

The Chair commented that the Quality Account Report was progressing well.

David Buckle, Non-Executive Director echoed the Chair's comments but suggested that the wording for some of the sections should be changed to make it easier for the public to understand.

The Head of Clinical Effectiveness and Audit requested that the Committee wait until the Quarter 3 draft report was produced before commenting on the wording as this was the version which would be shared with the Trust's key stakeholders and with the Governors.

Naomi Coxwell, Non-Executive Director (Elect) said that it would be helpful in the Trust's quality performance was measured against its performance in the previous year.

The Medical Director said that the quarter 3 report would include a table to show how performance had changed from 2016-17.

Action: Medical Director/Head of Clinical Effectiveness and Audit

The Committee noted the report.

The Chief Executive left the meeting.

6.2 Clinical Audit Reports

The Medical Director and the Head of Clinical Effectiveness and Audit presented the report. It was noted that since the last meeting, the following audits had been published and reviewed:

- POMH-UK Rapid Tranquilisation in the context of pharmacological management (ID 2885); and
- Trust re-audit of POMH Prescribing for substance misuse – alcohol detox (ID 3405).

It was noted that both audits were led by the Clinical Director for Mental Health Inpatients and that action plans were in place to improve compliance which were being reviewed and monitored by the Clinical Effectiveness Department.

The Chair referred to the full report of the Rapid Tranquilisation report. The Chair commented that the Trust's performance for the treatment target for offering oral medication before injecting medication was 36% compared with 50% for the national average for oral medication only and 57% for intra-muscular/intra venous medication only compared with 43% for the national average.

The Medical Director agreed to find out why the Trust's performance was at variation from the national average.

Action: Medical Director

The Director of Nursing and Governance reminded the meeting that benchmarking data had highlighted that the Trust was an outlier in its relatively high use of prone restraint and that this would include the use of prone restraint in order to administer rapid tranquilisation.

The Head of Clinical Effectiveness and Audit said that the Trust had developed an action plan to reduce the use of prone restraint and reported that there would be a national clinical re-audit into the use of prone restraint in March 2018.

David Buckle, Non-Executive Director said that the Trust's performance of 50% for undertaking physical checks post rapid tranquilisation was better than the national average, but it was still a concern that half of patients were not checked within the target timescale.

The Medical Director agreed but pointed out that it was very challenging to conduct physical checks on patients who were extremely agitated.

The Medical Director reported that the Trust was working with a company called Oxehealth to pilot a remote monitoring system in two of the seclusion rooms at Prospect Park Hospital which would use a camera to check on a patient's vital signs.

David Buckle, Non-Executive Director commented that it was disappointing that only five patients were audited in the local re-audit of prescribing for substance misuse – alcohol detox.

The Head of Clinical Effectiveness and Audit pointed out that the Trust only had two Detox beds and that there were only five eligible patients in the week of the audit. The Medical Director said that the purpose of the local re-audit was to provide a snap shot and that the Trust would have a better idea about its performance when the national audit was re-run.

Dr Buckle recalled that in the original national audit, the Committee was concerned that Clinicians were not following NICE guidance and said that he would like to know whether this had now changed.

The Head of Clinical Effectiveness and Audit reported that the Trust had an independent review process to review compliance with NICE guidance.

In the light of the Chief Executive's comments at the start of the meeting, the Committee discussed whether the full national clinical audit reports should be included as part of the agenda pack.

Following the discussion, the Committee agreed that in future summaries of the national clinical audit reports would be produced and circulated as part of the agenda pack for the meeting and hard copies of the full reports would be circulated to the Chair and to Dr Buckle.

Action: Head of Clinical Effectiveness and Audit/Company Secretary

The Committee noted the report.

Update Items for Information

7.1 Guardians of Safe Working Hours Quarterly Report

The Medical Director presented the paper which had been written by the Trust's Guardians of Safe Working Hours. The Medical Director said that it was reassuring that no unsafe working hours had been identified and that no other patient safety issues requiring escalation had been identified.

The Committee noted the report and in particular noted that since the last report to the Quality Assurance Committee, no exception reports had been received.

The Committee thanked the Guardians of Safe Working Hours for their report.

7.2 Pressure Ulcers Prevention Annual Report

The Committee noted the Pressure Ulcer Prevention Annual Report.

7.3 Annual Children's Safeguarding Report

The Committee noted the Annual Children's Safeguarding Report.

7.4 Annual Adult Safeguarding Report

The Committee noted the Annual Adult Safeguarding Report.

7.5 Quality Executive Committee Minutes

The minutes of the Quality Executive Committee meetings held on: 14 August 2017, 11 September 2017 and 09 October 2017 were noted.

Closing Business

8. Standing Item – Horizon Scanning

The Chair requested that the Company Secretary remind the Committee of the items identified for future Committee items.

Action: Company Secretary

9. Any Other Business

There was no other business.

10. Date of the Next Meeting

20 February 2017 at 10.00

These minutes are an accurate record of the Quality Assurance Committee meeting held on 21 November 2017.

Signed:-

Date: - 20 February 2018

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Quality Assurance Committee

Meeting date	21 November 2017
Title	Guardian of Safe Working Hours: quarterly report (2 August-31 October 2017)
Purpose	Quarterly reporting for information for Quality Assurance Committee of the Trust Board, covering the period 2 August to 31 October 2017
Business Area	Medical Director
Author	Dr James Jeffs, Dr Matthew Lowe, Ian Stephenson
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
SUMMARY	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. Since the last report to the Quality Assurance Committee, **no** exception reports have been received.
ACTION REQUIRED	The QAC is requested to: Note the report on safe working hours

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING July 2017

This report covers the period 2nd August – 31st October 2017

Executive summary

This is the latest quarterly report for consideration by Trust Board from the Guardians of Safe Working.

This report focusses on the period 2nd August – 31st October 2017. Since the last report to the Trust Board **no** exception reports have been received.

We report on the successful continuation of Trainee forum. Further we can assure the Trust that the exception reporting policy is broadly working, with some ongoing requirement to ensure trainees and supervisors are aware of the exact procedures around exception reporting. We can also confirm that the electronic system of exception reporting DRS 4.8.0 is working.

We do not foresee any problems with the exception reporting policy or process; neither do we see a significant likelihood of BHFT being in frequent breach of safe working hours in the next quarter.

Introduction

The Guardians of Safe Working in BHFT have not been formally responsible for Foundation Years doctors as those doctors have their contract and pay via The Royal Berkshire Healthcare NHS Foundation Trust or Frimley Health NHS Foundation Trust. However, the local GOSW Network had identified some unforeseen consequences of this, such as Guardians in one Trust being able to approve fines either on their own trust for activity in a second trust; or fines on the second trust without any formal relationship to that trust. It is therefore considered preferable for Foundation Years Trainees to report working hours and educational exceptions to the trust where they are providing their work; this has now been set up for our Trust in that the Foundation Year Trainees are now a part of our exception reporting system. The question of fines has not been resolved, however, as a Trust we prefer that TOIL should be the first recourse and do not expect fines to be a problem.

High level data

Number of doctors in training (total): 31 (FY1 – ST6)

(The Trust has two locum training grade doctor in post as 'Locum Appointment for Service' who are not included in the above figures as they are not covered under the exception reporting of the 2016 TCS – they have, however, greatly helped in filling the large number of gaps we had on the OOH rota – see below for further information).

Number of doctors in training on 2016 TCS (total):	31
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)**

b)

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
CT1-3 / ST1-3	0	0	0	0
ST4-6	0	0	0	0
Total	0	0	0	0

c) Work schedule reviews

There have been no work schedule reviews in this period. The Medical Staffing department has created Generic Work Schedules. The DME, working with tutors, the School of Psychiatry and Clinical Supervisors, has developed 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

d) **Locum bookings**
(All data provided below for locum bookings (bank/agency/trainees) covers the period 2nd August – 31st October). Narrative on uncovered shifts is given on page 5.

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	60	59	0	584	580
Dentistry	0	0	0	0	0
Sexual Health	0	0	0	0	0
Total	60	59	0	584	580

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 level	60	49	0	584	476
ST4-6	0	0	0	0	0
SAS	60	10	0	584	104
Total	60	59	0	584	580

Locum bookings (bank) by reason*					
Specialty	Number of shifts	Number of shifts	Number of shifts given	Number of hours requested	Number of hours worked

	requested	worked	to agency		
Gaps	56	55		552	548
Sickness	4	4	0	32	32
Total	60	59	0	584	580

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	0	0	0	0
Total	0	0	0	0

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	0	0	0	0
ST4-6	0	0	0	0
Total	0	0	0	0

Locum bookings (agency) by reason**				
Psychiatry	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Maternity	0	0	0	0
Sickness	0	0	0	0
Total	0	0	0	0

e) 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?
Psychiatry	CT	1	4	47.00	51.00	
Total		1	4			

For the period 2nd August – 31st October 2017 the vast majority of shifts that needed filling on the rota were caused by gaps created by HEETV's system of allocating junior doctors. We were faced with four gaps, and as a trust had the most gaps in the Thames Valley by number (West London had three gaps but they only have five places).

However, by retaining trainees who had finished their core training and by putting all save one GPVTS on the rota we were able to reduce the number of gaps on the rota to two. The GPVTS not added to the rota could not for very real reasons be added to the rota.

The 56 shifts detailed above constitute the number we had to fill to cover the two remaining gaps on the rota. We were further fortunate in that another trainee who had finished core training was happy to work OOH shifts only and was not looking for a "day job" – this trainee has as a consequence filled 38 of the 56 gap shifts thus leaving us with 18 shifts which we have filled with our bank of doctors as well as by some of our own SAS doctors.

As noted in the previous report our trainees were concerned that we would not be able to run the rota at its usual 1:9 pattern and that a more intensive and less favourable rota, in terms of both intensity and reduced training, would have to be in place. We were, however, as outlined above able to cover the gaps caused by HEETV and ensure that the rota is able to run at 1:9.

f) Vacancies

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

g) **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
Total	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 (JDF) continues under the oversight of the junior doctor leads, and has been well attended. No immediate patient safety concerns have been raised in this quarter.

Issues arising

The Guardians are actively involved in the regional Guardian of Safe Working Hours Network (Thames Valley) and continue to stay abreast of the details of how to implement new guidelines from NHS Employers. BHFT compared to the other trusts in HEETV region has a low number of exception reports. In this return we have had no exception reports.

Actions taken to resolve issues

The Guardians of Safe Working continue to communicate through the MSC to ensure that trainers have an understanding of the exception reporting process. There is on-line training which trainers should have completed in regard to the exception reporting process and we will continue to encourage them to complete this.

We met with the new doctors at their induction in August and will be continuing to emphasize the importance of completing exception reports as appropriate.

Summary

All rotas are currently compliant.

No trainee has breached the key mandated working limits of the new 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.

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

Appendix A: Glossary of frequently used terms and abbreviations

Guardian of Safe working hours: A new role created by the Junior Doctors Contract that came into effect for the majority of trainees in BHFT in February 2017. The Guardian has a duty to advocate for safe working hours for junior doctors and to hold the board to account for ensuring this.

FY – Foundation Years – Doctors who are practicing usually in the first two years after completing their medical degrees.

CT – Core Trainee – The period usually following FY where a junior doctor is specializing in a particular area of medicine (in BHFT this is primarily for Psychiatry or General Practice). Typically 3 years for psychiatry trainees.

ST- Speciality Trainee – The period following Core training where a junior doctor sub-specializes in an area of medicine, for example Older Adult Psychiatry. Typically 3 years for psychiatry trainees.

Work Schedule – A work schedule is a new concept for junior doctors that is similar to a Job Plan for Consultants. A work schedule sets out the expectations of the clinical and educational work that a Junior Doctor will be expected to do and have access to. Before entering each post the Junior Doctor will have a "Generic Work Schedule" that the Clinical Supervisor and Medical Staffing feels sums up the expectations and opportunities for the that post. At the initial meeting between Clinical Supervisor and trainee this will be personalized to a "Specific Work Schedule" giving the expectations of that trainee in that post. If exception reporting or other information indicates a need to change the work schedule this is called a work schedule review. The new policy indicates the procedures for this process and appeal if it is not considered satisfactory.

Junior doctors' forum – A formalized meeting of Junior Doctors that is mandated in the Junior Doctors Contract. The Junior Doctors under the supervision of the Guardians are amalgamating other pre-existing fora under this meeting so it will be the single forum for Junior Doctors to discuss and formally share any concerns relating to their working patterns, education or patient safety. The Junior Doctor Forum includes representation from the Guardians, Director of Medical Education and others as required to ensure these concerns can be dealt with appropriately.

Fines – If doctors work over the hours in their Specific Work Schedule they are entitled to pay or to time back in lieu for that time. In this trust we are looking for trainees to have time back as the preference. However if the doctor works so many hours as to further breach certain key mandated working limits the trust will be fined with the fine going into a separate fund managed by the Guardians to be used for educational purposes for the trainees.

Trust Board	12th December 2017
Title	**Learning from Deaths Quarter 2 Report**
Purpose	To provide assurance to the Trust Board that the trust is compliant with the learning from deaths national policy.
Business Area	Clinical Trust Wide
Authors	Head of Clinical Effectiveness and Audit, Medical Director
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
Resource Impacts	None
Legal Implications	None
Equality Diversity Implications	A specific national requirement is that deaths of patients with a learning disability are reviewed to promote accessibility to equitable care. This report provides positive assurance of learning in this area.
SUMMARY	The Trust Board can be assured the learning from deaths process has not identified any deaths in Q2 which were directly attributable to a lapse in care. 723 deaths were recorded on the clinical information system during Q2 where a patient had been in contact with a trust service in the year before they died. Of these 74 met the criteria to be reviewed further. All 74 were reviewed by the executive mortality review group and the outcomes were as follows: • 37 were closed with no further action • 6 were classed as Serious Incident Requiring Investigation • 2 required root cause analysis investigations • 1 will be investigated as a complaint • 1 was open awaiting further information • 27 required further review using an initial finding review (IFR) During Q2 the mortality review group reviewed the findings of 28 IFR reports, of which none identified a serious lapse in care. 7 IFRs related to patients with a learning disability. The following areas for learning were identified: • Deaths of patients with a learning disability: our reviews have highlighted areas of learning for the acute sector and include patients being able to access reasonable adjustments and ensuring that their mental capacity is assessed in line with the mental capacity act. • Deaths reviewed as serious incidents: have highlighted management of patient's physical health whilst they are under our care for their mental health (both SI and Non SI deaths). Risk assessment for talking therapies patients, Clinical Supervision, and Communication with Families • IFRS have identified that for hard to engage vulnerable patients a

	proactive approach and prompt reporting and follow up of safeguarding concerns is needed, and work is on-going to support primary care to improve advanced care planning. This report was reviewed by the Quality Assurance Committee on 21st November
ACTION REQUIRED	The Board is asked to receive and note the Q2 learning from deaths report and the assurance from the Quality Assurance Committee that the Trust is compliant with NHS Improvement requirements in respect of learning from deaths.

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1.0 Purpose

It has become increasingly important for trusts to evidence that they are systematically and continuously reviewing patient outcomes including mortality (patients who have died).

It is acknowledged that most deaths do not occur as a result of a direct patient safety incident. None the less, it is important that opportunity for learning from deaths and learning from the review of the care provided and patient experience of our services in the period prior to the person's death are not missed and that when deaths are deemed not to require any further investigation the rationale and justification for this is clearly documented.

2.0 Scope

This report supports the Trust learning from deaths policy which was published in August 2017. The Trust policy identifies a number of metrics which are reported within.

3.0 Introduction

Berkshire Healthcare is a combined community and mental health trust, providing a wide range of services to people of all ages living in Berkshire. The trust employs over 4,200 staff who operate from our many sites as well as out in people's homes and in various community settings. This report sets out how we review deaths of patients who have been under our care at any point in the year before they died, to ensure that the most appropriate care was given.

The first part of the report identifies the total numbers of patients who have died, in most cases these are expected deaths but where a specific trigger is noted (as identified in our policy) we then review these deaths further.

The level of review will depend on whether certain criteria are met, the report sets out the numbers which were reviewed and the type of review we conducted.

We review the care provided for all patients who had a learning disability and died; for this specific group of people we are required to categorise their deaths using the Office for National Statistics (ONS) classification which identifies if a death could be avoidable. The ONS classification uses the terminology 'avoidable death' in its broadest sense and avoidable is used for majority of deaths under the age of 74 years where public health interventions are being developed.

For any deaths which are reviewed and there is believed to be a lapse in care which contributed to the death, this would be escalated as a Serious Incident (SI) and investigated using a Root Cause Analysis (RCA) approach.

The final section of this report looks at the learning we have identified from the review of deaths in the quarter.

4. Data

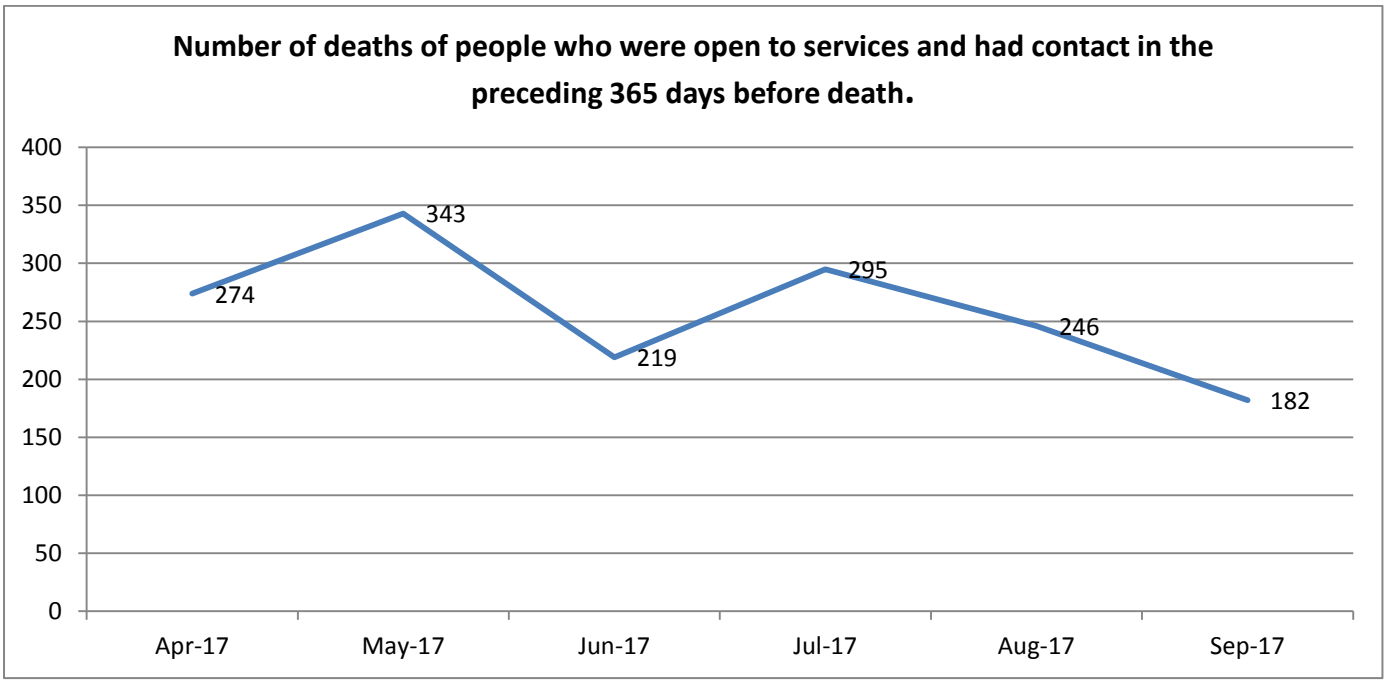
4.1 Total Number of deaths in Q2

The trust electronic patient record (RiO) is directly linked to the national spine which allows information regarding deaths to be shared amongst providers of health care. Figure 1 uses this information and is generated from our Rio system.

It identifies all deaths where a patient had any contact with one or more of the trust services in the preceding 365 days before their death and was on an active caseload of the service at the time of death. Figure 2 shows the total numbers for quarter 2 of 2017/18, recorded on the Rio System.

Figure 1 Number of deaths of patients who were open to services and had contact in the preceding 365 days before death.

Service as listed on RiO	July 2017	August 2017	September 2017	Grand Total
NURSING EPISODE	138	134	87	359
DIETETICS	37	28	19	84
OLD AGE PSYCHIATRY	22	22	18	62
SPEECH AND LANGUAGE THERAPY	19	11	11	41
COMMUNITY HEALTH SERVICES MEDICAL	22	7	11	40
PALLIATIVE MEDICINE	16	14	10	40
PODIATRY	17	8	6	31
ADULT MENTAL ILLNESS	4	7	3	14
REHABILITATION	3	4	3	10
RESPIRATORY MEDICINE	2	3	4	9
GENERAL MEDICINE	5	1	2	8
CARDIOLOGY	3	2	2	7
CLINICAL PSYCHOLOGY	1	3		4
GENITO-URINARY MEDICINE	2		2	4
LEARNING DISABILITY	1	1	2	4
PHYSIOTHERAPY	2		1	3
GERIATRIC MEDICINE	1	1		2
OCCUPATIONAL THERAPY			1	1
Grand Total	295	246	182	723

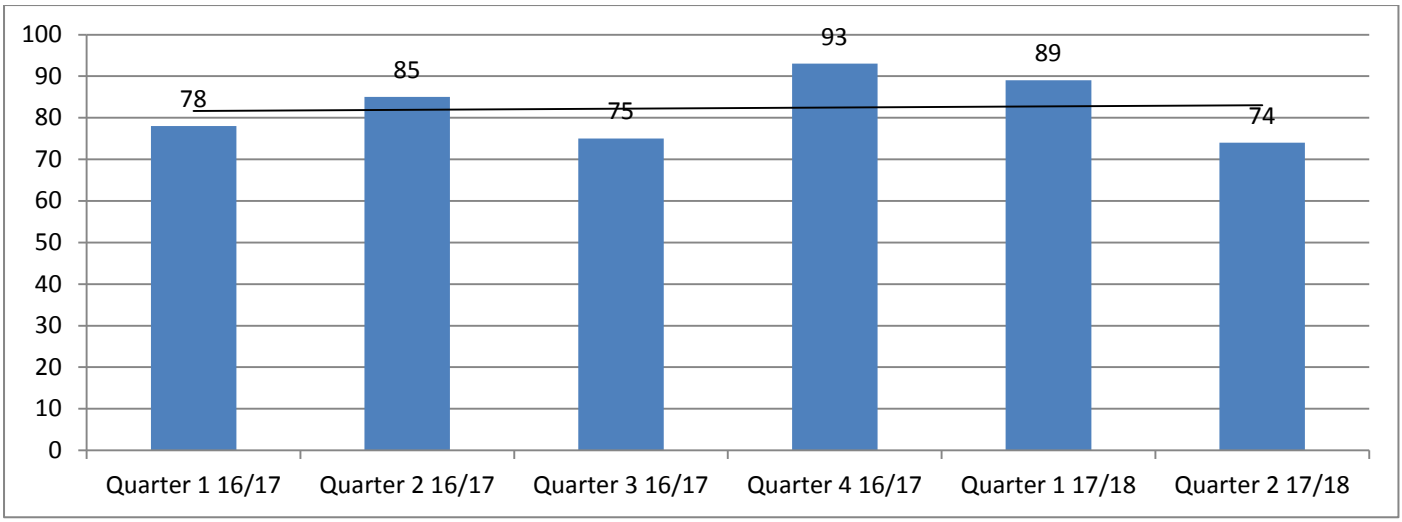


*** Note Figures will be revised at the end of the fiscal year and may increase as notifications from the national spine are updated.**

4.2 Deaths reported for review

The learning from deaths policy identify a number of criteria which if met require the service to submit an incident form for review on the Trust incident management system (Datix) following the notification of a death. Figure 3 identifies those deaths which have been reported.

Figure 3 The Number of deaths reported per quarter on the Datix Incident System.



Note: The date is recorded by the month we receive the form not the month the patient died.

Figure 4 breaks down the deaths reported on the Datix system by the service the patient was in contact with. These are all reviewed weekly by the Executive Mortality Group (EMRG) which consists of the Medical Director, Director of Nursing and Governance, Lead Clinical Director, Deputy Director of Nursing and Quality and the Head of Clinical Effectiveness & Audit.

Figure 4 – Datix reported deaths by month reported and service which the patient had contact with.

Service	July	August	September	Total
Community Hospital Inpatient	13(4T)	5	6 (1T)	**24**
Community Mental Health	6	4	3	**13**
Community team for people with learning disabilities	2	5	4	**11**
Crisis response and home treatment team		3	1	**4**
Children's and young people's services		3	1	**4**
District Nursing /Intermediate care	3	1		**4**
Community Mental Health Older Adults	2		1	**3**
Criminal liaison and justice			3	**3**
Common point of entry		1	1	**2**
Westcall out of hours GP	1		1	**2**
Mental Health inpatients			1	**1**
Hard to reach homeless	1			**1**
Heart failure team		1		**1**
Community based neuro rehabilitation			1	**1**
Total Datix	**28**	**23**	**23**	**74**
Total SI detailed in Q2 BHFT SI report	**1***	**4**	**2**	**7**

T = patients who were transferred due to a decline in physical health and subsequently died in the acute setting within 7 days of transfer.
*1 death reported in June (Q1) and declared as an SI in July

There are four outcomes upon EMRG review (as identified in the learning from deaths policy):

1. Datix form advised to be closed, no further learning to be gained from further review.
2. Further information requested to be able to make a decision, to be reviewed at following EMRG
3. Identified as a serious incident (SI)
4. Identified as a sub SI
5. Identified as requiring an Initial finding review (IFR) report

All deaths classified as SI will follow the existing SI investigation process using Root Cause Analysis methodology and learning will be shared within this report.

The following sections of the report will detail the outcomes from the EMRG and subsequent learning.

Figure 5. Outcome following review at EMRG

	Number
Datix closed no further action required	37
Classified as a Serious Incident (SI)	6*
Classified as a sub SI or RCA	2
Initial findings report (IFR) requested	27
Complaint Investigation	1
Open awaiting further information	1
Total	74

*1 reported as a sub SI in Q2 and escalated to a SI in October

4.3 Deaths categorised as Serious Incidents (In line with Trust SI policy and Learning from deaths policy)

Figure 6: Number of SI relating to a patient death in Q2

Service (**Source Q2 Serious Incident Report)**	**Number**
Mental Health Inpatients	1
Community Mental Health	4
Westcall out of hours GP service	1*

*Reported as a sub SI in Q2 and escalated to an SI in October

5. Involvement of families and carers in reviews and investigations

5.1 For all deaths which are categorised as an SI

The family is contacted in line with our duty of candour policy and informed of the process of investigation. Someone from the service (usually a senior clinician or manager) makes contact with the family as soon as it is known that an incident causing death has occurred. At this time they offer a face to face meeting which will include:

- an explanation about what is known regarding the incident,
- the offer of support
- An explanation regarding the investigation process including who the investigating officer is and that they will be in touch.
- an apology for the experience, as appropriate

Where the meeting is accepted this is then followed up in writing. Following the appointment of an investigating officer they will contact the family and arrange to meet with them to ensure that they are part of the investigation process and hear any questions or concerns that they have for inclusion in the investigation. The investigating officer provides contact details and explains that they will be in touch further during the investigation and once it is finished, to share the findings of the investigation.

Once the investigation is completed the investigating officer makes contact with the family to agree how they would like to receive feedback and findings of the investigation. A face to face meeting is offered to do

this and a copy of the report is provided to the family if they would like one. This meeting is also followed up in writing. This level of contact and involvement has been offered to all families involved in an SI investigation in Q2.

5.2 For non SI deaths

Team members make contact with the family following the reported death of a person with a learning disability. This is usually telephone contact in the first instance, but follow up visits and support has also been undertaken when appropriate. The Head of Learning Disability Services also sends a card of condolence to the family with information on how to contact the team if the family would like to discuss the person's care and treatment prior to death. This has recently been updated to include details regarding the LeDeR programme .

During the period 1st July 2017 to 30th September 2017 one family member has made contact expressing a wish to be involved in the review process and whilst no concerns regarding care by BHFT were highlighted, they were able to share their thoughts about how services could be improved upon based upon their own experiences.

6. Mortality Review Group

6.1 Reviews Conducted

The purpose of the local review of deaths is to determine if any potential problem or lapse in care may have contributed to the person's death, to identify learning and to utilise the learning to guide necessary changes in services in order to improve the quality of patient care. It is expected that, over a period of time, these improvements in response to learning from deaths will contribute to reduction in premature deaths of people with learning disabilities and severe mental health illness.

The mortality review group meets monthly and is chaired by the Medical Director; the following reviews (IFRS) have been received and considered by the group in Q2.

Figure 7 Reviews Conducted in Q2

	Total Number	Services
July	12 IFRs reviewed	Learning Disability – 4 cases Podiatry – 1 case Talking Therapies – 1 case Westcall - 1 case Specialist children's services -1 case Community Hospital Transfers – 3 cases Psychological medicines services – 1 case
August	7 IFRs reviewed	Learning Disability – 2 cases Community Mental Health Services – 2 cases Mental Health inpatients transfer – 1 case District Nursing – 1 case Mental Health Inpatients -1 case
September	9 IFRs reviewed	Learning Disabilities – 1 cases Children's and Young people's services – 1 case Community Mental health – 3 cases Crisis resolution and home treatment team – 1 case Westcall - 1 case Community Hospitals transfers -1 case Complaint relating to death – 1 case

Note: these are cases reviewed in Q2 and will include cases reported in previous quarters.

Upon review the mortality review group will agree one of the following:

- Request further information from trust services or other providers
- Agree to close the case and note any actions on the action log
- Agree to close and make recommendation for service level learning and improvements

An action log is maintained and reviewed by the group to ensure that all actions are completed. The following section details the recommendations and learning which have been identified in Q2.

6.2 Deaths of patients receiving community nursing care including palliative care
Figure 1 shows that the highest proportion of deaths of people who have been under the care of one of our services in the year before they died were under the care of nursing or palliative medicine, where death may be expected. For Inpatients we require all deaths to be reported on the Datix system including those patients who are expected to die and receiving palliative care.

In Q2, 20 expected deaths (patients admitted for end of life care) were reported on our community health inpatient wards (compared to 31 in Q1). These were reviewed by the executive mortality review group where sufficient information had been provided to give assurance that appropriate and of life care had been given.

In line with our criteria, 4 deaths were reported following transfer to an acute hospital provider from one of our community hospitals, an initial findings report was requested for all to ensure that appropriate care was given prior to the patient's deterioration and transfer.

5 deaths were reported by community nursing services, all were reviewed by the executive mortality group. 4 were reported relating to patients receiving palliative care at the end of life, sufficient information had been provided to give assurance that appropriate care had been given and the cases were closed with no further review required. 1 case related to a complaint received and an investigation was completed.

6.3 Deaths of people with a learning disability
10 deaths were reported in Q2 where the individual was known to the learning disability service, all have been reviewed using an IFR. In addition there has been 1 death of a person with a learning disability who was accessing other trust services but who was not known to the specialist learning disability service (11 deaths in total).

As of the 1st September 2017 we are required to notify the national Learning Disability Mortality Review process (LeDeR) of all deaths of individuals with learning disabilities known to the Trust. Out of the 11 deaths, 4 occurred after 1st September and therefore were eligible to be submitted. All 4 were submitted and will undergo independent review which our review will feed into. Any additional learning identified will be received via LeDeR and shared within these reports.

All deaths of people with a learning disability are reviewed based on our clinical records and when appropriate and available, from other local NHS healthcare providers. We are required to use the Office of National Statistics (ONS) tables to determine whether a death of a patient with a learning disability was deemed as avoidable, this is a broad definition which looks at the wider public health programmes and most deaths under the age of 74 years will be classified as avoidable using this framework.

Using the ONS framework, 5 deaths were regarded to be of an avoidable cause. It should be noted that no lapse in care was identified; the deaths were noted to be due to the following causes (as recorded on the certificate):

1. 1 death of liver Cancer
2. 3 deaths of aspiration pneumonia,
3. 1 death of muscular dystrophy

6 deaths were considered unavoidable, and the deaths were attributed to the following causes:

1. 3 deaths associated with respiratory disorders
   (Of an age over the upper limit of 74 as used by the ONS to identify deaths which are premature and therefore avoidable)
2. 2 deaths due to dementia
3. 1 death of cancer (of an age over the upper limit of 74 as used by the ONS)

Across the range of 11 deaths considered above, the detailed process of case record review, requesting additional information from other providers where necessary and subsequent discussion at the service Clinical review Group (CRG) found evidence that appropriate care and actions had been taken in all cases. Examples of learning have been identified and resulting actions have been implemented as acknowledged within subsequent sections of this report.

Demographics of patients with a learning disability

In Q2 we were notified of 11 people who died, 6 were male and 5 were female. The age at time of death ranged from 36 to 85 years of age (median age: 67.5 years).

7 (64%) of the 11 deaths recorded within this period have been identified as premature (defined as <75 years). 4 individuals died at an age over the upper limit of 74. The age of these individuals ranged from 77 to 85 years.

Figure 8 Severity of Learning Disability

Mild	3
Moderate	3
Severe	4
Profound	1

Ethnicity

10 people who have died in this period were from a 'White British' background. 1 was from an 'Other Asian' background.

7. Learning from Deaths

The aim of the policy and procedure is to ensure that we learn from deaths and improve care even when the death may not be due to an avoidable cause. The following section details the learning that has occurred.

7.1 Learning from SI Investigations where the patient died in Q2 (Source SI Q2 report)

All SI's are reviewed to establish trends or themes for learning and reflection. In addition, the action plans are reviewed to identify evidence of some of the actions that the services have taken to address recommendations.

Learning is shared through incident summaries and action plans with teams and through Patient Safety and Quality meetings, there is also an increased focus on holding of learning events to cover both individual incidents and more generic/ wider learning from incidents that have occurred within the trust. These events are proving to be very successful in supporting teams in the review of incidents, discussion of learning and agreement of improvements to mitigate similar incidents occurring in future.

Main themes and evidence of actions are summarised below.

- **Identifying and managing risk within Talking Therapy Service**

  More than one investigation into SIs that involved the Talking Therapies Service identified that patients may have reported low scores (using Talking Therapies questionnaires) but had historical suicide attempts / significant risk factors which may affect their actual level of risk. Whilst having been identified as requiring a step up in treatment, these patients then had a wait for further treatment to commence, with no input during that time. It has therefore been recommended that there is a need for raising awareness and training within the service about overall considerations of risk / risk related concerns and appropriate referrals to the Daily Supervisor who would advise if further referral was needed / whether Support in Therapy team should be utilised.

  In order to improve awareness of current and historical factors which could cause the client to become vulnerable to suicide, training has taken place in Talking Therapies and the standard operating procedure has been updated to provide further guidance on when to refer to the Daily Supervisor.

- **Clinical supervision processes**

  Both an investigation involving CRHTT and an investigation involving Physical Health Inpatient Wards identified that supervision processes needed to be more robust. Services need to work to ensure that processes are in place, they are available to all staff and that sessions are documented and checked at regular intervals.

  In order to improve supervision processes on the Physical Health Ward, the Band 7 Sister does internal rotation of nights once every six weeks to ensure that she gets to meet with all of the team and ensures they are up to date with trust issues and competences. New ward matron/Senior Sister will also be doing nights every six weeks to support Band 7 staff with this.

With regards to supervision in CRHTT, since August, the East Team now have a dedicated telephone triage team to better manage the number of staff involved in managing calls into the service. Staff in this area of the service, have received additional training with direct access to clinical supervision post call and there is always a Band 6/7 clinician available for advice in this triage room.

- **Working with families and carers**
  SI investigations continued to highlight the theme of the importance of involving families and carers during the care and treatment of mental health patients. It is important for staff to recognise the importance of involving a patient's family/carers in his/her care where appropriate to do so, continually monitoring the extent to which information can be shared with a patient's family/carers in accordance with the patient's consent or an alternative legal basis.

  - Risk training has been updated to emphasise the importance of this with the training providing a combination of theory, practice and carer experience now, a carer delivers part of the session and a carer video clip is also used. Trainers also demonstrate how to include the carer view in risk assessment through interactive sessions and an example to illustrate how staff can have the conversation if consent to share is refused is also provided.

  - Guidance for carers on questions to ask staff so they can be more involved in care has been developed and a dedicated carer's webpage will go live in Dec 2017. Mental health first aid is offered to our carers who want to attend this.

  - An infographic to help carers, staff and service users know how to work together on safety plans is currently in development with the support of carers and this will be completed early November.

  - Work is currently being undertaken with a company called resource productions to produce a short film clip of staff service users and carers talking about carer involvement to help raise awareness further of the importance of carer involvement and this will provide further practical examples.

- **Recording and monitoring physical health**
  The processes for monitoring the physical health of Mental Health patients, has been identified as an area that requires improvement in more than 1 SI.

  Within the CMHT
  - There are now training sessions being delivered by one of the community practice educators. Workshops have been using the learning from the mortality and serious incident learning to inform these.
  - A form has been developed within RiO that alerts staff to normal parameters and highlights the interventions they can offer
  - EIP have recruited 3 volunteers to help patients get to the practice for their annual health check.

  Across the Mental Health Inpatient Wards
  A number of initiatives and training sessions are being provided to up skill the staff working within Prospect Park on Physical Healthcare this includes:
  - Diabetes training sessions are being delivered. In addition to this 4 of the clinical Development Leads have attended the Diabetes foundation course with a further course identified for the remaining Leads to attend.
  - Training on the deteriorating patient with the Clinical Development Leads been trained in competency assessment and support from Clinical Practice Educators in up skilling of ward staff.
  - Wound care management- 3 courses in Oct and November
  - SALT/ choking training- 6 sessions planned for November; to be delivered by SALT therapist
  - Bowel management- planned for discussion at SPACE groups in October and at Physical health wellbeing clinic.
  - Further training being planned around hydration/ nutrition/ Food and fluid monitoring

7.2 Learning from deaths of patients with a learning disability
Main themes and evidence of actions are summarised below.

Accessing reasonable adjustments
Information continues to suggest that individuals with learning disabilities experience difficulties in accessing reasonable adjustments – particularly in relation to the provision of healthcare in acute settings. During this reporting period there have been two examples where it was identified that the absence of a dedicated Learning Disability liaison position within one of the acute hospital settings resulted in difficulties around delivery of care for individuals. In Q1 we identified if a dedicated Learning Disability Liaison Nurse was available within the acute setting, concerns could have been addressed and support provided internally within that organisation. The LD service is still in liaison with the two local acute providers; to continue to explore opportunities for further joint working in relation to completion of mortality reviews of individuals known to both services.

On-going opportunities for joint working and information sharing with the local acute providers continue to be progressed. This is also likely to be positively impacted by the implementation of the LeDeR programme across the Berkshire CCG's.

Mental Capacity
Whilst examples of good practice in this area have been identified, there is a continued need to ensure that when services are involved in the process whereby capacity decisions are being made, they are able to demonstrate adherence to the relevant legislation and guidance. Two examples of this nature have occurred during the reporting period, where BHFT staff have questioned the acute sector around decision making when this appears to have been in conflict with expectations set out within the Mental Capacity Act. Health teams to continue to monitor adherence to this standard and to escalate concerns accordingly.

7.3 Learning from all other deaths
For all community mental health services, safeguarding and physical health were identified as two key common areas of learning.

A Team reflective learning account was used to share the learning identified which was specific to patients under the care of the older adults mental health services, they identified that for hard to engage vulnerable patients a proactive approach (unannounced visit) and prompt reporting and follow up of safeguarding concerns is needed. Acting on information relating to physical health and working with community health services jointly would support better outcomes and a more cohesive approach.

Within community mental health teams the physical health training has been reviewed, and a reflective session was held. A physical health lead post to work across the East CMHT's in being implemented.
In the east community mental health services they are now presenting all cases that are deemed not to meet threshold for formal safeguarding to their complex case review panel.
Within our physical health services key learning has been identified around review and ownership of pathology tests and results, and surrounding patient wishes in relation to the level of intervention and ensuring care plans are documented clearly on admission and reviewed on an on-going basis aligned to patient's status.

Physical health was also identified as a reflective case for review and learning by the acute trust when a physical health condition presenting in psychosis resulted in a patient being admitted briefly to our mental health inpatients unit and subsequently transferring directly back to the acute hospital.

All deaths that occur during the Out Of Hours period and where a WestCall GP doctor has been involved or asked to confirm death are recorded and reviewed. In most cases these are expected deaths. The Westcall Medical Director screens the cases to make sure that all the WestCall systems were operating

appropriately and also looks at the quality of the Advanced Care Plans (ACPs)provided by the GP practices and other providers.

The WestCall Medical Director is working with the Clinical Commissioning Groups, GP practices and the South Central Ambulance Trust to improve the quality of ACPs that will be made available to clinical staff electronically at the point of delivery to enable them to help patients with chronic or EOL problems to be managed in the most suitable environment and in the most suitable way.

Learning from a death where a patient received input from our Improving Access to Psychological therapies service (IAPT) is currently under way and a learning event is planned with Staff.

7.4 Learning from Complaints where the patient died

Complaints from bereaved families are investigated in line with the complaints policy. The mortality review group received a summary of the complaint responses and as of Q2, have reviewed the IFR supporting the complaint investigation.

In Q2, 5 complaints were received from family members of patients who had died and are being investigated. 4 complaints were closed in Q2 and the main learning to be taken from complaints was:

- Catheter care: learning for the team to ensure that patients are supported until confident in the care, or referred to appropriate agency if not able to care for the catheter. Team also to ensure relevant written information is given to the patient on first visit, this includes written information on continence advisory prescription service, caring for a catheter and information on why the catheter has been inserted.
- Communication and attitude of staff: Communication between staff members was not clear and transparent, which resulted in missed opportunities for a clear handover and delayed the syringe pump (for pain relief). We have apologised for the lack of communication. All staff involved will attend a reflective practice session to consider how they will show care and compassion in future.

8. Conclusion

The Trust Board can be assured that the learning from deaths process has not identified any deaths in Q2 which were directly attributable to a lapse in care. One death reviewed in Q2 was escalated to be reported as a serious incident, this occurred in October and the outcome of this will be included in Q3.

While additional national guidance for mental health and community health trusts is being developed, BHFT have been compliant with the trust policy on Learning from Deaths. Several themes and areas of learning from a review of the deaths in Q2 have been identified and service improvements are being implemented.

Learning from deaths of patients with a learning disability is a national priority, our reviews have highlighted areas of learning for the acute sector and include patients being able to access reasonable adjustments and ensuring that their mental capacity is assessed in line with the mental capacity act. No reviews of LD deaths identified lapse in the care the Trust provided.

Those deaths classed as serious incidents identify the following learning:

- Management of patient's physical health whilst they are under our care for their mental health (both SI and Non SI deaths).
- Risk assessment for talking therapies patients
- Clinical Supervision
- Communication with Families

For all other deaths the following learning has been identified:

- For hard to engage vulnerable patients a proactive approach (unannounced visit) and prompt reporting and follow up of safeguarding concerns is needed.
- Working with primary care to improve advanced care planning

We are in the process of developing an audit tool to proactively review a sample of community nursing records, the pilot stage has been completed and a review of this will be included in the Q3 report.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	12 December 2017
Title	**Executive Report**
Purpose	This Executive Report updates the Board of Directors on significant events since it last met.
Business Area	Corporate
Author	Chief Executive
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
Equality and Diversity Implications	N/A
SUMMARY	This Executive Report updates the Board of Directors on significant events since it last met.
ACTION REQUIRED	To note the report and seek any clarification.

Trust Board Meeting 12 December 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. Friends and Family Test - Update and Actions being taken to increase the response rate – where are we now?

The Friends and Family Test (FFT) is being collected as question one in our internal patient survey in addition to being available on its own. We are currently collecting the FFT through: text messaging, online links, paper (as part of surveys and individually), on handheld devices and by telephone.

Achieving a 15% response rate is one of the Trust's objectives and progress is monitored as part of the Patient Participation Strategy work programme for 2017/18. The results by service and locality including the narrative feedback are uploaded onto Teamnet each month.

Response rates

The most up to date FFT national data is for September 2017. Quarterly benchmarking against the national response rate and those of local Trusts is included in the quarterly Patient Experience Report.

Table one: FFT response rates, September 2017

		Response Rate
Community Health Services	National	4%
	Berkshire Healthcare	20%
Mental Health Services	National	3%
	Berkshire Healthcare	7%

Nationally, collecting the FFT by paper at the point of discharge (which includes up to 48 hours post discharge) is the most popular methodology for both community health and mental health services, followed by tablet/kiosk.

Tables Two and Three: Methods of collection, September 2017

	Method of collection %						
Community Health	SMS/Text / Smartphone App	Electronic tablet/kiosk at point of discharge	Paper / postcard at point of discharge	Paper survey sent to the patients home	Telephone survey once patient is home	Online survey once patient is home	Other
England (inc Independent Sector Providers)	7	8	65	6	6	8	0.68
Berkshire Healthcare	0	28	58	0	0	14	0

	Method of collection %						
Mental Health	SMS/Text / Smartphone App	Electronic tablet/kiosk at point of discharge	Paper / postcard at point of discharge	Paper survey sent to the patients home	Telephone survey once patient is home	Online survey once patient is home	Other
England (inc Independent Sector Providers)	0.39	21	54	8	4	10	3.29
Berkshire Healthcare	1.06	23.28	44	0	0	31	0

Table two (mental health) shows that we collect a higher percentage of the FFT using online surveys and devices/kiosks compared to the overall national picture. Some local Trusts achieve a higher response rate than Berkshire Healthcare and send the FFT to the patients' home after discharge as a paper survey. There is cost associated with this, and one of the ways that we are translating the learning from others into our Trust is by encouraging and supporting services to include the FFT postcard and a freepost envelope within discharge letters sent to patients.

Challenges

Some of our most vulnerable groups have the lowest response rates:

Prospect Park Hospital inpatient wards

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 Hospital. 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. The role of a volunteer ward host/hostess is being devised to specifically look at how to support the wards. The use of the FFT as part of the ward community meetings is also being explored as this occupational therapy led group is a good opportunity to give and receive feedback on the ward and experience of our patients.

Campion Unit

From quarter 3, feedback from Learning Disability Services is being highlighted. Both the FFT and internal patient survey have been adapted to make them more accessible to people with a learning disability.

A “Deep Dive” is currently underway to look at how we can capture and improve mental health services so that they are effective in supporting people with autism and people with learning disabilities.

Children Young People and Families Services

The Child and Adolescent Mental Health Service has a dedicated Patient and Public Involvement Lead with an established service user group. The participation levels being piloted across the Trust form part of the Children and Young People and Families (CYPF) participation strategy. There are low numbers of FFT responses within CYPF. An improvement should be seen in CYPF as a result of this work.

We have developed the role of nominated Participation Champions across CYPF services who will be feeding back key messages and promoting the levels within their services, having access to both peer and management support with increasing meaningful participation within their areas.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

3. Temporary Staffing Programme

Temporary Staffing Programme - Use of agency v NHSP bank staffing and associated issues

As the Trust Board is aware, there is an NHS Improvement (NHSi) cap set for the Trust of a maximum of 8% of the total staff pay cost to be spent on Agency staff during 2017-18, and an internal Trust stretch Cost Improvement Programme target of 5%.

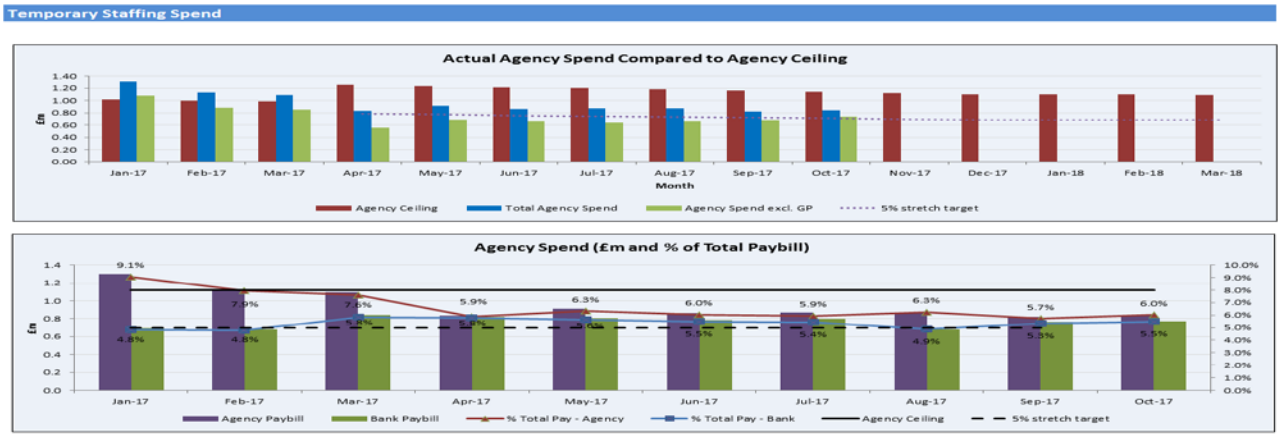
During August and September 2017, the percentage spent on Agency staff was 6.3% and 5.7% respectively. In October 2017, the percentage spent increased slightly to 6%. This was attributed to the delivery of the 111 Service and the Royal Berkshire Hospital NHS Foundation Trust Emergency Department (ED) GP streaming service becoming operational.

The monthly spend on NHSP (bank) as a percentage of the total staff pay cost was 5.5% in October 2017.

This meant that the monthly combined Agency and Bank usage percentages of the total staff pay cost so far in 2017-18 are:

- April 2017 – 11.7%
- May 2017 – 11.9%
- June 2017 – 11.5%
- July 2017 – 11.6%
- August 2017 – 11.7%
- September 2017 - 11% and
- October 2017 – 11.5%.

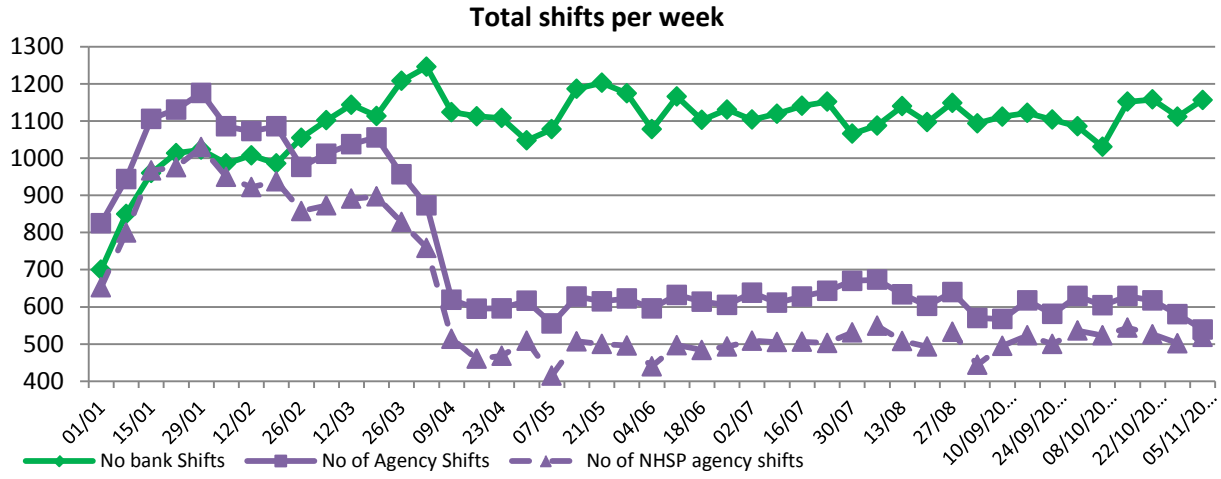
As previously noted, there are now no new primary care agency GP medical staff costs attributed to the Slough Walk In Centre (SWIC) since the end of August 2017, with most of the invoices now having been received. There has however been new agency costs associated with agency and agency GP medical staff working in the 111 and Royal Berkshire Hospital NHS Foundation Trust ED GP streaming services in September 2017, reflected in costs shown for October 2017.



To date the Trust is reporting an agency spend of £6,012k which is £2,360k below the NHSi ceiling of £8,372k. This indicates that the spend on agency remains lower than when the NHSi target was agreed in 2016-17, when agency usage was higher in the Trust.

Agency and Bank Shift Usage

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



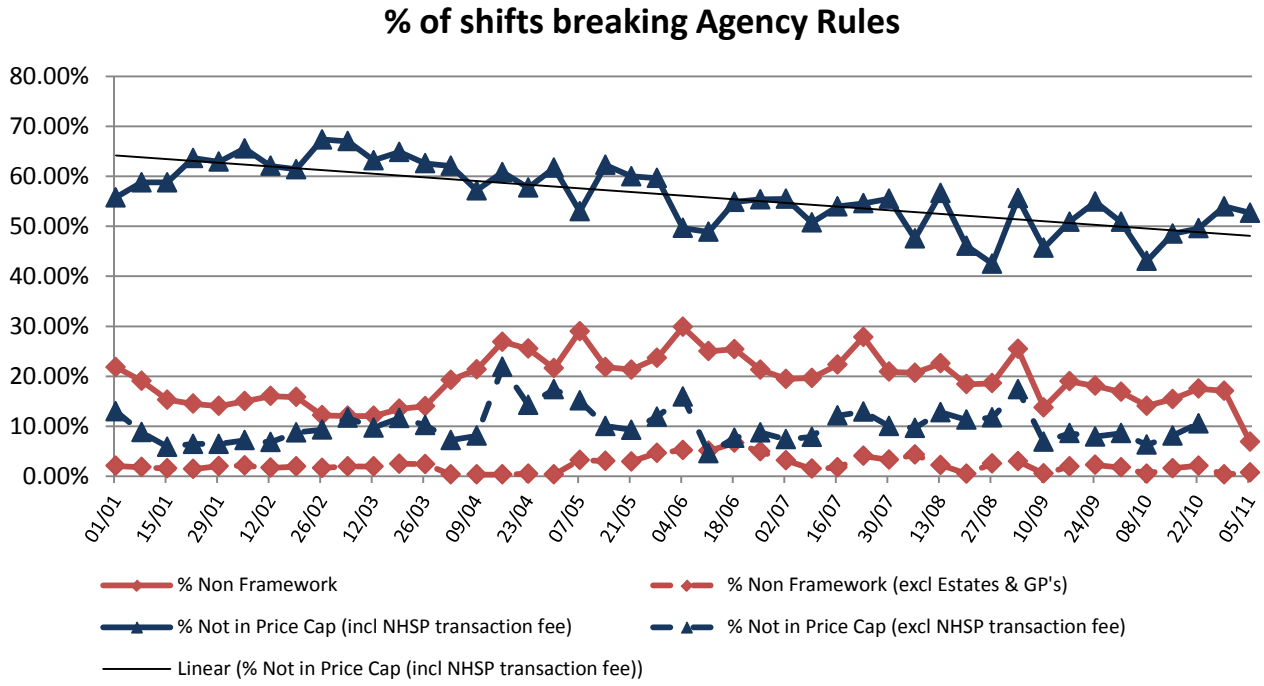
- It can be seen that since June 2017 onwards, the number of shifts being used has been more stable. Following a decline in the number of bank shifts used during September 2017 there has been an increase during October 2017.
- Also in October 2017, there was a reduction in agency shifts that were not being booked through NHSP (the difference between the *number of agency shifts* and *the*

number on NHSP agency shifts totals). A number of these would have previously been attributed to the SWIC.

- To note, *the number of agency shifts* total includes all those booked through NHSP and those which were not (Westcall, Mental Health medical staff and a small number of children services staff and nursery nurses).

Framework and Price cap Issues

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



Notes

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

- Recent increases in the non-framework percentages are primarily from Westcall and SWIC GPs. However, it can be seen that these percentages are now dropping since the Trust ceased running the SWIC service, and will further reduce after November 2017, with the establishment of the Westcall GP bank, and the GPs not being classed as Agency staff.
- Price cap breaches were often in Westcall, SWIC GPs and agency community nurses in a number of localities. However there is a downward trend in there being less price cap breaches on the shifts being booked through NHSP.

Temporary Staffing Contract

- The Trust Board will recall that the Trust was retendering the Temporary Staffing Contract in conjunction with the Royal Berkshire Hospital Foundation Trust, where it is expected that there will be the (financial) benefits of economies of scale, from the provider awarded the tender. This process has now been completed.
- A recommendation was made to the Trusts Business and Strategy Executive meeting held on the 20th November 2017 that the Temporary Staffing contract be awarded to NHSP, which had the highest final scorings (from the above decision making process), and, that it be awarded as either a joint contract with the Royal Berkshire Hospital NHS Foundation Trust, or as a standalone BHFT contract. This was agreed at the meeting.
- The Royal Berkshire Hospital NHS Foundation Trust have now confirmed that their Executive have also agreed the awarding of the joint Temporary Staffing contract to NHSP.
- The three tenders will now be informed of the decision by letter on the 30th November 2017, and this will be when the Alcatel 10 days cooling off period will commence, before the award is finalised (subject to there being no challenges from the other two tenders).
- The financial saving to the Trust (for the joint contract with RBHFT) will be c £183k per annum (or c £110k per annum as a standalone BHFT contract). The contract is for 3 years, plus 1, plus 1.
- As part of the previous BHFT extension to the NHSP contract (whilst the tendering process was being undertaken and to allow for any transition to another provider) there was the opportunity for the new NHSP contract to start (in the event of the awarding of the new contract to them] earlier, rather than waiting until the end of February 2018; there will be a financial benefit to the Trust from this through this happening. Following agreement on this being reached, the new contract will be signed possibly before the end of December 2017.
- The decision about NHSP winning the contract will be communicated to staff in both Trusts at this time.
- It was noted that in the NHSP tender documents that were submitted, NHSP increased and enhancements their service provision above what we are currently receiving. The Head of Temporary Staffing will as part of the Trusts contract/issues monitoring meetings, be monitoring the implementation of these enhancements.

Ban on the use of Agency Health Care Assistants [HCA] from the 1st April 2017

- As previously reported, the ban on the use of Agency HCAs was successfully implemented on 1st April 17. Most former Agency HCAs have now either joined NHSP or work in other Trusts, whilst a small number applied for a substantive post.
- Monitoring reports are now produced every two months and monitored by the Temporary Staffing Steering Group chaired by the Director of Nursing and Governance. The next report will be drafted in December 2017.
- An update will be provided to the next public Trust Board meeting.

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

- The Trust Board will recall that there is a plan currently being implemented to stop (ban) the use of a defined group of Admin and Clerical (A/C) staff (mostly secretaries and receptionists) from use in the Trust. This will not necessarily deliver great financial savings, but it will continue to support the principle of using less agency staff within the Trust.
- A total of 15 agency staff were identified who will be needed by the services they are currently working in after the 4th December 2017.
- Of these 15, all but one are now going through the process to join NHSP which is very positive news, as this will also cause minimal disruption to the services they are working in.
- Due notice has been served to their agencies, with a pragmatic decision being agreed for several of the agency workers to continue to work for a few weeks after the 4th December 2017 until their notice period has been completed, in order for the Trust to avoid introduction fees being levied.
- The early indications are that the new recruitment process for A/C staff agreed with NHSP appears to have had a good start, with 5 new A/C 5 being filled using this method, and a further 2 awaiting finalisation and start date confirmation.
- NHSPs ability to meet future demand seems improved however monitoring of the current process will be required to ensure identified workers do not become disengaged, and that NHSP respond promptly to our requests.
- The Trust Board will be kept updated on the implementation of this plan.

Westcall – Medical Staff Bank

- The Trust Board will be aware that there has been work undertaken in Westcall during 2017 to both establish a Westcall GP Bank and to review the skill mix, to allow the introduction of a number of Advanced Nurse Practitioner/Paramedic roles within the service.
- A update from the Head of Urgent Access Services was provided to the Temporary Staffing Steering Group on 21st November 2017:
    - *All GP's are now being paid through payroll as bank employees and we are in the process of chasing contract returns.*
    - *At an operational level there have been a few difficulties getting the GPs to sign up as many of them have pushed back with several questions but on the whole, we continue to make good progress.*

- *Some of the GPs have involved the BMA who subsequently phoned us to clarify a few items on the contract, mainly it was around the issue of Indemnity which we clarified and they were happy with our response, they also asked how many hours the salary was based on, when we confirmed 38 hours they seemed pleasantly surprised as they had assumed it was 40.*
- *They (the BMA) mentioned about annual leave – the rules seem to change on a daily basis and they just wanted us to ensure that we have made it quite clear that the enhanced rates of pay have a built in aspect of annual leave.*
- *We also talked about IR35 and they were very impressed that we had "taken the bull by the horns" and tackled this issue, they said we were the first Trust that she was aware of to be doing this.*

- This is a positive step forward, especially given that there was formal NHSi communication received by the Trust in October 2017, about it being an outlier through not having a medical staff bank in place. We can now inform them of the above plan being rolled out. This will also be reflected through the use of agency returns which NHSi receive, which had been detailing the use of Agency doctors in Westcall.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

4. Prevent

In April 2015, the Prevent Statutory Duty was introduced and the NHS was one of the named statutory agencies required to demonstrate "*due regard to the need to prevent people from being drawn into terrorism".* This included the expectation that health care organisations would:

- implement clear Prevent policies and procedures
- define appropriate referral pathways for those who may be vulnerable to radicalisation
- ensure that all staff have appropriate levels of training.

There is an expectation that all organisations will be fully compliant with the Prevent Duty by 31st March 2018. Recent tragic events in Manchester and London have highlighted the importance of Prevent and the role health plays in protecting our communities from the risk of radicalisation.

The purpose of this short report is to update the board on the current position for Berkshire Healthcare Foundation Trust as a key component of safeguarding:

- The Director of Nursing and Governance is the Board lead for Prevent
- Policy and procedure are in place however these are under review considering the latest information and instructions received.
- Our training needs analysis is completed. We have identified those needing basic training and those needing level 3 higher awareness training. We are currently at 89% for those requiring the workshop raising awareness of prevent (WRAP), this is for identified clinical staff and 83% basic awareness training, for non-clinical staff against an 85% target. All new staff now do WRAP (the face to face training at induction) which has really helped with our

compliance levels but those non-clinical staff who have never done the training can do it online.
- At the current time there are 170 staff within the Trust who have not received their training and there is a targeted plan for all of them.
- We have a clear delivery plan that has been shared with commissioners and is reported on quarterly.
- The Trust reports on a quarterly basis to the CCG through the Quality Schedule.
- The Trust Board receives an annual update on Prevent within the Safeguarding Annual Report.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

5. Frimley Health NHS Foundation Trust – Appointment of a new Chief Executive

Neil Dardis has been appointed as the new Chief Executive of Frimley Health NHS Foundation Trust after Sir Andrew Morris retires from the Trust in February 2018.

Neil has been the Chief Executive at Buckinghamshire Healthcare NHS Trust since April 2015, having joined as Deputy Chief Executive and Chief Operating Officer in 2013.

Executive Lead: Julian Emms, Chief Executive

NHS Regulators – a brief round up

6. Care Quality Commission (CQC)

The CQC November 2017 Board referenced the report of phase 1 of its thematic review of children and young people's mental health services and NHS children and adolescent mental health services (CAMHS).

The report is a concise but comprehensive thematic overview of issues impacting on the quality of children's mental health services as they are currently commissioned and delivered. The reports key messages were as follows:

- The system for children and young people's mental health services is complex and fragmented, and different parts of the system do not always work together in a joined-up way.
- Early opportunities to provide support are being missed because people working in school and primary care settings may lack the necessary skills in mental health. Combined with workforce pressures, this is placing specialist services under increasing pressures and children are waiting longer for admission, often having to travel out of area to be admitted.
- Some children and young people are falling through the gaps in the system. Vulnerable children and those with a learning disability face particular challenges in getting timely access to good care.

- Most NHS specialist services are rated as good or outstanding and across all services there are examples of good and outstanding practice, but there is also variation in the quality of care.
- Safety remains the CQC's biggest overall concern about specialist services, followed by staffing matters and a lack of person-centred care approaches in some services.

The CQC is intending to publish second report in March 2018, focusing on cross-agency working in ten local systems and will explore the reasons for variation and what could be done to make it easier to improve access and quality.

The work of Professor Sir Simon Wessely who is leading the independent review into the Mental Health Act (MHA) was also noted at the CQC board. Rising detentions and the overrepresentation of Black Ethnic Minority groups are priority areas in the review. An interim report will be published in early 2018 and a final report with recommendations by autumn 2018.

Executive Lead: Julian Emms, Chief Executive

7. Autumn Budget

On 22 November 2017, the Chancellor of the Exchequer Philip Hammond delivered his first Autumn Budget, which included some specific measures on the NHS.

£6.3 billion of extra NHS funding over this Parliament was announced. This is composed of £2.8 billion in revenue funding (money for day-to-day health services) and £3.5 billion in capital investment (money for buildings and equipment). These figures are all in cash terms (ie, not adjusted for inflation).

Of the revenue funding announced, £335 million will be provided this year to help address winter pressures, £1.6 billion will be provided in 2018/19 and £900 million will be provided in 2019/20. It has been suggested that, of the £1.6 billion made available in 2018/19, £1 billion will be used to improve performance against the 18-week target for elective treatment and £600 million will be used to help hospitals meet the four-hour target in Accident and Emergency.

The new money pledged in the Autumn Budget will take the total Department of Health budget to £124.7 billion this year (2017/18), £126.4 billion next year (2018/19), and £127.2 billion in 2019/20.

Real terms NHS revenue growth for 2018/19 will therefore be 1.9% (versus growth of 2.0% this year, and 3.1% in 2016/17). Factoring in England's growing and aging patient population, age-weighted NHS revenue growth per person becomes 0.9% in 2018/19 and -0.4% in 2019/20.

The Government also announced that it would provide further funding in this parliament for pay awards for NHS staff on Agenda for Change contracts, such as nurses, midwives and paramedics. This funding would be in addition to the funding increases that have already been announced.

The Budget notes that funding for pay awards will be conditional on a pay deal being agreed with unions on modernising the pay structure for Agenda for Change staff to improve productivity, and staff recruitment and retention.

The independent NHS Pay Review Body remains responsible for recommending the level of pay award Agenda for Change staff should receive.

Executive Lead: Julian Emms, Chief Executive

8. NHS Improvement – Changes to the Single Oversight Framework

NHS Improvement has published an updated Single Oversight Framework (SOF), which outlines the approach they will take to regulation and support for both NHS Trusts and NHS Foundation Trusts.

Appended to this report (at appendix 1) is the NHS Providers' briefing outlining the key changes. The Trust Board is asked to note the inclusion of the requirement for Mental Health providers to reduce inappropriate adult mental health placements. The Trust will be updating relevant Single Oversight Frame changes into performance reporting.

Executive Lead: Alex Gild, Chief Financial Officer

9. NHS Improvement November 2017 Board Meeting

At the November 2017 NHS Improvement's Board meeting, the outgoing Chief Executive Jim Mackey highlighted NHSI's concerns about capacity in and demand on the system coming into winter. NHSI's efforts to get on top of this include targeted support to the most pressurised systems, operational management, and contingency planning to manage expected peaks in demand. NHSI has identified two risks to delivery which need to be mitigated: capacity to manage pressures and maintain patient flow, and the risk of flu and/or extreme cold weather. Additionally:

- NHSI CEO urged the Board, under the direction of incoming CEO Ian Dalton, to ensure the move towards a sustainable phase of "earned autonomy" for providers is high on NHSI's agenda for 2018
- The Board meeting highlighted the challenges around implementing the proposed approach to use of resources with the CQC.
- NHSI is evaluating its approach to joint working with NHSE in the South West and South East of England

At the end of Quarter 2, the year-to-date provider deficit was £1,151m, which is £143m above plan. Based on Quarter 2 results, providers forecast that the aggregate full year deficit will be £623m, which is £127m worse than planned. This performance indicates implied efficiency above 2016/17 levels, but there was still a shortfall of £169m against the level of cost improvements planned to date. The sector is on track to live within the agency expenditure ceiling of £2.5bn in 2017/18. 90% of Trusts have accepted a control total and 73% at Q2 are forecasting to be at or above plan at year end.

Executive Lead: Julian Emms, Chief Executive

10. NHS England (NHSE)

At month seven, NHS England is reporting a year to date overspend of £537m, which is largely being driven by the £267.3m Clinical Commissioning Group (CCG) sector overspend. 49 CCGs are currently reporting an overspend that is greater than 1% adverse to their plan.

At month seven £385m worth of net risk remains unmitigated. CCGs are likely to end the year with a deficit in excess of £500m. NHSE will consider curbing treatment for conditions such as hearing loss after the NHS England Board set out limits on what patients should expect on the funding available.

Simon Stevens, NHS England's Chief Executive argues that waiting times for routine surgery will need to slip as he said that cancer, mental health and GP care should take priority. Within this context patients were told to stop expecting the NHS to treat coughs, indigestion and other minor conditions, with GPs encouraged to send people away without prescriptions for medicines they could buy over the counter. For the first time, the NHSE CEO said that new guidance issued by the National Institute for Health and Care Excellence (NICE) could not be implemented next year unless funding was agreed in advance

Executive Lead: Julian Emms, Chief Executive

Presented by: Julian Emms
Chief Executive
December 2017

13 November 2017

on the day BRIEFING

NHS Providers

NHS IMPROVEMENT SINGLE OVERSIGHT FRAMEWORK UPDATE RESPONSE – ON THE DAY BRIEFING

Today NHS Improvement (NHSI) has published the updated Single Oversight Framework (SOF) and its response to a recent feedback exercise on updates to the SOF. NHS Providers submitted a response to the exercise, which was informed by feedback from members and can be found on our website. This briefing summarises the specific metric changes under each SOF theme, followed by a summary of the feedback from respondents and NHSI's response, where this has been provided.

If you have any questions about this briefing or our work on regulation more generally please contact Ella Jackson, policy advisor (regulation), Ella.Jackson@nhsproviders.org

SUMMARY OF CHANGES TO THE SINGLE OVERSIGHT FRAMEWORK

The first version of the single oversight framework (SOF) was published in September 2016. In light of recent developments and to reflect learning from the framework's first year of operation, NHSI conducted this feedback exercise on making some changes to the SOF, including:

- Changes to improve the structure and presentation of the document, updating the introductory sections and summarising key information more succinctly
- Introducing a separate section outlining the five key themes of the SOF and summarising under each theme what would trigger consideration of a support need
- Changes to some of the metrics that NHSI uses to assess providers' performance under the SOF themes and the indications that trigger consideration of a potential support need (including removing some metrics and adding new ones). Of note is the addition of a new standard on the reduction of inappropriate adult mental health out-of-area placements as standard for mental health providers
- Making clear under all themes that in addition to specific triggers, other material concerns arising from intelligence gathered by or provided to NHSI could trigger consideration of a support need
- Making explicit that providers are expected to notify NHSI of significant actual or prospective changes in performance or risk outside routine monitoring.

NHSI did not propose any changes to the underlying framework itself – i.e. there will be no changes to the five themes, NHSI's approach to monitoring, how support needs are identified, and how providers are segmented.

During NHSI's feedback exercise we welcomed the changes to improve the structure, format and presentation of the SOF document which is now clearer and easier to read. However we have highlighted

the need for further clarity and detail around NHSI's support offer and the decision-making process around segmentation. We also highlighted concerns around some of the additional metrics being proposed, particularly around the mental health out of area placements. Although we support the ambition to reduce inappropriate adult mental health out of area placements, which is in line with the policy priorities of the Five year forward view for mental health, this new metric is likely to be a cause for concern and contention for providers that are not yet part of a new mental health care model which gives them control over the commissioning budget.

Overall we are pleased to see that NHSI is delivering on its commitment to review the SOF, but would encourage NHSI to establish a regular review of the SOF and to evaluate its impact, in the same way that Monitor undertook a yearly consultation on its risk assessment framework. We also note more broadly that it continues to be difficult to separate the framework from the wider policy context, continued financial pressure and the reality of greater grip and control from the centre. In addition to this, given the current direction of travel of Sustainability and Transformation Partnerships (STPs) and Accountable Care Systems (ACSs), NHSI will need to continue to work closely with providers and other national bodies to ensure the new framework develops alongside STPs and ACSs, as well as the development of new models of care, and the emerging organisational structures needed to support these new approaches.

CHANGES BY THEME

Please find below an overview of the metric changes under each SOF theme.

Quality of care		
Added	*Removed*	*Amended*
E.coli bacteraemia bloodstream infection (BSI) rates to quality indicators	Aggressive cost reduction plans metric from list of quality indicators	
Medticillin-sensitive Staphylococcus aureus (MSSA) rates to quality indicators	Hospital standardised mortality ratio-weekend (DFI) from list of quality indicators for acute providers	
	Emergency readmission rates from list of quality indicators for acute providers	
		Change to triggers of potential support needs regarding quality of care: CQC rating of 'inadequate' or 'requires improvement' in overall rating, or against any of the safe, effective, caring or responsive key questions.
Finance and use of resources		
Added	*Removed*	*Amended*
Reference to the new Use of Resources (UoR) framework, with		

explanation of how UoR assessments will be used under the SOF		
'Finance and use of resources score' is re-labelled as 'finance score'		
Operational performance		
Added	*Removed*	*Amended*
Dementia assessment and referral standards for acute providers	Patients requiring acute care who received a gatekeeping assessment as standard for mental health providers	Where relevant, NHSI will use performance against the national standard rather than the Sustainability and Transformation Fund (STF) trajectories as the trigger of potential support needs in relation to operational performance standards
Reduction of inappropriate adult mental health out-of-area placements as standard for mental health providers		Ambulance response time standards (updated to reflect the new standards, indicators and measures that have been introduced for ambulance providers through the Ambulance Response Programme)
Data Quality Maturity Index (DQMI) – Mental Health Services Data Set (MHSDS) Data score replaces previous standards for submitting 'priority' and 'identifier' metrics to MHSDS		
Strategic change		
Added	*Removed*	*Amended*
NHSI will review the assessment of system-wide leadership in relevant sustainability and transformation partnership (STP) ratings when considering providers' performance under this theme.		
Leadership and improvement capability		
Added	*Removed*	*Amended*
Reference to NHS Improvement and CQC's new, fully joint well-led framework and guidance on developmental reviews		

SUMMARY OF FEEDBACK AND NHSI RESPONSE

Quality of care

Feedback: Concerns were raised in response to the original proposal to move to using only the overall CQC rating as the main trigger to consider potential support needs under the quality of care theme. We recognised the rationale behind the proposed change to the CQC rating trigger under the quality of care theme from an 'inadequate' or 'requires improvement' rating against any of the safe, effective, caring or responsive key questions to a rating of 'inadequate' or 'requires improvement' in an overall rating. However, we urged NHSI to ensure there is a clear understanding of what sits underneath the overall rating so that support is tailored appropriately to individual providers

NHSI response: The SOF has reverted to listing ratings of 'inadequate' or 'requires improvement' in both the overall CQC rating and those for the individual themes acting as triggers to consider a potential support need under the quality of care theme.

Finances and use of resources

Feedback: Respondents to the feedback exercise felt NHSI's proposals clearly explained how the new UoR assessments will inform SOF monitoring and its assessment of providers' support needs under the finance and use of resources theme. We welcomed the re-labelling of the previous 'finance and use of resources score' as 'finance score' to reduce potential for confusion with the Use of resources assessment ratings. Requests for clarity on the UoR assessment process were made by respondents and some also suggested that the UoR key lines of enquiry (KLOE) would require further development for mental health services. We believe that NHSI should have revisited how UoR aligns with the financial special measures regime.

NHSI response: NHSI and CQC have now published the UoR assessment framework, summary of responses to the consultation on the assessment framework, and a brief guide for acute non-specialist trusts on UoR assessments. Currently, the availability and quality of productivity metrics for non-acute trusts are not sufficient to support a robust UoR assessment. NHSI is undertaking a programme of work to understand the productivity of community, mental health and ambulance trusts. The emerging metrics and benchmarking in these areas will be available to providers via the Model Hospital portal, in due course.

Operational performance

Feedback: We raised concerns that including both the STF trajectories and absolute performance as triggers around A&E performance was confusing. Respondents also suggested that reporting against STF trajectories should apply to other relevant operational performance indicators, in addition to A&E. There was a request for clarity on when formal monitoring of performance under the new ambulance response targets will start, and around how delayed transfers of care (DToCs) will be measured.

Some respondents noted that only a few metrics apply to community trusts and that the SOF could better reflect the requirements on mental health, community and ambulance sectors. Specific concerns were raised about the indicators and standards use to measure the performance of mental health providers,

including data quality; the requirement for local interpretation within the national definition; urban/rural population differences; the extent to which reducing out-of-area placements is within the control of providers, and how locally agreed trajectories for this metric will be agreed.

NHSI response: Consideration of support needs should be based on absolute performance. Failure to meet any of the absolute national standards - including A&E waiting times - for more than two months will trigger consideration of a provider's support needs. Where providers have an agreed trajectory for improvement toward any national standard, progress against this will be taken into account when determining whether they have an actual underlying support need. However, as all providers are expected to meet national standards, it is appropriate to consider what support may be required if performance consistently falls below this level.

There will be a transition period until April 2018 to allow all providers to implement the new ambulance response targets requirements. During this period providers will be expected to demonstrate progress towards full implementation of the new standards, following an agreed plan and trajectory. From April 2018, failure to meet the standards will trigger consideration of a provider's support needs in this area. NHSI will consider introducing DToCs as an indicator or standard in future updates of the SOF.

The out-of-area indicator is already a key indicator for clinical commissioning groups (CCGs) and addressing this issue requires a joined-up approach. The Department of Health has published guidance on what counts as an adult acute out-of-area placement. STP mental health leads, supported by NHS England and NHSI regional teams, are developing STP and provider-level baselines and trajectories for eliminating out-of-area placements.

Strategic change

While NHSI is developing its work on the governance and oversight of STPs and accountable care systems, we believe further work is necessary to clarify how NHSI intends to measure the contribution of individual providers to local systems as currently the strategic change theme is underdeveloped.

Use of information beyond routine monitoring

Feedback: Respondents made requests for clarity on what may be considered 'other material concerns' arising from intelligence gathered by or made available to NHSI. Clarity was also sought on when providers are expected to notify NHSI of significant actual or prospective changes in performance or risk outside routine monitoring. We also urged NHSI to adopt a formal consultation approach where any changes to the SOF are proposed, in a similar way to Monitor's approach when it proposed changes to its risk assessment framework.

NHSI response: It is not possible to specify what would suggest new, material concerns in each case, as such information would be considered in the context of NHSI's wider knowledge of the provider and its circumstances. However any such information should be discussed openly with the provider to determine its relevance and significance. Examples of the types of circumstances where NHSI would expect providers to notify it of significant actual or prospective changes in performance or risk outside routine monitoring have been provided in the updated SOF.

Contact: Ella Jackson, Policy Advisor (Regulation) ella.jackson@nhsproviders.org

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	12 December 2017
Title	Financial Summary Report – Month 7 2017/18
Purpose	To provide the Month 7 2017/18 financial position to the Trust Board
Business Area	Finance
Author	Chief Financial Officer
Relevant Strategic Objectives	3. - Strategic Goal: To deliver financially sustainable services through efficient provision of clinical & non-clinical services
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting regulatory requirements
Equalities and Diversity Implications	N/A
SUMMARY	The Financial Summary Report included provides the Board with a summary of the Month 7 2017/18 (October 2017) financial position.
ACTION REQUIRED	The Board is invited to note the following summary of financial performance and results for Month 7 2017/18 (October 2017): The trust reports to NHSi its 'Use of Resources' rating, which monitors risk monthly, 1 is the lowest risk rating possible and 4 is the highest. **YTD (Use of Resource) metric:** • Overall rating 1 (plan 1) o Capital Service Cover 2.1 (rating 2) o Liquidity days 8.4 (rating 1) o I&E Margin 0.8% (rating 2) o I&E Variance 0.2% (rating 1)

	o Agency -30.3% (rating 1) **YTD income & expenditure (including S&T funding):** • Plan: £772k net surplus • Actual: £1,122k net surplus • Variance: £350k favourable **Month 7: £376k surplus (including S&T funding), +£64k variance from plan:** Key variances: • District Nursing underspend +£146k due to high vacancy levels. • IAPT underspend of +£66k due to the net vacancy position inclusive of non-recurrent investment benefit. • Specialist placements over spend of -£145k • To note Acute Overspill / PICU pressures reduced in month to -£38k. **Forecast** The trust is currently projecting a forecast achieving its year end control total. This is an improvement in forecast of £0.9m due to:- • Reduced acute overspill / PICU costs and forecast costs, • Reduced risk of increased specialist placements (from possible 6 down to possible 3 and no new in month) • Accounting / technical adjustments in depreciation and released provisions. This is the mid-range of the forecast; with downside risk up to -£1.1m worse (before STF considerations) with particularly acute / PICU overspill and specialist placements as the most likely areas to incur additional cost above mid-range forecast. **Cash:** Month 7: £20.4m (plan £18.7m) The variance to plan is primarily due to: • YTD capital underspend due to re-phasing of Estates and IM&T expenditure +£3.4m • NHS Property Services issues with both delayed receipt and payment of invoices. • Royal Berkshire Hospital FT issues with delayed payment of invoices (-£0.7m). **Capital expenditure YTD:** Month 7: £1.7m (incl. GDE) (plan £4.8m) The variance to plan is primarily due to: • Estates, extended timescales regarding ward configuration at PPH (PFI), the majority of the

	budget is likely to be spent next financial year. • IM&T; re-phasing of IT replacement programme. The variances are mainly due to timing of spend rather than a reduction in the overall requirement, although to note the forecast against plan now includes £1.8m of GDE spend funded by NHS Digital.

Berkshire Healthcare NHS
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2017 / 18

Month 7 (October 2017)

Purpose

This document provides the Board and Executive with information giving the financial performance as at 31st October 2017 (Month 7).

Document Control

Version	Date	Author	Comments
1.0	14.11.2017	Donna O'Leary	Draft
2.0	15.11.2017	Tom Stacey	Review
3.0	21.11.2017	Donna O'Leary	2nd Draft
4.0	21.11.2017	Tom Stacey	Review
5.0	22.11.2017	Anne-Marie Vine-Lott	Final for exec / FIP
6.0	02.12.2017	Alex Gild	Board summary report: includes updates to forecast section.

Distribution:

All Directors

All staff needing to see this report.

Contents

1.0 Overview

The trust has posted a surplus of **£376k** in month 7 against budget surplus of **£312k** resulting in **£64k** favourable variance.

This brings the YTD surplus to **£1,122k** against budget surplus of **£772k** resulting in a **£350k** favourable variance.

The trust has £20.4m cash at month 7. This is higher than plan of £18.7m, by £1.7m; and is largely due to slippage against the capital programme £2.9 m.

The overarching NHSi use of resources metric is maintained as a "1", the lowest risk rating.

Key messages this month:

Acute Overspill costs have reduced to £38k this month due to significant operational focus. This is a large improvement on YTD costs prior to this month that averaged £283k per month.

Specialist placement costs remain high; however, no new patients have been placed in this month. There has also been a renewed focus on the patient placement process and, as a result, the likelihood of further patient placements has reduced from six patients to two to three.

The items above account for approximately half of the improvement in forecast which, coupled with technical accounting actions, has resulted in the forecast meeting control total this month; an improvement in forecast of £0.9m. *(£1.5m improvement when combined with consequential Q4 STF loss).*

2.0 Income & Expenditure Summary

Description	Current Month			Year to Date			Forecast Outturn		
	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Operating Income	**20,590**	**20,779**	**189**	**143,890**	**144,406**	**516**	**245,523**	**246,151**	**628**
Operating Expenditure									
Pay	(14,326)	(13,970)	356	(102,142)	(99,683)	2,459	(173,728)	(170,518)	3,210
Non Pay	(5,042)	(5,489)	(448)	(34,620)	(37,438)	(2,818)	(58,427)	(63,250)	(4,823)
Total Operating Expenditure	**(19,367)**	**(19,459)**	**(92)**	**(136,763)**	**(137,121)**	**(359)**	**(232,155)**	**(233,768)**	**(1,613)**
EBITDA	**1,223**	**1,320**	**97**	**7,127**	**7,284**	**157**	**13,368**	**12,383**	**(985)**
Non Operating Income/Expenditure									
Interest Receivable	3	3	(0)	23	21	(3)	40	40	0
Interest Payable	(299)	(299)	(0)	(2,094)	(2,094)	(0)	(3,590)	(3,590)	0
Impairment	0	(89)	(89)	0	(89)	(89)	0	0	0
Depreciation & Amortisation	(514)	(430)	84	(3,575)	(3,092)	483	(6,127)	(4,941)	1,187
PDC Dividend	(101)	(130)	(28)	(709)	(908)	(198)	(1,216)	(1,437)	(221)
Total non operating income/expenditure	**(911)**	**(944)**	**(33)**	**(6,355)**	**(6,162)**	**193**	**(10,893)**	**(9,928)**	**966**
Net Surplus/(Deficit) - For Control Total	**312**	**376**	**64**	**772**	**1,122**	**350**	**2,475**	**2,455**	**(20)**
Charitable Donations									
Donations credited to SoCI	0	337	337	0	893	893	0	1,281	1,281
Depreciation of Donated Assets	(8)	(2)	6	(36)	(11)	25	(74)	(74)	0
Total Charitable Donations	**(8)**	**335**	**343**	**(36)**	**882**	**918**	**(74)**	**1,207**	**1,281**
Net Surplus/(Deficit) - Statutory	**304**	**711**	**407**	**737**	**2,005**	**1,268**	**2,400**	**3,662**	**1,261**
Note to SoCI table above:-									
S&T Funding within Operating Income	173	173	0	779	779	0	1,730	1,730	0
Net Surplus/(Deficit) ex. S&T & Renal	**139**	**203**	**64**	**(7)**	**343**	**350**	**745**	**725**	**(20)**
RCI Note:-									
RCIs Achievement	**392**	**124**	**(267)**	**2,742**	**628**	**(2,114)**	**4,700**	**-**	**-**

Month

The trust reports a month 7 surplus of £376k against a budgeted surplus of £312k resulting in a favourable variance of £64k.

Removing S&T funding of £173k, the trust has an underlying surplus of £203k in month 7.

Income is over achieved in month by £189k in month 7, the main reasons being:

- £160k Sexual Health pass through charges for HIV drugs.
- £69k delivery of the new ED Streaming initiative prior to finalisation of contractual terms.

Pay is underspent by £356k, the main reasons being:

- £148k District Nursing - high vacancy levels.
- £38k Intermediate Care – high vacancy levels, this service can also flex to a limited extent.
- £66k IAPT - Net vacancies inclusive of investment slippage.
- £61k CAMHs – high vacancy Levels
- £55k Adult Mental Health – vacancy levels.
- £53k Liaison and Diversion – vacancies and benefit in investment
- -£129k unallocated CIPs for Operational Management and unallocated / STP schemes within pay. To note, unachieved Corporate Back Office savings and unachieved Operational Vacancy review savings are within those directorates / services and 'achieved' non-recurrently through vacancies.

Non Pay is overspent by -£448k with the main reasons being:-

- -£145k specialist placements with placements reaching 5 higher than at the start of this financial year to date (and 6 patients over budget overall having started 1 patient over).
- -£160k Sexual Health HIV pass through drug costs
- -£78k unallocated CIPs for Estates, Discretionary, OAPs and remaining unidentified procurement.

Non-operating Income & Expenditure is overspent by -£33k due to -£89k amortisation and increased PDC of -£28k; offset partly by lower depreciation costs of £84k.

Year to date

Income is over achieved by £516k with the main reasons being:-

- £253k Additional investment in CAMHS (£100k) - Early intervention and Foster care services and prior year income that was not expected to be recovered, also for CAMHs of £153k.
- £80k Slough Walk-In Centre - prior year over delivery on activity funding and tariff uplift.
- £122k Connected Care income released.
- £162k Westcall and Sexual Health - HIV pass through drugs costs.

Many other smaller items offset a provision against CQUIN made in income totalling £400k YTD.

Pay is underspent by £2,459k with the main reasons being:-

- £1,056k District Nursing - mainly due to vacancies
- £566k IAPT - mainly vacancies, including expansion funding
- £377k Intermediate Care - vacancies and can also be due to demand as some parts of the service are flexible in cost to demand
- £596k Liaison & Diversion - vacancies and benefit on investment
- £342k Health Visiting - mainly due to vacancies
- £388k Adult Mental Health - mainly due to vacancies
- £221k Learning Disabilities - mainly due to Little House closure and benefit whilst community service is implemented.
- -£221k Westcall - including bank holiday cover and summer holiday cover.
- -£264k CRHTT - including over establishment costs to cover increased workload, sickness, maternity and vacancies.
- -£224k Medical Staffing - Medical staffing has had various locum cover in place.
- -£902k unallocated CIPs for Operational Management and Unallocated / STP schemes within pay.

Many other smaller variances offset a provision against IAPT investment and restructuring totalling £493k YTD.

Non Pay is overspent by -£2,818k with the main reasons being:-

- -£1,431k Acute Overspill and PICU placement costs
- -£765k specialist placements with placements reaching 7 higher than at the start of this financial year to date (and 8 patients over budget overall having started 1 patient over).
- -£580k unallocated CIPs for Estates, Discretionary, OAPs and remaining unidentified procurement.

Non-operating Income & Expenditure is underspent by £193k mainly due to lower depreciation £483k offset partly by increased PDC Dividend -£198k.

Forecast Year End

Commentary on forecast sensitivity vs. control total is provided in section 3.0 below.

Forecast Income variance has not changed in trend from YTD as no further prior year incomes are expected against block revenues.

Pay variance run rate reduces in the forecast due to the effect of Health Visitor vacancy factor from the Slough contract no longer benefitting the position, reduced IAPT favourable variance planned and likely increase in overall pay costs with recruitment to posts increased after the summer.

Non pay variance continues most trends seen in the YTD except there is a reduction in acute overspill and PICU placements in the run rate forecast.

Non-operating income & expenditure sees a large depreciation variance partly due to YTD trend but due to recognising longer life on IT assets like laptops from 3 to 4 years with the action partly mitigating pressure on forecast control total.

Recurrent Cost Improvements (RCIs)

Scheme	Plan Month £k	Month £k	Var month £k	Plan YTD £k	YTD £k	Var YTD £k	Full Year £k	Identified £k	Var Full Year £k
Operational Vacancy	96	55	-41	671	385	-286	1,156	889	-267
Corporate Back Office	83	59	-25	583	193	-391	1,002	713	-289
Operational Mngmnt & Spprt	50		-50	350		-350	600	37	-563
Procurement	25	10	-15	175	51	-124	300	300	
Discretionary Spend	8		-8	58		-58	100	100	
Estates Strategy	17		-17	117		-117	200		-200
OAPs	42		-42	292		-292	500		-500
Unallocated / Possible STP	71		-71	496		-496	850		-850
Total	**392**	**124**	**-267**	**2,742**	**628**	**-2,114**	**4,708**	**2,039**	**-2,669**

£124k RCI has been recurrently secured in month 7 bringing the YTD to £628k.

Operational and corporate services are unable to identify all planned recurrent cost savings from budget. The significant net pay vacancy factor benefit is fortuitously offsetting RCI plan under performance.

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

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

The forecast of £2,039k is the likely total of recurrent RCI to be identified within FY17/18.

3.0 Forecast & Risks

Key forecast service / cost areas	Budget	Forecast Full Year	Full Year Variance	*Forecast Movement from M6*	Lower Cost	Higher Cost	Note
Acute Overspill/PICU placements (PPH beds)	521	2,485	-1,964	*97*	-568	+680	On average over next 5 months; daily requirement short term placements:- Low = 1-2 patients; Med = 6-7 patients; High = 12-13 patients
Specialist placements/contracted beds	6,942	8,812	-1,870	*317*	+59	+468	On average over next 5 months:- Low = 0 addtl patients; Med = 1.5 addtl patients; High = 6 addtl patients
District Nursing	13,821	12,095	1,726	*41*			
IAPT	6,274	5,604	671	*-229*			
Liaison & Diversion	2,329	1,648	681	*-16*			
Slough HV Impact (Oct to Mar)	0	400	-400	*0*			
NR income from prior year & provisions released	0	-783	783	*384*			Including prior year accruals review
Seasonality - higher pay costs after summer	0	780	-780	*0*			
MSK East Contract Negotiation	0	-312	312	*0*			
Depreciation	6,127	4,941	1,186	*360*			Alignment of depreciation profile to IT asset replacement (3 to 4 years)
All Other	-38,489	-38,125	-364	*-6*			
Total	**-2,475**	**-2,455**	**20**	***944***	**-509**	**1,148**	

Through concerted operational efforts in PPH re acute overspill/PICU, and review of specialist placements, supported by specific technical adjustments; the mid-range forecast at month 7 is meeting control total.

The downward pressure on acute overspill and specialist placement numbers needs to be maintained and going into the next year, if it is possible to reduce costs further still, that will assist the financial plan and cost reduction for 18/19.

In year downside risk is indicated by the forecast higher cost range / sensitivity on short term and specialist placements in the table above (£1.1m). Primary risk mitigation continues through daily operational review, although pressure continues on PPH with short term placements seen above the mid-range assumption on a number of days during November and early December.

The Trust will consider further appropriate mitigating action if downside risk begins to crystallise, although if a material cost pressure it may impact the Trust's ability to achieve control total in quarter 4

due to the reduced time available to address and lack of cost reduction opportunities indicated by RCI under performance.

Forecast (mid-range) commentary

The forecast is improved by £0.9m this month due to:-

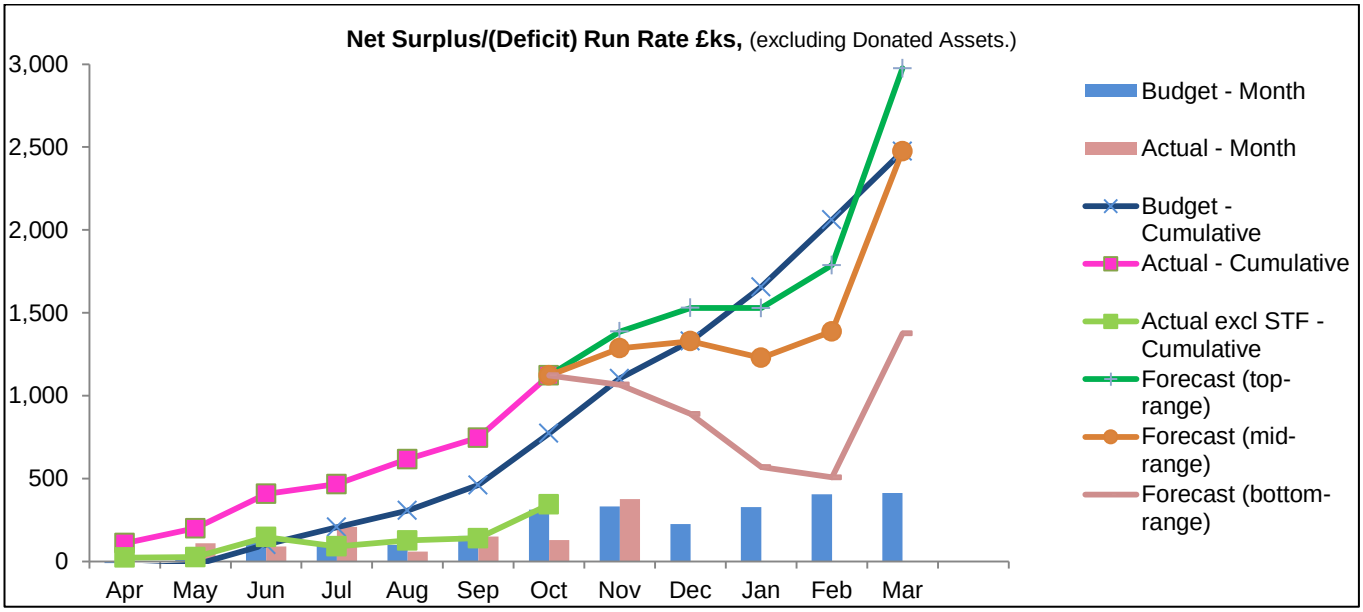
- **£0.1m** Concerted effort on Acute and PICU overspill to reduce high number of placements and subsequently maintaining this. The month 7 forecast was beaten by just over £0.1m. The forecast still is assuming 6 to 7 patients per day on average.
- **£0.3m** specialist placements had been forecast to have an average 3 additional placements over the remainder of the year. This had been based upon risk of 6 further patients with not much certainty over step down of existing patients. The latest update has risk of 2 to 3 patients being placed, although still less certainty on step down/discharge. The forecast though is reduced with this lower risk profile to assume 1.5 patients on average increase from current position.
- **£0.4m** Review of prior year accruals has identified just under £0.4m that can be released with low risk now of being charged. These are included in the forecast.
- **£0.4m** Subject to final value confirmation, depreciation charges moved in line with current replacement profile of 4 years (from 3 years) for IT assets.
- **-£0.2m** Update to IAPT forecast following analysis of training schemes and staff movements as a result.

Ranged Commentary

Within the ranged forecast, both acute / PICU overspill and specialist placements remain the most sensitive items. In worst case it is possible to be -£1.1m lower than the middle forecast and in best case £0.5m better.

Profile of Forecast and release of Non-recurrent Items

In the below graph, a non-recurrent release of £127k is required to meet Q3 control total (in mid-range). This is from the identified prior year accruals. The release of CQUIN provision (£400k), IAPT Provision (£192k) and remaining prior year accruals occurs in month 12 and in mid-range forecast secures the control total target for Q4.

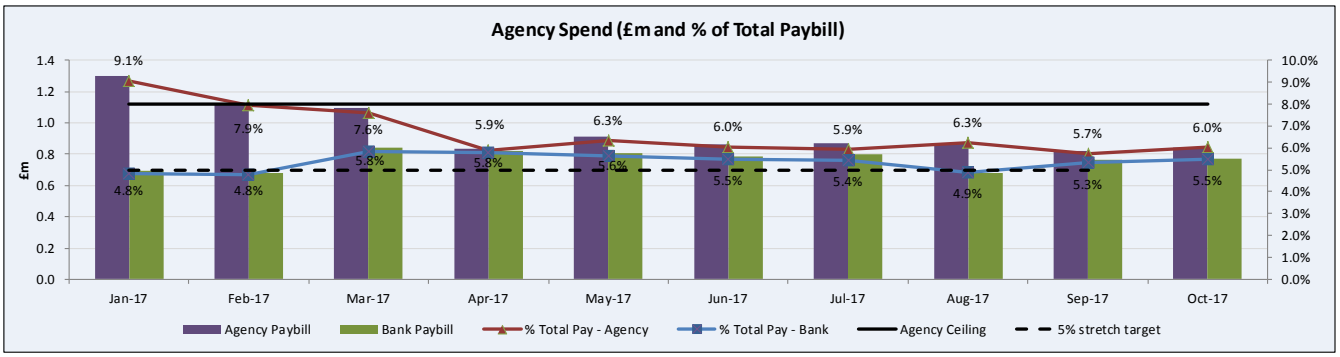


4.0 Use of Resources Metric and Summary

Use of Resource Metric	YTD Plan		YTD Actual		Annual Plan	
Metric	**Metrics**	**Rating**	**Metrics**	**Rating**	**Metrics**	**Rating**
Capital Service Cover (times)	2.1	2	2.1	2	2.3	2
Liquidity (days)	1.5	1	8.4	1	1.6	1
I&E Margin (%)	0.5%	2	0.8%	2	1.0%	1
I&E Variance From Plan (%)	-	-	0.2%	1	-	-
Agency (% above / below target)	0.0%	1	-30.3%	1	0.0%	1
Use Of Resources Rating		1		1		1

Agency

Agency costs were £843k in month 7 and £5,840k YTD. This is below the NHSi set ceiling of 8% or £8,372k YTD; by -30.25%.



Agency has significantly reduced from last year with the trend over the last few months being more of a stabilising effect rather than further reductions. However, in month saw an increase of £20k on agency costs when compared to September. This rise correlates to new services such as NHS 111 and ED streaming which going forward will be delivered via NHSP and new bank contracts for GPs.

5.0 Balance Sheet Summary

Cash

The closing cash balance for Month 7 was £20.4m against a plan of £18.7m resulting in a favourable variance of £1.7m. The main reason for the favourable variance against plan was slippage against the capital expenditure programme (£3m) and delay in payment of invoices from NHS Property Services ('NHSPS') £3.5m, that have been received for Q1, Q2 and Q3, but not yet paid, offset by delays in receipt of cash from NHSPS (£2.7m), Royal Berkshire Hospitals (£0.7m), Bracknell Forest BC (£0.3m) and Wokingham BC (£0.3m) (WBC paid in month 8). We have also not yet received the STF funding for Q2 (£0.3m) which is now expected in Month 9. Income from Health Education England (£0.6m) planned to be received in Month 7 was not received until very early Month 8.

Actions to resolve the payment of respective invoices between the Trust and NHSPS during month 8 have resulted in agreement with NHSPS for them to settle the Trust's overdue invoices by the end of November 2017, with the Trust making a return payment for all charges up to the end of Q3 in return. NHSPS has committed to pay December 2017 in early month 9. During month 8, RBH paid around £0.4m of overdue debtors. The Trust continues to pursue settlement of the remainder including new items falling overdue.

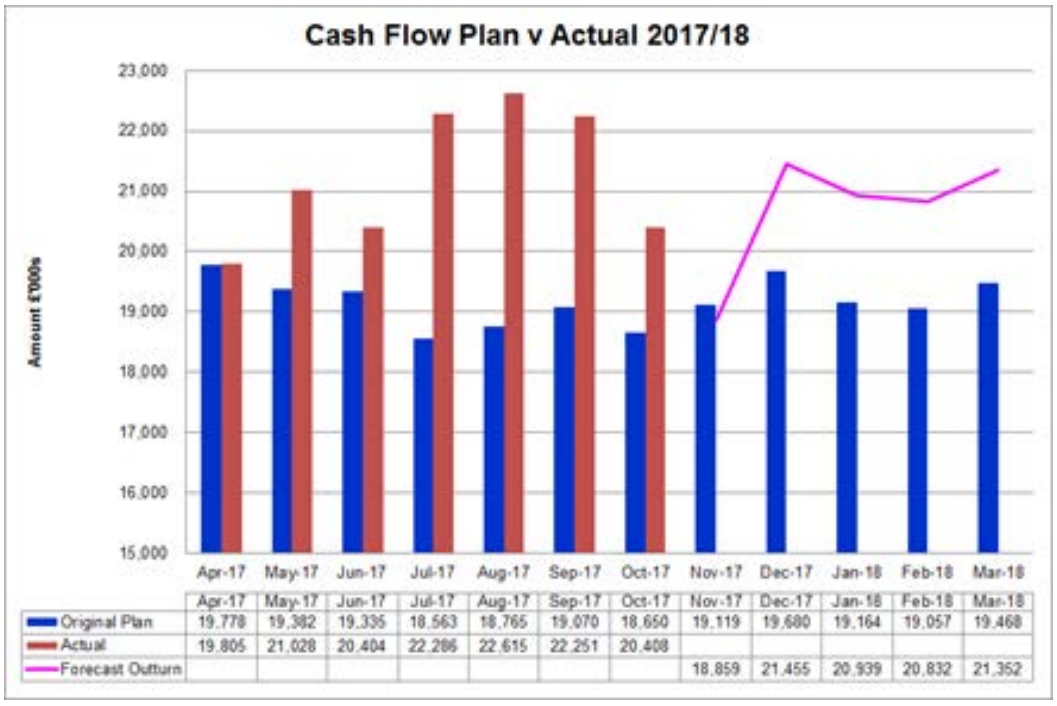
Funding from the Department of Health for Global Digital Exemplar, to fund IM&T investments and developments of £5m over 5 years has been approved. The first £1.8m of 'on-board' funding will be drawn down in December 2017 (month 9).

Cash Forecast Outturn (2017/18)

Forecast outturn on cash for year end 2017/18 increases from £19.5m in plan to £21.0m, due primarily to the changes in the capital expenditure plan. The original capital plan, which excluded the GDE investment, was £8.6m. The revised capital outturn is now £8.6m, based on revised expenditure of £6.8m against the original Trust plan, with the reduction in original plan being primarily slippage of the LD to Jasmine project at PPH moving to 2018/19, plus a plan of assumption of £1.8m expenditure against GDE (subject to review re timing due to delay in funding agreements being completed), for which the Trust will receive matched funding from the DoH.

The cash forecast outturn has not been flexed to take into account in-year risks or benefits around trade debtors and trade creditors as it is anticipated the increased focus on these with the respective organisations will resolve any on-going issues ahead of year end. However, these will continue to be monitored for the remainder of the year and any changes will be updated via the monthly forecast.

A revised plan of cash for the remainder of the year is provided below and recognises the receipt of the GDE funding in month 9.



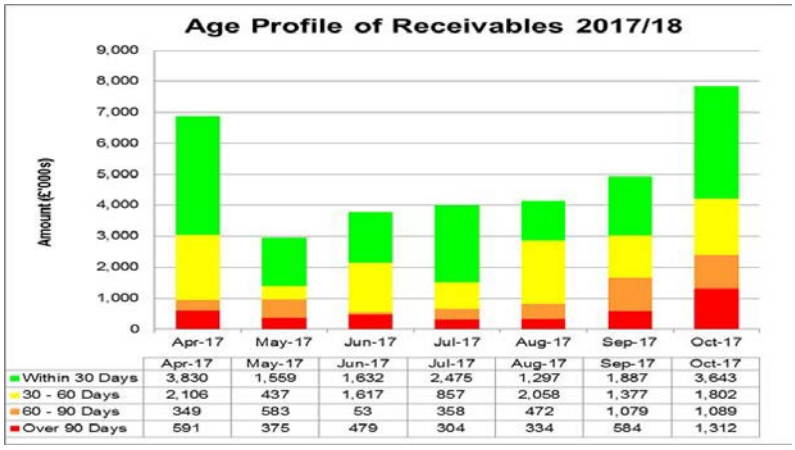
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Original Plan	19,778	19,382	19,335	18,563	18,765	19,070	18,650	19,119	19,680	19,164	19,057	19,468
Actual	19,805	21,028	20,404	22,286	22,615	22,251	20,408					
Forecast Outturn								18,859	21,455	20,939	20,832	21,352

Statement of Financial Position

A current and forecast Statement of Financial Position (Balance Sheet) is provided below. This reflects the increase in fixed assets arising from the capital expenditure programme, increase in cash as described above, and the increase in Public Dividend Capital as a result of the GDE funding from the DoH for IM&T investment and developments.

Statement of Financial Position	31st March 2018 (Forecast) £'000s	31st Oct 2017 (Actual) £'000s	31st March 2017 (Final - Audited) £'000s
Non Current Assets (Intangible, Propery Plant and Equipment)	94,073	87,868	88,483
Inventory	109	113	113
Current Receivables (Trade and Other Debtors)	10,303	14,073	11,977
Cash	21,352	20,408	20,698
Current Payables (Trade and Other Creditors)	(27,109)	(25,065)	(26,049)
Other Liabilities (Deferred Income)	(1,469)	(2,427)	(2,012)
Provisions (Current & Non Current)	(1,612)	(2,357)	(2,098)
PFI Finance Lease Creditor (Current & Non Current)	(30,753)	(31,148)	(31,704)
Total Net Assets / (Liabilities)	**64,895**	**61,466**	**59,408**
Financed by:			
Public Dividend Capital	15,985	14,210	14,210
Revaluation Reserve	31,243	31,243	31,243
Income and Expenditure Reserve	17,667	16,013	13,955
Total Reserves	**64,895**	**61,466**	**59,408**

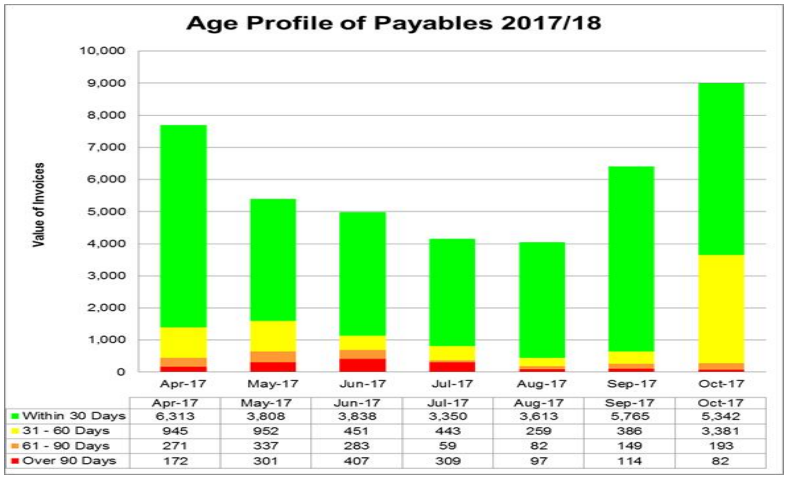
Trade Receivables



Trade receivables balance has increased by £2.9m from last month to the value of £7.8m.

Non-payment by NHSPS amounting to £2.7m is the largest contributor to this increase. Both Bracknell forest BC and WAM CCG contributed to the 30 to 60 days increasing by £0.6m. 60-90 days saw a minor increase in month of £0.01m. £1.4m NHSPS invoices still remain unpaid and have contributed to the over 90 days increasing by £0.7m.

Trade Payables



Trade Payables increased by £2.6m to the value of £8.9m. The main driver of this being NHSPS invoices valuing £3.5m for charges due up to the end of October 2017.

6.0 Capital Programme

CAPITAL EXPENDITURE	Current Month			Year to Date			Forecast Out turn		
	Bud	Act	Var.	Bud	Act	Var.	Bud	Act	Var.
	(£'000)			(£'000)			(£'000)		
Maintenance & Replacement									
Trust Owned Properties	21	3	17	77	1	76	120	210	(90)
Leased Non Commercial (NHSPS)	8	10	(3)	213	26	186	540	525	15
Leased Commercial	1	2	(1)	42	5	37	82	26	56
Statutory Compliance	0	22	(22)	320	40	280	640	539	101
Locality Consolidations	50	259	(210)	442	717	(276)	820	1,295	(475)
PFI	102	106	(4)	1,393	263	1,130	2,223	949	1,274
Subtotal	**181**	**402**	**(221)**	**2,486**	**1,048**	**1,437**	**4,425**	**3,540**	**885**
Development Expenditure									
IM&T Refresh & Replacement	0	75	(75)	968	85	883	2,076	2,076	0
IM&T Business Intelli. & Reporting	25	18	7	150	35	115	378	378	0
IM&T System & Network Developments	75	0	75	626	0	626	795	0	795
IM&T RiO	0	(15)	15	406	81	326	447	392	55
IM&T Other	0	3	(3)	51	84	(33)	151	151	0
IM&T Locality Schemes	16	15	1	116	65	51	200	200	0
Other Locality Schemes	0	(1)	1	0	4	(4)	100	100	0
Subtotal	**116**	**95**	**21**	**2,317**	**354**	**1,964**	**4,147**	**3,297**	**850**
Total	**297**	**497**	**(200)**	**4,803**	**1,403**	**3,400**	**8,572**	**6,837**	**1,735**
Capital expenditure additional initiatives									
GDE capital cost funded by NHS Digital	0	155	(155)	0	287	(287)	1,775	1,775	0
Renal Unit at WBCH funded by donation	0	333	(333)	0	884	(884)	1,260	1,260	0
Grand Total Capital Expenditure	**297**	**985**	**(688)**	**4,803**	**2,574**	**2,229**	**11,607**	**9,872**	**1,735**

In the month of October 2017, the total monthly capital spend against the original plan (which excludes GDE and Renal Unit at WBCH as these are not part of the original plan) was over budget by £0.2m, whilst the YTD was under spend against the original plan by £3.4m.

The in-month overspend is mainly driven by the of STC project overspending by £0.2m, with the remaining being timings on completion of other projects such as the fencing at PPH (£0.1m).

The under spend for the year to date on Estates project is £1.4m, mainly due to slippages of the Sorrel work £1.1m; which was planned to be complete by August, but did not commence until October. In addition, the LD to Jasmine project is now moved to next financial year 2018/19.

The under spend for the year to date on IM&T projects is £2.0m. The IM&T refresh was delayed as a result of issues around IT equipment being procured under a new supply contract and compatibility of that with existing IT infrastructure. The replacement project continues to forecast a full delivery and expenditure in this financial year. The ePMA project has now been re-classified as being funded under the Global Digital Exemplar categories.

The Trust is forecasting an underspend of £1.8m against the original capital plan; with the main variance on estate PFI schemes due to LD to Jasmine works moving into next financial year (£1.3m), underspends against other smaller Estates schemes (£0.4m), and IM&T System and Network Development (£0.8m). The underspends against these schemes is offset by in-year funding approvals against Estate schemes, primarily funding for University of Reading (£0.6m) and Hillcroft House LiA (£0.1m).

In addition to Trust funded schemes, the charitable funded Renal Unit is expected to have £1.3m of spend against it this year, which is matched with a receipt of donations from Newbury & Thatcham Hospital Building Trust.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	12th December 2017
Title	**Summary Board Performance Report M7 2017/18**
Purpose	To provide the Board with a performance summary dashboard, including narrative and KPI exception highlights.
Business Area	Trust-wide Performance
Author	Chief Financial Officer
Relevant Strategic Objectives	2 - To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care and consistently meet or exceed the standards of CQC and other stakeholders.
CQC Registration/Patient Care Impacts	All relevant essential standards of care.
Resource Impacts	None.
Legal Implications	None.
Equality and Diversity Implications	None.
SUMMARY	The enclosed summary performance report provides information against the Trust's performance dashboard for October 2017. **Month 7** **2017/18 <u>EXCEPTIONS</u>:** **The following Trust Performance Scorecard Summary indicator groupings are Amber rated:** • People • Contractual Performance Further detail on the AMBER dashboard ratings is narrated within the section commentaries of the summary performance report. **The following individual performance indicators are highlighted by exception as RED with their link to the Trust Performance Dashboard Summary identified in brackets:**

	• **US-1a –** Mental health physical assaults on staff **(User Safety)** • **US-05 -** Self-harm incidents: Number **(User Safety)** • **US-06** - AWOLs on MHA section **(User Safety)** • **US-18** – Prevention and Management of Violence and Aggression (PMVA) **(User Safety)** • **PM-01 -** Staff Turnover **(People)** • **PM-02** – Gross Vacancies (% WTE) **(People)** • **PM-03** – Sickness **(People)** • **SE-03 -** Mental Health: Acute Average LoS (bed days) **(Service Efficiency & Effectiveness)** • **SE-03a** - Mental Health: Acute Average LOS Snapshot **(Service Efficiency & Effectiveness)** • **SE-06A -** Mental Health: Acute Occupancy rate (EX HL) **(Service Efficiency & Effectiveness)** • **SE-06B -** Mental Health: Acute Occupancy rate by Locality (EX HL) **(Service Efficiency & Effectiveness)** • **SE-10 -** Mental Health Clustering within target **(Service Efficiency & Effectiveness)** Further RED KPI performance detail and trend analysis is provided in the summary performance report.
ACTION	The Board is asked to note the above.

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Board Summary Performance Report

M7: 2017/18 October 2017

Performance Scorecard Summary: Month 7: 2017/18

Healthcare from the heart of your community

Berkshire Healthcare NHS Foundation Trust

Board Summary

Ref	Mapped indicators	Indicators	Overall Performance	Over ride	Subjective
US	US-01 to US-20	User Safety	Green	No	N/A
P	PM-01 to PM-08	People	Amber	No	Yes
MA	MA-01 to MA-15 & MA 17-23	NHS Improvement (non-financial)	Green	No	N/A
	MA-16	NHS Improvement (financial)	Green	No	N/A
SE	SE-01 to SE-11	Service Efficiency & Effectiveness	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
MA 21-23

% rules based approach

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

Overriding prinicples based approach

There are indicators within the detailed performance indicator report where the over ride rule applies.
This is driven by severe sanction or breach usually linked to regulatory compliance requirements within the Trust.
Year 2017 - 2018; M7: October 2017:

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

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

Subjective

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

Performance Scorecard Summary: Month 7: 2017/18

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Exception report

Summary of Red Exceptions M7: 2017/18			
Indicator	**Indicator No**	**Comments**	**Section**
Mental Health Physical Assaults on Staff	US 1a	Increased from 59 to 72	User Safety
Self-Harm incidents	US 05	Decreased from 133 to 111	User Safety
AWOLS	US 06	Increased from 44 to 38	User Safety
Prevention and Management of Violence and Aggression	US 18	Increased from 43 to 45	User Safety
Staff Turnover	PM 01	Decreased from 17.7% to 17.1%	People Management
Gross Vacancies	PM 02	Decreased from 13.0% to 12.5%	People Management
Sickness	PM 03	Increased from 3.68% to 3.73%	People Management
MH Acute Length of Stay	SE 03	Remained at 43 days	Service Efficiency
MH Average Length of Stay Snapshot	SE 03a	Increased from 51 to 53 days	Service Efficiency
MH Acute Occupancy Rate by Locality and Ward	SE 06 a & b	Remained at 97%	Service Efficiency
Clustering	SE 10	Increased from 86.9% to 88.2%	Service Efficiency

User Safety Commentary

There were 5 serious incidents in October 2017. These included a suspected suicide of a Crisis/West Berkshire client, one unexpected death of a WestCall patient, 1 fall on Orchid ward, 1 patient allegation of assault by a member of staff on Oakwood ward and 1 medication error reported in Community Nursing.

The number of assaults on staff increased to 72 in the rolling quarter to October 2017 and is now red rated. In the rolling quarter, 4 incidents were reported on Sorrel ward (2 last month), 7 on Daisy ward (6 last month), 13 incidents on Bluebell ward (14 last month), 7 on Snowdrop ward (11 last month) and 6 on Rowan ward (last month 4), 4 incidents were reported on Rose Ward (5 last month) and 2 on Orchid ward (3 last month). In addition 1 incident occurred at Royal Berkshire Hospital, 1 at Place of Safety, 3 Prospect Park Hospital and 1 at other or unknown location were reported by Adult Acute Admissions. In the rolling quarter, 21 incidents were reported by CAMHS (previously 8), 1 incident was reported by CAMHS service at Fir Tree House and 20 at Willow House. In the community there were 2 incidents reported in the rolling quarter; 1 incident in Older Adults Mental Health services West Berkshire and 1 in the CMHT in Slough. 1 incident on Daisy ward was initially rated as moderate as the staff member was seen by the duty doctor and advised to go to A&E. All other incidents in October 2017 were rated as low or minor risk. This shows an increasing trend.

For Learning Disabilities there was an increase in the number of assaults on staff from 44 in the rolling quarter to September 2017 to 47 in the rolling quarter to October 2017. All incidents in October 2017 were rated as low or minor risk. This shows a decreasing trend.

Patient to Patient Assaults - In Mental Health services this has decreased to 33 in the rolling quarter to October 2017 and remains rated as amber against a local target. In the rolling quarter 30 incidents were reported at Mental Health Inpatients, 8 incidents took place on Sorrel ward (same as last month), 5 on Rowan ward (same as last month), 14 on Daisy ward (13 last month), 2 on Rose ward (same last month) and 2 on Bluebell ward (1 last month). None were reported on Snowdrop ward. In addition 2 incidents were reported in the car park and 1 in the Place of Safety. 1 incident was reported at Willow House in the rolling quarter. In the Community in the rolling quarter, 1 incident each was reported by Reading Care Pathways and 1 at West Berkshire Older Persons Mental Health Service. A total of 20 clients carried out assaults on other patients including 4 patients who carried out more than one assault and 1 who carried out 6 assaults. This shows a decreasing trend.

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

Slips Trips and falls – Rowan ward with 10 falls, Orchid Ward and Oakwood ward with 9 falls each and Highclere with 5 falls were all above target in October 2017. One fall on Orchid ward was reported as a Serious Incident, another moderate incident was reported on Rowan ward.

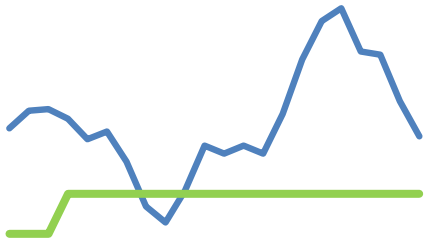
Self-Harm - These have decreased to 111 in the rolling quarter to October 2017, but remains rated as red. In the rolling quarter, 6 incidents (same as last month) have been reported by Willow House and these were for 1 client. All of the incidents reported in October 2017 at the Willow House were rated as low or minor risk. There were a total of 74 incidents reported in the rolling quarter to October 2017 by Mental Health Inpatients; a decrease from 100 from the preceding month. Of these, 9 incidents were reported on Rose Ward (2 last month), 7 incidents on Bluebell ward (decreased from 18) and 15 on Snowdrop ward (decreased from 36) and 22 on Daisy ward (28 last month). There were also incidents reported as follows; 2 at Prospect Park Hospital, 1 each at place of safety and Royal Berkshire Hospital, 1 public place or street and 2 in hospital grounds, 3 at A&E and 7 unknown location by Adult Acute Admissions. At the time of reporting 17 inpatients self-harmed during the rolling

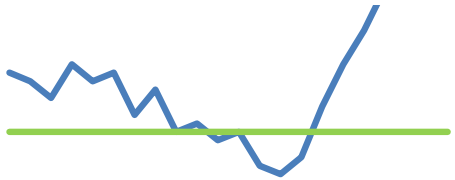
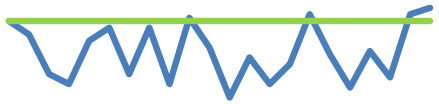
quarter with one client responsible for 7 incidents, another client responsible for 5 incidents. One moderate incident of an inpatient found on hospital grounds was reported in October 2017. All other incidents in Inpatients were rated as a low or minor risk. Aside from the apparent suicide of the West Berkshire CMHT/Crisis Client, in the rolling quarter the following incidents were reported by mental health community services and were as follows; 1 each for Early Intervention In Psychosis, Psychological Medicines, Wokingham Older Persons services and Reading CMHT, 5 each for Crisis Resolution Home Treatment Teams, Slough CMHT, IMPACTT and Talking Therapies, and 6 for Common Point of Entry.

As part of the QI project Bluebell ward have introduced a contract for the patient and team to sign in order to support their stay, which is having a positive effect on self-harm. This will be evaluated and knowledge shared with other wards.

Learning Disability Self Harm – decreased to 5 in the rolling quarter to October 2017. One low risk incident was reported in October 2017. This shows a decreasing trend.

User Safety Exception Report Month 7: 2017/18

KPI	Target	Oct-17	Trend	Context/Reasons	Commentary of Trend
Mental Health Physical Patient to Patient Assaults	<40	33		**Physical Patient to Patient Assaults were carried out by 21 patients in the rolling quarter. 2 of whom carried 4 or more assaults.**	
Self-Harm incidents	<75	111		**Self-harm reduced significantly in Adult Inpatient areas from 100 in the rolling quarter to September 2017 to 74 in the rolling quarter to October 2017. CAMHS remained stable. There was an increase in incidents reported by Community Mental Health services such as Crisis teams.**	

AWOLs on MHA section	<15	38		**Increase in AWOLS driven by an increase in reported AWOLS on Snowdrop ward in the rolling quarter to October 2017, however only 6 AWOLS reported in October 2017.**	**Environmental works being carried out at Prospect Park Hospital.**
Preventing and Managing Violence and Aggression (PMVA)	<41	45		**This is the number of physical restraints of patients on our Mental Health Inpatient wards.**	**In the 2017/18 NHS Benchmarking exercise, the Trust was amongst the lowest users of restraint but amongst the highest users of prone restraint when compared to other Mental Health Trusts.**

Other Key Performance Highlights for this Section

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

- Mental Health Physical Assaults on Staff worsened from 59 in the rolling quarter to September 2017 to 72 in the rolling quarter to October 2017.
- Learning Disability Physical Assaults on Staff worsened from 44 in the rolling quarter to September 2017 to 47 in the rolling quarter to October 2017.
- Learning Disability: Physical patient to patient assaults worsened from 10 in the rolling quarter to September 2017 to 14 in the rolling quarter to October 2017.
- Mental Health Absconsions increased from 18 in the rolling quarter to September 2017 to 23 in the rolling quarter to October 2017.
- Use of Preventing and Managing Violence and Aggression increased from 43 uses in September 2017 to 45 uses in October 2017.
- SCIP (Strategy for Crisis Intervention and Prevention) has worsened from 14 uses in September 2017 to 38 uses in October 2017.

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

- Mental Health Physical Patient to Patient Assaults improved from 40 in the rolling quarter to September 2017 to 33 in the rolling quarter to October 2017.
- Mental Health Self-Harm incidents reduced from 133 incidents in the rolling quarter to September 2017 to 111 in the rolling quarter to October 2017.
- Learning Disability Self-Harm incidents reduced from 11 in the rolling quarter to September 2017 to 9 in the rolling quarter to October 2017.
- Mental Health AWOLs reduced from 44 in the rolling quarter to September 2017 to 38 in the rolling quarter in October 2017.

People Commentary

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

Sickness Absence

• The confirmed sickness rate for September (following the data transfer from HealthRoster to ESR) was higher than the Trust target at 3.68%, an increase from 3.48% in August.

• The final sickness data for September shows an increase in the short-term sickness rate to 0.91% (from 0.85% in August). Some localities are reporting increases due to cold/cough/flu and the provisional October data indicates that there will be a further increase in short-term absence for this reason.

• The final September data shows a decrease in the long-term sickness rate to 2.10%, following increases in the previous two months, with decreases also evident in the provisional October data for long-term absences attributed to anxiety/stress/depression and musculoskeletal/back problems.

• The provisional October data also indicates that the total sickness rate for musculoskeletal/back problems has decreased to 0.71% (from 0.89% in September). This follows focused work within the localities to analyse the sickness data and develop specific action plans to tackle musculoskeletal absence hot spots. This work is on-going and includes: a 'deep dive' analysis of musculoskeletal absence in East Community Nursing; further provision of trolleys and appropriate bags for community staff carrying equipment/laptops; and the inclusion of additional questions on the 'return to work' proforma to understand the risk factors contributing to these absences and identify any trends. The impact of this work on sickness levels will be reviewed and shared across localities. In addition, there has been a significant increase in the referrals to the early intervention physiotherapy service, with 41 referrals in October (compared with a monthly average over the previous six months of 28).

• Some further data quality issues have been reported this month, with some periods of absence not being closed in a timely way and return to work discussions not being logged. This will continue to be addressed at a local level, and escalated to the Locality Directors if required.

Recruitment

• The monthly recruitment turnaround report shows that Community Nursing vacancies continue to be the most challenging to fill roles. It is anticipated that the work of community nursing hubs will help to address this. Three hubs will be established across the Trust and planning is underway to resource and promote this initiative. In addition, the Trust has attended two job fairs in the last month, resulting in a total of 95 student names added to the talent pool, and work is underway with local teams to define a process for following up these contacts.

• The Resourcing and Retention newsletter launched in October, and will provide regular updates on these specific initiatives.

• There have been a total of 72 external new starters to qualified and unqualified nursing vacancies at Prospect Park in the 12 months since November 2016 (excluding internal recruitment/progression), with a 42.5 WTE increase in staff in post. There are an additional 19 WTE either going through the recruitment process or with start dates pending.

Turnover

• The Trust-wide turnover rate in October has decreased to 17.14%, the lowest turnover rate since May (September was 17.75%). The turnover rate in Oxford Health (August 2017) increased further to 20.40%.

People Exception Report Month 7 2017/18

KPI	Target	Oct-17	Trend	Context/Reasons	Commentary of Trend
Staff Turnover (% YTD) : Percent	**<15.2%**	**17.14%**		**Increase in turnover target from September 2016. This remains a challenging stretch target for the Trust.**	**This includes end of fixed term contracts, retirements as well as voluntary resignations.**
Gross vacancies (% WTE) : Percent	**<10%**	**12.50%**		**This figure includes areas where there has been difficulty recruiting such as CHS inpatients and nursing, LD and MH inpatients, Community Mental Health teams, Childrens and Young Persons Integrated Therapies and Crisis Services.**	**Recruitment and Retention group established to look at priority areas.**

KPI	Target	Oct-17	Trend	Context/Reasons	Commentary of Trend
Sickness	**<3.5%**	**3.73%**		**The short term sickness has increased to 0.91%, and the long term sickness to 2.10%**	**Sickness highest since February 2017. Short term sickness highest since February 2017.**

Other Key Performance Highlights for this Section

- Staff Turnover has improved from 17.7% in September 2017 to 17.1% in October 2017.
- Sickness has worsened from 3.68% in September 2017 to 3.73% in October 2017.
- Information Governance training has worsened from 87% in September 2017 to 85% in October 2017.

Service Efficiency And Effectiveness Commentary

There are 13 indicators within this category, 7 are rated as “Green” including DNA rates, Mental Health Non-Acute Occupancy, CHS Length of stay, CHS Occupancy, Crisis plans, Mental Health Readmissions and New Birth Visits. None are rated as “Amber” and 5 are rated “Red”, MH Average and Snapshot Length of Stay, CHS Length of Stay and Mental Health Acute occupancy by ward and by locality, MH Non-acute occupancy and Clustering, and 1 of which does not have a target (place of safety). As more than 50% of indicators are rated as green, this section is rated as green.

The DNA rate reduced from 4.86% in September 2017 to 4.82% in October 2017 and is rated as green. Bracknell at 5.48% and West Berkshire at 5.84% are rated as amber. This indicator shows a decreasing trend.

In CPE, the DNA rate decreased from 13.18% in September 2017 to 11.57% in October 2017 (90/778).

In Children and Families services, the DNA rates increased in West Berkshire 14.5% (last month 11.07%) and Wokingham 6.59% (last month 5.63%). There were decreases in Reading 7.52% (last month 8.33%), and Bracknell 4.55% (last month 4.65%), CAMHS services DNA rates showed a decrease to 9.30% from 9.34% in September 2017.

For Mental Health, there has been some worsening with Reading 9.33% (last month 7.94%) and Slough 9.40% (last month 9.35%). Wokingham 3.56% (last month 5.19%), WAM to 2.74% (last month 3.41%) and Bracknell 7.56% (last month 8.45%) West Berkshire 5.35% (last month 6.06%) all improved. SMS text messaging can be used for reminders for appointments which take place in clinics provided that a mobile number is collected and entered into RiO in the correct format. In October 2017, 16,447 text messages were sent.

CHS Inpatient Average Length of Stay decreased to 26 days and is below target, with only West Berkshire above target. Delayed transfers have an adverse impact on length of stay. By ward there has been some improvements in Slough 0.4% (last month 17.2%), WAM 15.7% (last month 30.7%) and Wokingham 5.1% (last month 11.86%) but Reading 35% (last month 30%) West Berkshire 11% (last month 7.25%) worsened. A total of 61 patients’ discharges were delayed in October 2017, 21 of these are the responsibility of the NHS and 19 are the responsibility of social care and 22 joint health and social care. The most common reason for a delay was awaiting care package in own home (total 32, 5 NHS responsibility, 15 joint responsibility health and social care and 5 social care). 12 are awaiting either Care home or nursing home placement (3 were the responsibility of social care, 4 NHS and 5 both). The Inpatient areas have been retrained on the recording of delayed transfers on 18th/19th September 2017 to ensure a standard approach is applied.

Mental Health Acute Occupancy excluding home leave remained at 97% for the third month. There are now 5 beds closed on Bluebell ward.

The average Length of Stay for Mental Health remained at 43 days in October 2017 and the acute snapshot length of stay increased to 53 days in October 2017 and continues to remain above target. Of the 170 clients discharged between August 2017 to October 2017, 84 had lengths of stay above the Trust target of 30 days, 21 clients that were discharged in the period had lengths of stay above 90 days, including 15 above 100 days and 1 at 251days. There are a number of clients who have accommodation needs for which funding must be obtained and placements sought before they can be discharged from the ward. There are cases where there is no recourse to public funding. At 15th November 2017 there were a total of 15 clients on acute wards (an increase from 14 from last month) 10 of which have been confirmed as delayed discharges. Including the potential delays by locality, there were 2 delays for Slough, 4 for WAM, 3 each for West Berkshire and Wokingham, 1 in

Bracknell and Reading. By ward on 15th November 2017 there were 4 on Bluebell ward, and 5 Snowdrop ward, 2 each on Rose ward and Daisy ward. In addition one Bracknell client in an out of area placement has been classified as a delay.

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

At the 16th November 2017, there were 10 Out of Area Placements; 7 Adult Mental Health and 3 PICU clients in an out of area placement. The national return for October showed that 11 patients were sent out of area, 8 acute and 3 PICU in October 2017.

Older Adults Mental Health wards length of stay is 77 days for Rowan ward and 41 days for Orchid Ward for clients discharged.

MH Readmission rates reduced to 7.2% in October 2017 however Slough and Wokingham were above target.

Learning Disability – 2016/17 data collection has now opened and submission closed on 17th November 2017.

Community Services benchmarking – NHS Benchmarking will be publishing reports in December 2017, following a period of final validation.

Mental Health Benchmarking – The Trust has submitted data for this and reports have been received, however Trusts still have until 30th November 2017 to make changes to submissions, which will then be included in toolkit with additional metrics for analysis will be published in December 2017. The report had a number of improvements from previous years as impacted by initiatives within mental health services. There were areas where we are outliers and these (detailed below) will be areas of focus:

- Nationally Acute Length of stay reduced to 30.8 days but BHFT increased to 38 days
- 16-25 year olds as a percentage of adult acute admissions is 19% vs. 17% mean and account for 14% occupancy
- Numbers of No fixed abode clients admitted is above national average of 2.5% at 4.3%
- The Trust had a higher proportion of acute inpatient staying longer than 60 days 18% vs. mean of 14%
- The Trust has the highest average acute ward size in the submissions 24 beds vs. average of 18 beds
- BHFT have the highest admissions of those in Cluster 8- 13 at 9% vs. mean of 6.4%
- Lower percentage of clients admitted under MHA 31.8% vs. mean of 35.5%, however we have a higher proportion of patient's subsequently detained 20% vs. 15% mean
- Delayed Transfers were above average for both adult 7.1% vs. 5.5% and older adult 12.1% vs. 24.2%
- Caseload, adults are only 60% of national mean and older adults 112% of national mean based on weighted population
- Acute Turnover was the second highest of submissions and vacancy rates for acute inpatients were in the upper quartile
- Prone restraint has been revised to include each inpatient setting (Acute, PICU and Older Adults) and in all areas the Trust's use of prone restraint is above the mean

A supplementary audit of a Mental Health services workforce skills mix launched on 11th October 2017. The audit looks at the staff banding and qualifications of all staff who deliver adult and older adult community mental health services. The audit is unique in that it also asks that local authorities to also make a submission. Collection is currently underway and submission is due on 30th November 2017.

CAMHS – data has been submitted and a draft output has been received and the Trust made a resubmission.

Clustering –increased to 88% compliance but remains below the 95% target. With the exception of West Berkshire Older Adults 97.2% and Slough Older Adults, all services 97.6% are below target. Common Point of Entry 69% (103 out of 115 clients clustered) and Eating Disorders at 75.7% (162 out of 212 clients clustered in date), and Neuropsychology has 0/22 (0%) clients clustered are amongst the lowest compliance levels. Focus is on ensuring that services do not only change the date of the cluster but rather look at underlying scores covering the type and level of needs that determine the cluster allocation ("red rules") and ensure that staff assign clusters appropriately - compliance against the red rules remains at 93% of those clustered. Early Intervention in Psychosis clients must remain in Cluster 10.

Place Of Safety – This reduced to 37 uses in October 2017 with 1 use for a minor. Of the 37 uses of the place of safety, 17 were admitted following assessment including 15 under Section 2 of the Mental Health Act. 6 clients waited over 8 hours for an assessment. The reasons for the delays in assessment include bed availability, Patient intoxication, and availability of AMHP/assessing Doctor. 31 of the 37 assessments were carried out by Berkshire Healthcare NHS Foundation Trust Section 12 Doctors, with a further 6 not recorded. The most common time in October 2017 to be brought to the place of safety was between 6pm to 9pm and then 12 noon to 3pm. The most common day for detention in October 2017, was Sunday with 10 detentions, followed by Wednesday with 8 detentions.

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

Health visiting – The Trust attained 95.4% in October 2017 which is above target with only Wokingham at 92% below target.

System Resilience – Waiting times at Frimley achieved 94.2% A&E 4 hour waits in October 2017.

In the West – the A&E waiting times national return for October 2017 show the Royal Berkshire Hospital achieved 92.6% compliance. The system wide report showed capacity in all west Rapid Access teams on 17th November 2017, though this was limited in Reading. In terms of inpatients on 17th November 2017, 2 beds were available at Ascot ward and Oakwood ward but there were no beds available on Windsor ward and at West Berkshire Community Hospital.

Service Efficiency And Effectiveness Exception Report Month 7: 2017/18

KPI	Target	Oct-17	Trend	Context/Reasons	Commentary of Trend
Mental Health: Acute Average LoS: Number	**<30 Days**	**43**		**Bed optimisation project underway to look at alternatives to admission, productive stay and productive discharge.**	**Delayed transfers and lack of onward accommodation have impacted on this metric. In the 2016/17 NHS Benchmarking Exercise the national mean was 30.8 days against the Trust average length of stay of 38 days.**
MH Acute Length of Stay Snapshot	**<30 Days**	**53**		**This is an increase on the preceding month but remains below the 12 month average of 54 days.**	

KPI	Target	Oct-17	Trend	Context/Reasons	Commentary of Trend
MH Acute Occupancy rate (exc. HL - by Ward/ Locality)	**< 90%**	**97%**		**Reading, Windsor and Maidenhead and Slough were above target. 5 beds were closed on Bluebell ward during July 2017 reducing capacity from 27 beds to 22 and this change is reflected here. New bed management process introduced including gatekeeping of clients.**	**Increase in the number of patients detained under the Mental Health Act. For 2016/17 there was 40% increase in detained patients in comparison with 2015/16. Whilst Quarter 2 shows a drop in the number of formal admissions, it is still predicted that 2017/18 will show a 17.5% increase from 2016/17.**
Clustering within target	**95%**	**88%**		**There are frequent reviews required for certain clusters which mean that it is difficult to achieve the target.**	**Teams with high numbers of outliers are being targeted. Clustering Lead is attending the Locality Managers Business Meeting to ensure that focus is maintained.**

Other Key Performance Highlights for this Section

- DNA rates have improved from 4.86% in September 2017 to 4.82% in October 2017.
- CHS Length of Stay improved from 30 days in September 2017 to 26 days in October 2017.
- Mental Health Acute Length of Stay Snapshot was 51 days in September 2017 and increased to 52 days in October 2017.
- Health Visiting improved from 93.3% in September 2017 to 95.4% in October 2017.

Contractual Performance Commentary

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

- CQUIN 16/17: CCG have advised (noted in Trust Business Group) that full payment was attained for 2016/17.
- CQUIN 17/18: first submission made 22nd July 2017, All CQUINs confirmed as attained, except one where some additional information has been requested. CCG confirmed full attainment for Quarter 1 on 15th November 2017.
- CPE action plan and funding discussions on-going, Trust sign-off of joint action plan with COO, being monitored monthly at Exec level CCG and BHFT, but demand is not reducing so additional action has been requested to produce a business case for an updated service model. Interim funding from West for Q3 agreed and variation signed by the Trust. The Trust has asked for Quarter 4 funding also. The CCG have been chased and expect a response during the week commencing 27th November 2017.
- All SDIPs have been agreed and first submissions underway. CCG have confirmed Q1 milestones met. Q2 Submissions sent on 20th October 2017, not flagging any issues at this time. Still awaiting feedback from CCG.
- AQP conversations underway to move into the block and align service offering to funding. East MSK funding gap resolved.
- Dental services: NHSE and BHFT are having productive conversations to future proof the service by looking at referral to treatment waits and projected increase in patient flow for patients requiring general anaesthetic, to avoid a build in wait times. NHSE confirmed £180k additional funding which the service will then agree what impact this will have on waiting times.
- NHSE funding challenges regarding CAMHS T4 with on-going review and discussions on safe staffing, David Townsend and Karen Cridland leading. NHSE advised us of planned financial change regarding day care, BHFT preparing a response, other investment discussions temporarily on hold.
- Local Authority Sexual Health (All East) and School Nursing (Wokingham) requested contract extensions. Contract contribution positions reviewed and extension agreed.
- 86% of non-block/commissioner SLAs >£50k and 71% <£50K unsigned, review with Operations/Contracts team to assess risk being carried out.
- BW ACS Contracting discussions are continuing with a view to the development of payment mechanisms and risk/reward sharing across the local healthcare system.

Trust Board Paper

Board Meeting Date	12 December 2017
Title	**Workforce strategy update**
Purpose	To report progress since April 2017 in implementing the workforce strategy approved by the Board in December 2016. Feedback from the Business and Strategy Executive and the Strategic Workforce Steering Group has been reflected in the paper
Business Area	Trust-wide strategy
Author	Louella Johnson
Relevant Strategic Objectives	Supporting our staff; money matters
CQC Registration/Patient Care Impacts	Well led
Resource Impacts	Workforce strategy has the potential to reduce the use of temporary staff and the associated premiums
Legal Implications	None
Equality and Diversity Implications	Our Diversity Steering Group oversees our work to ensure we provide equity of opportunity in terms of recruitment, career development and a positive experience at work for people with protected characteristics. This is of vital importance in achievement of our Workforce Strategy, and is reported to the Board through our Equality and Inclusion progress updates.
SUMMARY	Progress is reported against the six goals of the Workforce Strategy. Since April 2017 (the last progress report) the main points to note are: **Goal 1: Grow our own workforce** Good progress in developing and implementing: The Apprenticeship strategy and the joint project with Oxford Health in developing career pathways, starting with Mental Health Nursing. Events held in January and June 2017, aimed at optimising the appointment of our final year nursing students into substantive posts have resulted in a total of 20 staff starting work with us. 12 students were offered but withdrew from the process and we will look to see if this could have been avoided / minimised. **Goal 2: Develop and promote an authentic employer brand** The Berkshire Healthcare recruitment website

	launched in April was well received, but has as yet to be formally evaluated. Good progress has been made on three Trust-wide recruitment initiatives, namely: raising our profile at Recruitment Fairs; attracting Non-UK qualified nurses already resident in Berkshire; and attracting and recruiting Community Nurses across Berkshire in a more joined-up efficient way through a Trust-wide Recruitment Hub **Goal 3: Align our workforce with service models** An outline Organisational Development strategy to align our workforce's digital capability with our digital strategies – the start of the journey – has been drafted and discussed with the Strategic Workforce Steering Group **Goal 4: Plan and meet demand sustainably** The paper summarises the progress made by the PPH staffing project, the District Nursing Recruitment and Retention review and the Community Inpatients West Recruitment and Retention review. It also describes the work in developing retention plans for MH inpatients and MH Urgent Care as part of our participation in the NHS Improvement retention support programme. **Goal 5: Knowing our numbers** We are participating in two pilots funded or led by STP partners to test workforce modelling tools. This should inform our strategic workforce plans. Also there is an update on progress in understanding the 'Do Nothing' scenario **Goal 6: Build our strategic workforce capability** In addition to the service led recruitment and retention reviews (Goal 4), we have engaged external expertise to help key services develop 3 to 5 year strategic workforce plans and 'upgrade' the basic workforce planning processes, skills and tools we developed through a Health Education England Thames Valley funded project in 2015.
ACTION	The Board is asked to note the progress and provide feedback.

Berkshire Healthcare NHS
NHS Foundation Trust

The **Workforce Strategy**

Implementation update for Trust Board

December 2017

Healthcare from the heart of your community

www.berkshirehealthcare.nhs.uk

Workforce Strategy 2016 – 20

A reminder of the Plan on a Page - The 6 key elements

Berkshire Healthcare NHS
NHS Foundation Trust

1. Grow our own workforce

Offer attractive and structured career pathways and pay progression in critical / hard to fill roles

We will:

Develop new roles, increase apprenticeships and recruitment of recently qualified clinicians

Reduce staff turnover by investing in development and career progression

2. Develop and promote our employer brand

Promote the benefits of working for the Trust to maximise recruitment

We will:

Use our refreshed Trust website and social media to develop an authentic brand based on high levels of staff engagement and organisational performance

3. Align our workforce and service models

Optimise quality and workforce productivity

We will:

Design and deliver evidence based ways of working, supported by benchmarking, accreditation, peer review and Quality Improvement methodology.

We will develop the digital capability of our workforce.

Our aim: a workforce with the capabilities and capacity needed to provide great care and treatment in a financially sustainable way

4. Plan and meet demand sustainably

Aligning workforce capacity and capabilities with service demands

We will:

Complete and implement evidence based workforce plans for mental health & community inpatient, physical and community adult and children's services.

5. Know our numbers

Monitor, manage and improve workforce utilisation, and efficiency.

We will:

Embed e-rostering and temporary staffing best practices to manage staffing resources efficiently.

6. Build our strategic workforce planning capability

Fit for purpose processes, information and decision-making

We will:

Develop in-house expertise, draw on best practice and bring together activity, financial and staffing data to strengthen planning and monitoring.

Introduction

Berkshire Healthcare NHS
NHS Foundation Trust

The Trust Board approved the Workforce Strategy in December 2016, and an update on implementation was provided to the Board in April, together with a Plan on a Page. The purpose of this paper is to provide a further update on implementation progress since April .

Goal 1: Grow our own workforce – progress in developing and implementing:

- The Apprenticeship strategy
- The joint project with Oxford Health in developing career pathways, starting with Mental Health Nursing
- Optimising appointment of our final year nursing students into substantive posts

Goal 2: Develop and promote an authentic employer brand – Progress in

- Implementing the new recruitment website,
- Raising our profile at Recruitment Fairs
- Attracting Non-UK qualified nurses already resident in Berkshire
- Attracting and recruiting Community Nurses across Berkshire in a more joined-up efficient way

Goal 3: Align our workforce with service models – developing specific objectives to achieve digital capability of our workforce, so that our workforce and digital strategies are aligned and we are clear about future work needed.

Goal 4: Plan and meet demand sustainably – review of recruitment and retention initiatives in:

- Our Prospect Park Hospital staffing project
- District Nursing
- Community Inpatients West

An update on progress in understanding the 'Do Nothing' scenario will be completed for inclusion in the Trust Board update. Key headlines are provided on p 10.

Goal 5: Knowing our numbers – our participation in two STP pilots to test workforce modelling tools, which have the potential to inform our strategic workforce plans

Goal 6: Build our strategic workforce capability – the work to develop 3 to 5 year strategic workforce plans will upgrade our processes, skills and tools

Goal 1: Growing our own

Berkshire Healthcare NHS
NHS Foundation Trust

- **The goal: to offer attractive and structured career pathways and pay progression in critical / hard to fill roles**
- **We will: develop new roles, increase apprenticeships and recruitment of recently qualified clinicians; and reduce staff turnover by investing in development and career progression**

Apprenticeships

Our Apprenticeship Strategy has been approved by the Strategic Clinical Education Group. Pathways have been defined for Apprenticeships, Advanced Apprenticeships, Higher Apprenticeships and Degree Apprenticeships (Levels 2, 3, 5 and 6 respectively).

Of the estimated £600k levy funds available, the projected spend for 2017/18 is £578k, allocated across 105 Level 2/3 Apprenticeships: Health & Administration; 24 Leadership & Management; 10 Healthcare Apprenticeships; and 20 new Apprenticeships

Clinical Apprenticeships include: Health/Health & Social Care; Clinical Healthcare Support; Pharmacy; Allied Health Professional Support; Children & Young People Assistant Practitioner. **Non-Clinical Apprenticeships** include: Business Administration; Customer Service; Team Leader Web Developer; Digital Marketing

Next steps include: In December, we will start recruiting for a further 20 Nursing Associates to start in February 2018. There will be an overview of BHFT involvement in Trailblazer initiatives e.g. Nursing Associate, Psychological Well-being Practitioner, OT/Physio, Specialist Community Nursing Qualifications.

Optimising the appointment of student nurses: We held a January open day at PPH, for 3rd year students and hosted the RCN annual student nursing conference in June. Shift patterns have been changed to provide choice which influenced students to work for us

Career pathways for MH nurses & Allied Health Professionals

This is a project to create a credible and attractive offer to newly registered mental health nurses and AHPs who want to work in Berkshire Healthcare and Oxford Health NHS Trusts. With funding from HEE Thames Valley, a programme of work was commissioned to create a set of products that offer newly qualified mental health nurses an accelerated route of progression through band 5 to band 6 (Agenda for Change) pay scales linked to competency and a clear career pathway. The focus of the work is to develop clinical, managerial and leadership behaviours, skills and experience within this group of staff using a structured approach and assessment framework.

A **competency framework** and **career pathway model** have been developed in detail with extensive input from managers and staff. Both have been well received by reviewers. **Principles for pay progression** have been developed.

Next Steps: to cost and develop affordable options for career progression; develop supporting policies, training and guidance; and consult with the Joint Staff Consultative Committee.

- **January Student Nurse Open Day**: Approx. 50 attendees, 26 offers made, 8 withdrew, 17 have started, 1 due to start February 2018
- **June RCN Student Nurse conference**, hosted by BHFT at Green Park conference centre: 8 offers made, of which 3 have start dates, currently contacting 4th to agree start date.

Goal 2: Develop & promote the BHFT brand

Berkshire Healthcare NHS
NHS Foundation Trust

- **The goal: to promote the benefits of working for the Trust to maximise recruitment**
- **We will: Use our refreshed Trust website and social media to develop an authentic brand based on high levels of staff engagement and organisational performance**

Developing the "Work for us'' section of the Trust website:
The 'work for us' section of the website has been fully operational since April and the results are being analysed to see if there has been a measurable improvement in positive interest.

Using social media to improve attraction and retention:

- Social media strategy to support attraction and retention drafted and being reviewed by Marcomms as part the wider social media strategy. In the interim, the Community Inpatients West recruitment and retention project is trialling Facebook to advertise vacancies.

Raising our profile at job fairs and recruitment days:

- A calendar of university job / recruitment fairs has been agreed along with the standards which we will meet when we attend.
- The Resourcing and Retention team are identifying managers to support planning, attendance and follow-up with interested visitors.
- Sponsorship from the Regional Operational Directors, the MH Inpatients Locality Director and the Deputy Director of Nursing is proving critical to ensuring each stage of every Fair we have decided to attend is fully resourced.
- A key element will be providing accurate information about vacancies, scheduling interview slots, adding interested visitors to the Candidate database and helping keep potential new starters 'warm'.

Community Nursing Recruitment Hub

We are setting up a pilot to recruit through a single Community Nursing Recruitment Hub, through which we can more consistently promote the service and job opportunities within it. The pilot is targeted with developing a candidate focused approach that also addresses the problems from fragmented locality based recruitment . The pilot is Trust-wide and includes Band 4, 5 and 6 Community Nursing posts. The aims of the pilot are to:

- Set up an-ongoing facility that would be run by a small complement of HR and Service Recruiting managers, with administrative support
- Plan and deliver recruitment over a rolling 6 / 12 month period
- Build a body of knowledge and expertise which can be used efficiently and effectively
- Train and give guidance to those managers delivering as well as those using the recruitment hub.
- The pilot is due to start in January 2018, with the Recruitment Hub being run fortnightly – so we can respond promptly to applicants

Recruitment of non-UK qualified nurses already resident in Berkshire into registered nursing roles

- Initiated by CCGs, this project will complete a business case for facilitating the transfer of eligible staff from existing posts by achieving registration with the NMC.
- This will include the support required to ensure that applicants can pass required English tests. The project will also review grade and pay rates to ensure they properly reflect contribution and qualifications of individuals.

Goal 3: Align workforce and service models

Berkshire Healthcare NHS
NHS Foundation Trust

- **The goal: to align our workforce and service models and optimise quality and workforce productivity**
- **We will: design and deliver evidence based ways of working, supported by benchmarking, accreditation, peer review and Quality Improvement methodology. We will develop the digital capability of our workforce**.

1. What is digital maturity?

- Digital maturity means having the IT competences (skills, knowledge and behaviours) needed to deliver our strategic goals, including the QI and GDE enabling programmes
- Our digital maturity supports us organisationally to be very good at:
  - Improving the processes of care
  - Using better information to make informed decisions
  - Improving safety and effectiveness of care
  - Sustaining continuous quality improvement
  - Improving patient access to care
- The content of the organisational development (OD) strategies and interventions will be defined as we understand more of what QI and GDE require of staff and leaders.
- We will need to align all our key organisational systems, how we recruit, educate, train, develop and manage; lead, communicate and engage; and promote and reward

2. How do we build the digital maturity required to achieve our true north?

- If digital maturity is the level needed to achieve our being a Global Digital Exemplar and having a Quality Improvement culture, digital competence is the basic first step towards maturity

  Currently not enough of our staff demonstrate digital competence; not enough managers at all levels expect the standard to be met
- Phase 1 Organisational Development (OD) aim: address the technical and cultural barriers to digital competence

3. Digital competence: the least we should expect of all staff

- Right now (?) we expect that all staff:
  - ✓ Are competent in using their core suite of digital 'Tools'; and use them
  - ✓ Will understand what (service) data is important to their role, and why
  - ✓ Are committed to achieving complete, accurate, timely data
  - ✓ Will fulfil their personal responsibilities for collecting, analysing, using and protecting data, first time and every time
  - ✓ Will be evidenced-based in their practice; be curious and respect information
  - ✓ Understand and practice Digital 'good manners'
- The opportunities that good data offer should be but are not understood
- Not meeting these expectations should (but does not) have 'consequences'; bad behaviours and workarounds are tolerated

4. Fixing the Basics – A well-understood problem with a known solution? Use A3 thinking

- Turn expectations into an explicit standard mandated for all'
- Define the competences (knowledge, skills, expertise, attitudes and behaviours)
- Define the level of achievement that the digitally competent job holder must demonstrate

Healthcare from the heart of your community

Goal 4: Plan and meet demand sustainably

Berkshire Healthcare NHS
NHS Foundation Trust

- **The goal: to align workforce capacity and capabilities with service demands**
- **We will: complete and implement evidence based workforce plans for mental health & community inpatient, physical and community adult and children's services.**

1. Prospect Park Staffing Project – MH Inpatients

Project Targets: Reduce the level of vacancies to: maximum of 10% overall; maximum of 20% for any ward; and reduce turnover by 5% to maximum of 15% percent overall.

- Between Nov 2016 and Oct 2017 there has been a 42 WTE increase in staff in post in 7 inpatient wards and place of safety. Further 19 WTE posts still going through recruitment checks or agreeing start dates.
- The rolling 12 month turnover rate is the lowest in the last 12 months.
- There is a reduction of £261k in Temporary Staffing spend in the August to October period this year compared to last.
- Band 5 vacancies are still significantly below target and further work is in progress to develop a safe staffing model that we can recruit to, including additional skill mix and recruitment and retention actions.

2. District Nursing recruitment and retention review

Action in progress on 3 priorities: Recruitment, retention, IT support

- Community Nursing Recruitment Hub established
- Developing new roles to support District Nurses
- Optimising appointment of trainees and students
- Working with partner organisations to develop an attractive career pathway with us and within the local system
- Providing training & development opportunities to help staff to develop their careers with us
- Recruiting and supporting Non-UK qualified nurses living locally, to progress through to NMC registration and work with us.
- Ensuring that staff are paid in an equitable way when they work additional hours
- Making it simpler for people to work for NHSP
- Support through IM&T: Mobile Working review to understand the difficulties being experienced first-hand

4. Community Inpatients West recruitment and retention project

Target: the right number of available qualified staff to ensure the safe staffing levels for full bed occupancy. Key actions:

- Development of a band 5 or 6 rotational job role between community and inpatients.
- Job description completed for an Advanced Nurse Practitioner role with increased clinical time included, currently being advertised.
- Social media (YouTube/Facebook/Vimeo) used to generate interest

3. NHS Improvement Retention Support Programme

- **What did NHS*i* ask us to do?** Develop an evidenced-based plan, informed by best practice in 90 days, involving front line staff and setting 12 month targets
- **What did we do?** Wave 1 - Retention plans were submitted for MH Inpatients and MH Urgent Care. Much of the what the PPH staffing Project was doing already was what was being advised, but the MH Urgent Care team commenced their own retention plan.
- **Next Steps and challenges.** Wave 2: - the NHSI materials and approach are being shared with Community Inpatients West, District Nursing and Children, Young People & Families.

Goal 5: Knowing our numbers

Berkshire Healthcare NHS
NHS Foundation Trust

- **The goal: monitor, manage and improve workforce utilisation, and efficiency.**
- **We will: Embed e-rostering and temporary staffing best practices to manage staffing resources efficiently.**

Producing the 'Do Nothing' option

Two reports are proposed:
In the short-term
This report will include the following components:
- Locality, staff group i.e. Nursing, Medical, Allied Health Professional, by Band / Grade
- Projections based on historical trend for 1, 2, 3, 4 and 5 years, noting that the accuracy of the forecast is lessened in the outer years
- To include retirements, voluntary resignations and an 'other' group, which include end of fixed term contracts, mutually agreeable resignations
- **Timeframe – will be available by week ending 10th Nov.2017**

Medium-term Report
A triangulated report that will incorporate the following items:
- The components of the Short Term report
- Sickness, turnover, vacancy and recruitment figures
- Demand and national supply – drawing out the gap over time
- At this stage the report will not include overtime or eRoster data, but it is anticipated over time this will be included
- Frequency of report to be considered

Timeframe – to include January 2018 data for the February Workforce Strategy Steering group meeting
Risk – if there are delays to the revised Locality structure process, this will impact the production of the report

Developing accurate timely vacancy reports
Good progress on the vacancy reporting pilot, started at PPH. The data was accurate and complete and could be maintained on an on-going basis. This approach will be extended by locality.

Identifying fit for purpose workforce modelling tools – WRaPT pilot
- The Trust participated in a BOB STP funded pilot to test a workforce modelling tool – Workforce Repository and Planning Tool (WRaPT) that enables activity and workforce to be linked and used to model changes in service design.
- The Trust concluded that until we had more complete, accurate activity data, it would not be helpful to extend implementation now.

The BOB and Frimley STPs workforce modelling initiative
Both STPS have adopted using a place based approach to workforce modelling, following the same approach:
- The purpose is to provide workforce modelling supporting a high-level STP workforce strategy. It will capture key changes in workforce needed to deliver the STP vision
- The work is commissioned by the STP Local Workforce Action Board.
- The output will be a place-based, and STP-wide, 'first fit' future workforce scenario, capturing all quantifiable planned workforce changes by level of competency and population health need
- This will provide a baselined system workforce model to which changing assumptions can be applied. This enable us to refresh and update future workforce scenarios, capturing future workforce changes yet to be fully planned or quantified.

Goal 6: Build strategic workforce planning capability

Berkshire Healthcare NHS
NHS Foundation Trust

- **The goal: fit for purpose processes, information and decision-making**
- **We will: develop in-house expertise, draw on best practice and bring together activity, financial and staffing data to strengthen planning and monitoring**.

Developing Strategic Workforce Plans

The aim is to develop 3 to 5 year strategic workforce plans for key services: MH Inpatients, Community Inpatients, Community Nursing, Children, Young People and Families and MH Urgent Care.

We will build on work carried out in 2015 to develop fit for purpose workforce planning tools and techniques, which was funded by HETV and delivered with experts from the University of West London.

Using that funding and expertise again, the aim will be develop longer term strategic workforce plans, that are well informed by demand, supply and the Trust's strategies .

Training in workforce planning has been undertaken by the Director of Human Resources and Regional Directors.

Initial "do nothing" scenarios have been completed based on numbers of staff joining and leaving the organisation. Work is currently in progress to describe this in terms of our major service areas and by profession/staff group.

The Mental Health Delivery Plan required by NHS England to outline our plans for achievement of Five Year Forward View targets, will inform our required Mental Health Workforce plan. This will be developed in liaison with STP partners and draw on system workforce modelling work described on p8.

Equality Impact Assessment

The workforce strategy has been assessed in terms of equality impact.

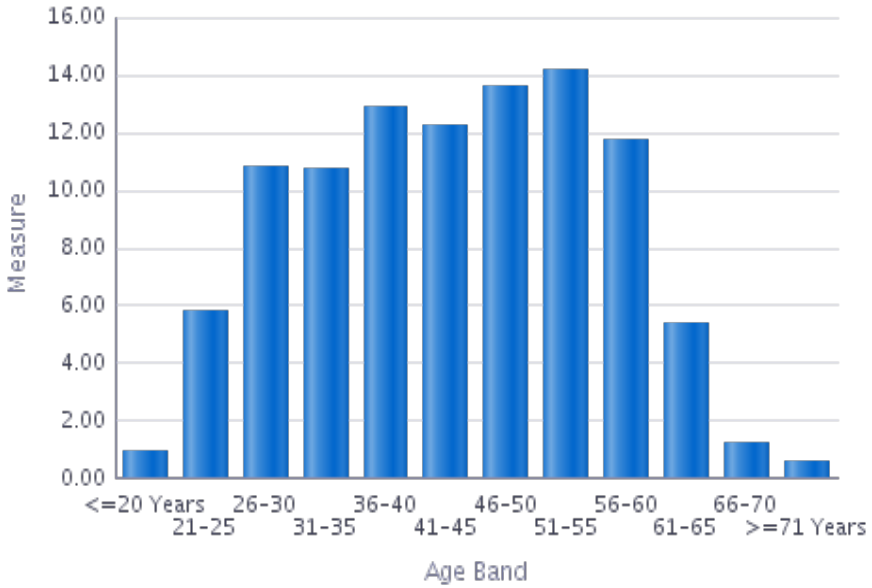
Our Diversity Steering Group is responsible for ensuring that we meet the requirements of the Equality Delivery System and Workplace Equality Standards. Our Making it Right programme will support delivery of our workforce strategy , ensuring that we provide equality of opportunity and a positive experience of working for us

Projections – national supply and local intelligence added

- **Developing our understanding of workforce changes if we do nothing**
- **Creating workforce plans informed by our understanding of demand changes / anticipated pathway redesign.**

Do-nothing scenario - key points

- **Our workforce is ageing and leaving us earlier than expected**



- We are recruiting younger staff but their length of service with us is comparatively short.
- Between Nov 16 and October 17, 33% of our leavers were bands 5-6

Supply changes – the national picture (to be completed)

- **Mental health nursing numbers reducing by 4% per annum**
- **Allied Health Professional student numbers reducing**
- **Supply of Psychiatrists severely constrained**
- **Impact in South of England is particularly marked**

Demand changes/anticipated pathway redesign

To be completed and informed by:

- **Mental health delivery plan**
- **ACS/STP Initiatives and workforce modelling**

Targets for the next 12 months

- **Although we are achieving success in our Prospect Park Staffing initiative, it is too early to say if the workforce strategy projects are having a positive impact on vacancies and retention overall**
- **Benchmarking with other similar Trusts in our region, suggest we must set specific retention targets**
- **The "Do Nothing" analysis has flagged the groups of staff we should be prioritising to join or stay with us**
- **We will continue to involve frontline staff and managers in developing solutions and learn from and adapt examples of good practice (including NHSI and STPs case studies)**
- **We will deliver through a combination of the Service led recruitment and retention reviews and corporate initiatives led by the Resourcing and Retention team.**

The Do Nothing analysis (Nov 16 to Oct 17) has flagged the following issues.

- **Our workforce is ageing**:

The average age of retirees is 62 and reducing
12% (105) of all leavers were retirees (incl early retirees)

- **A younger workforce is being recruited, but not staying:**

Half of Nursing & Midwifery starters are under 40 years of age
33% (290) of our leavers were Band 5 & 6 (Nursing)

- **We are recruiting but not managing to retain new starters – the following leaving with the first 2 years**

38.5% (of all Nursing & Midwifery starters (all bands) only 61.5% stay longer
53% of all starters leave; only 47% stay longer
59% of Admin and Clerical and only 41% stay longer
IT is a good example of this group
76% of leavers are regretted: 12% retired and 64% left for other reasons; a further 24% were non-voluntary (N.B. this includes fixed term contracts coming to an end and staff were not redeployed)

Retention Targets for 2018 currently being scoped:

Reduce the number of staff retiring, Last year, a 50% reduction would have meant identifying 52 of the 105 retirees and persuading them not to retire or to transfer to another role
Reduce the number of staff leaving in the first two years of employment.
In the last year, a 50% reduction would have meant ensuring a combination of the following was achieved:

- **90% of all Nursing new starters stay 1.5 yrs.; 80% stay 2.5 yrs.**
- **95% of all Band 5 Nursing new starters stay 1.5 years; 85% stay 2.5 years – same targets for Band 6 Nurses**
- **95% of all new IT starters stay 1.5 years, 85% stay 2.5 years**
- **86% of all new starters stay 1.5 years; 77% stay 2.5 years**

Optimise the number of return to work staff in Nursing and AHP

Optimise the number of Nursing, AHP and IT staff that can be redeployed to other critical vacancies when their fixed term contract expires

Offer 90% of 1st and 2nd year students employment to and provide the 'support needed through training and preceptorship.

Trust Board Paper

Trust Board Meeting Date	12 December 2017
Title	Information Governance Annual Report (2016/17)
Purpose	To provide the Trust Board with update of Information Governance and Caldicott activity for 2016/17
Business Area	Corporate
Author	Clinical Information Governance Manager
Relevant Strategic Objectives	To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and supports maintaining confidentiality of patient information
Legal Implications	Legal advice sought as required for individual cases
Equality and Diversity Implications	none
SUMMARY	This report provides assurance on the key issues and risks relating to Information Governance (IG) in BHFT. The trust's performance in the IG Toolkit return at the end of March 2017 was significantly improved from the previous year and maintains the top level rating of satisfactory. The appointment of the Clinical Information Governance Manager in May 2017 has further strengthened the support provided to the Caldicott Guardian and the Senior Information Risk Owner. The number of Serious Incidents remains low and the proactive incident reporting culture in the trust is reflected in the number of confidentiality and IG related incidents reported over the year. Requests for information under the Freedom of Information Act have increased significantly over the last year.
ACTION REQUIRED	The Trust Board is asked to note and consider this report

Information Governance Report

Annual Update 2016/17

Contents

1. Introduction

Information governance is a broad framework for ensuring and assuring that information is managed legally, securely, efficiently and effectively in order to support delivery of the best possible care. This includes appropriate internal measures (people, process and technology) and external oversight (monitoring and audit). In BHFT, Information Governance is supported by the Caldicott Guardian and Senior Information Risk Owner (SIRO).

A **Caldicott Guardian** is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. The role of Caldicott Guardian is held by the Medical Director in BHFT and historically has been operationally assisted by the IT Compliance and Audit manager. In May 2017 the new post of Information Governance Manager was recruited to and this role now assists the Caldicott Guardian.

The **SIRO** has responsibility for understanding how the strategic business goals of the organisation may be impacted by any information risks and for taking steps to mitigate those risks.

The two roles are distinct but complementary. A Caldicott Guardian's activities are particularly concerned with the seven Caldicott principles and the common law duty of confidentiality, whilst the SIRO is mainly involved in ensuring compliance with the Data Protection Act and other relevant legislation. (Ref: the Caldicott Guardian in Health and Social Care Handbook, NHS Digital).

The Trust encountered 4 level 2 incidents (April 2016-March 2017) which required reporting to the Information Commissioner's Office (ICO). More information about the grading of incidents can be found at the Health and Social Care Information Centre website (https://www.igt.hscic.gov.uk/resources/HSCIC%20SIRI%20Reporting%20and%20Checklist%20Guidance.pdf). Incidents are graded against the national framework provided by the ICO and those that meet level 2 or above criteria are classed as Serious Incidents (SI) in line with the national SI policy and are formally investigated by Berkshire Healthcare. The ICO were content with the assurance provided, which includes the provision of training and policies we have in place to support the Information Governance framework. Berkshire Healthcare is committed to implementing yearly mandatory IG refresher training to improve awareness and latterly to be compliant with requirements of the Information Governance Toolkit.

A Caldicott Log is completed (Appendix A), this logs all high level requests made to the Caldicott Guardian, any action required and outcome.

2. Information Governance Committee

The Information Governance Group has been chaired by the Medical Director since November 2015. From May 2017, it is chaired by the Clinical Information Governance Manager and consists of representatives from clinical departments and localities, Information Management & Technology Team, and the Research & Development Team. The purpose of the group is to give the Trust a strategic direction on Information Governance, to monitor and report on IG incidents and address any issues that arise. The committee meets quarterly and any issues are escalated to the Non Clinical Risk group.

3. Subject Access Requests

A subject access request is a written request made by or on behalf of an individual to access information held by the Trust. Access is entitled under Section 7 of the Data Protection Act (1998). Consistent with other organisations Berkshire Healthcare receive a significant amount of subject access requests which are

fulfilled by the Governance Office at Fitzwilliam House in accordance with the Subject Access Code of Practice.

The Governance Administration Manager received 763 requests during the period 1st April 2016 to 31st March 2017. Records access requests for Prospect Park Hospital records are managed by the Medical Records Clerk based there, they began recording their requests from 5th April 2016, and from this date to March 2017 they received 87 requests.

The Trust responded to every one of the 850 requests within the timeframe (the Trust has 40 calendar days to respond to a request).

3.1 Police Requests

The Trust regularly receives requests from Thames Valley Police (TVP) for patient information. The Trust is committed to providing information to the Police to assist inquiries in line with the data protection principles.

Police requests are normally supported by written consent from the patient or in cases where consent is not provided, there must be justification for the disclosure of information such that it would jeopardise an investigation if the data subject was made aware of the request. Where requests are received without consent, the decision to release information is taken by the Governance Administration Manager and where required is escalated to the Clinical Information Governance Manager, Deputy Director of Nursing & Governance and the Caldicott Guardian. Legal advice from Trust solicitors is sought in some cases.

Requests are either processed by the Governance Administration Team, Medical Records Clerk in Prospect Park Hospital or by services directly. In 2016/17 the Trust received 137 Police requests for information compared to 53 in 2015/16.

4. Confidentiality and Information Governance Incidents

Staff are encouraged to report any incidents or concerns of breaches of confidentiality or Information Governance related incidents using the Trust Datix incident management software. After an incident is logged on Datix, it is assessed to determine the severity based on the amount of people affected by the incident, the nature of the information and the potential consequences. The ICO provide guidance on this and any incident categorised as a level 2 or over should be reported to the Information Commissioner's Office (ICO).

Type of incident reported (April 2016 – March 2017)	Datix Classification Confidentiality Issues	Datix Classification Security Issues
Email of Personal Data	42	
Fax of Personal Data	6	
Inappropriate use of audio/visual equipment	5	
Misuse of I.T. Account	5	
Potential breach of confidentiality	90	
Sharing of I.T. Password	3	
Breach of Confidentiality	128	
Break-in to building		6
Confidential data		4
Lost Patient Notes	28	
Lost Property		100
Mis-directed Patient Notes	84	
Theft from Vehicle		4

Theft involving Trust property		10
Total by Category	**391**	**124**
Total	**515**	

Between 1st April 2016 and 31st March 2017 there were 391 incidents classified as 'Disclosed In Error' which includes patient information being sent to the wrong patient, employee information being disclosed, and information not being properly secured resulting in unwarranted disclosure. Breach of confidentiality includes incidents such as patient information being sent to the incorrect recipient and patient letters being incorrectly addressed. Potential breach of confidentiality includes incidents where information was inappropriately disclosed however it was discovered before a full incident occurred. Mis-directed patient notes includes incidents where patient information was attached to an incorrect patient record or filed incorrectly.

4 incidents were classified as level 2 and were thus reported to the Information Commissioner's Office (ICO) in the 2016/17 year. The incidents were:

1. **Inappropriately merged health records:** A patient who registered at the Berkshire Healthcare Slough Walk in Centre had their clinical record merged with a patient with the same name and date of birth on EMIS Web. No action was taken by the ICO. Berkshire Healthcare changed the training on the process for merging patient records.
2. **Insecure email transfer:** 3 instances of insecure information transfer occurred in one email string concerning the treatment and payment for treatment for a BHFT patient. No action was taken by the ICO. Staff were reminded of the safe transmission information via email and transferring information only with a valid legal basis.
    - Email sent by BHFT employee (using @Berkshire email address) to CSU employee (using @NHS.net email) containing patient name and initials. There was no lawful basis for the CSU employee to have the information and the method was insecure.
    - 3Email containing patient information sent by BHFT employee (using @Berkshire email address) to Great Ormond Street Hospital employee (using @GOSH.nhs.uk email address) containing patient name, NHS No & DOB. Transfer method insecure.
    - Email sent by BHFT employee (using @Berkshire email address) to 2 CCG employees (using @NHS.net email addresses) containing patient name, NHS No & DOB - no lawful basis for the information to be received and transfer method insecure.

3. **Insecure transfer:** Patient sensitive personal information sent to another NHS organisation via unsecure methods. No action was taken by the ICO. Staff were reminded of the safe transmission information.

4. **Patient Information Disclosed in Error**: A school nurse received a request from a school to send a referral form, the school nurse replied and accidentally attached a spreadsheet containing patient information instead of the referral form. This occurred on two separate occasions. The referral spreadsheet contained 86 children's names, their dates of birth, NHS numbers, dates of referral, referral reason, school and when seen. In both instances the recipient called the School Nursing service to highlight the error and advised that the information had been deleted. No action was taken by the ICO. Service changed the location of the template and reviewed their processes for storing and sharing information.

5. Complaints

There were 4 complaints for Information Governance issues in 2016/17 compared to 5 complaints in 2015/16.

The 4 complaints are summarised below.

- Bracknell – Patient was unhappy with the time taken to process a 3rd section 10 notice. The complaint was not upheld.
- Bracknell – Patient complained about unlawful sharing of information. The complaint was not upheld as this was not a Berkshire Healthcare issue.
- Bracknell – Patient felt Berkshire Healthcare had not responded properly when replying to a previous complaint. They felt Berkshire Healthcare failed to comply with their duty of care and contravened the Equality Act. The complaint was not upheld as the issues had been addressed in a previous complaint.
- Slough – Patient felt the facilitators of the Link Group breached Berkshire Healthcare's duty of care obligations under the Equality Act. The complaint was not upheld, the incident occurred in 2015 which was too long ago to gather any evidence to support the complaint.

6. IG Toolkit

The Information Governance Toolkit (IG Toolkit) is provided by the Department of Health (DH) which draws together the legal rules and central guidance set out by DH policy and presents them in a single standard as a set of information governance requirements. Berkshire Healthcare is required to carry out self-assessments of compliance against the IG requirements in the Tookit and submit the relevant documents as evidence of compliance.

The purpose of the assessment is to enable organisations to measure their compliance against the law and central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction.

The Trust completed the annual self-assessment of compliance with national Information Governance requirements and submitted the NHS Information Governance Toolkit for 2016/17 (Version 14) on 31st March 2017. The Trust overall score represented 79% compliance with the requirements of the toolkit demonstrating 'Satisfactory' compliance. This score has increased from the Version 13 toolkit submission of March 2016 for the 2015/16 year which was 69%.

Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Total Req'ts	Overall Score	Self-assessed Grade	Reviewed Grade	Reason for Change of Grade
Version 14 (2016-2017)	Published	0	0	28	17	45	79%	Satisfactory	n/a	n/a

Grade Key

Not Satisfactory	Not evidenced Attainment Level 2 or above on all requirements (Version 8 or after)
Satisfactory with Improvement Plan	Not evidenced Attainment Level 2 or above on all requirements but improvement actions provided (Version 8 or after)
Satisfactory	Evidenced Attainment Level 2 or above on all requirements (Version 8 or after)

Updating for the Information Governance Toolkit is completed by the IT Compliance & Audit Manager as the majority of the information required is provided by Information Management & Technology.

The IG Toolkit was withdrawn following the Version 14 submission in order for NHS Digital to overhaul it, make it more relevant to current data protection practices/laws and more user-friendly. The new version of the Toolkit will be released at the start of 2018.

7. Freedom of Information Requests

The Freedom of Information Act 2000 provides public access to information held by public authorities. The Company Secretary is responsible for co-ordinating and responding to these requests.

It does this in two ways:

- public authorities are obliged to publish certain information about their activities; and
- members of the public are entitled to request information from public authorities.

The Act covers any recorded information that is held by a public authority in England, Wales and Northern Ireland, and by UK-wide public authorities based in Scotland. Information held by Scottish public authorities is covered by Scotland's own Freedom of Information (Scotland) Act 2002.

Recorded information includes printed documents, computer files, letters, emails, photographs, and sound or video recordings.

Number of requests received

The table below shows the number of requests received for 2016/17, together with figures for previous years.

Financial Year	Total requests received
2016-2017	439
2015-2016	298
2014-2015	271
2013-2014	260

As can be seen from the above, in 2016/17 the Trust received a 32% increase on the previous year. There is an upward trend in requests to other public organisations but this does represent a significant increase.

Source of requests

The table below shows the general source of requests so for 2016/17 as a whole:

	16/17	15/16	% increase
Individual	147	120	22%
Commercial company	108	51	111%
Media organisation	67	48	39%
Non-profit/educational establishment	54	35	54%
Whatdotheyknow.com	35	29	20%
Political organisation	15	6	150%
NHS organisation	13	9	44%
TOTAL	**438**	**298**	**32%**

Note that there is no obligation for an FOI applicant to reveal their identity or the motive for a request – only a name needs to be provided. Where a company or organisation name has not been provided, the

request has been counted as being from an 'individual', although many of these are likely to be from people doing research for a commercial organisation.

'Whatdotheyknow.com' is a website which facilitates the composition and sending of FOI requests and answers to requests are automatically published on their website. This facility is used by both individuals and companies.

The table below shows the subject matter of requests for 2016/17, together with the figures for 2015/16:

	16/17	15/16	% increase
General data/statistics	96	58	65%
HR/workforce data	79	49	61%
Policy, strategy & service provision	60	25	140%
IT	57	44	29%
Financial	52	56	-0.7%
Miscellaneous	37	25	48%
Procurement/contracts (excluding IT)	35	20	75%
Patient safety/risk	23	21	9%
Total	**374**	**298**	**32%**

Many requests involve the input of several different departments – for example there is often collaboration required on requests involving Finance/HR and for individual service areas and the Information Team. For simplicity they have been categorised above according to the main service/subject area but this should be considered as indicative only.

There have been no particular themes this year. All responses to media organisations are copied to Marcomms to ensure they are kept informed of any potential media issues.

The Trust has 20 working days to respond to a request after receipt and all applicants receive an email acknowledgement. Of the 439 requests in 2016/17, 321 were closed within the deadline, 86 were sent late and 32 are open requests in the process of being dealt with at the time of reporting.

Staff continue to spend a considerable amount of time on FOI requests. There remains room for improvement in reducing the number of late responses but this is likely to depend on departments prioritising FOI responses over other work. On the whole, departments are diligent in doing their utmost to meet deadlines and provide appropriate information to enable the Trust to meet its obligations under the Act.

8. Policy Updates

The following policies were reviewed in 2016/17

Information Security (ORG005)
The Information Security policy was overhauled completely in December 2016 with several other policies merged into ORG005 to create a "one-stop shop" for all matters relating to Information security. The organisational policies that were amalgamated were:

- ORG008 Remote Access to IT
- ORG009 Use of Mobile Devices
- ORG025 Registration Authority
- ORG033 Email, Texting & Internet Use
- ORG091 IM&T Network Account Management

Various other IT policies were also included such as Asset Management and Acceptable Use of IT

Equipment. The new version of ORG005 was ratified by the IG Committee on 02 December 2016 and Non Clinical Risk meeting on 16 December 2016.
Link

Records Management (ORG038)
The policy was reviewed and amended to reflect current practice. The policy was re-issued on 5th April 2016.
Link

9. Improving Awareness

An ongoing programme of Team Brief articles and screensavers to raise awareness for staff was continued. The purpose of this programme is to further educate people in the way personal information is handled to both maintain confidentiality and enable access to records. An addition to this programme in the current year was the sending out of a questionnaire to all staff to encourage them to think of some key areas in more depth.

10. Information Governance Training Programme

The Trust is required to ensure that 95% of staff received Information Governance training each year. Information Governance training is provided to Trust employees using an E-learning module on ESR which should be completed upon commencement of work. Training is provided to temporary employees (contractors, bank staff, et cetera) via a hard copy of the training questionnaire. Everyone working for the Trust should complete a form of Information Governance training upon commencement.

The in-house refresher module was reviewed in January 2017 with the inclusion of additional questions to bring the total to 15 questions. This training is reviewed yearly and the questions are amended to reflect areas of risk identified as a result of incidents reported, this ensures that the training is relevant to current issues.

For the 2016/17 year the Trust achieved 96% compliance for staff that completed Information Governance training.

11. Information Governance Focus for 2017/18

The main areas for IG consolidation in Berkshire Healthcare Trust are to:

- Further raise awareness of information governance training to ensure that at least 95% of employees receive training.
- Analyse IG incidents to develop specific communications based on current breach trends to raise awareness of issues and how to avoid them.
- Implementation of the General Data Protection Regulation in line with the deadline on 25th May 2018.

Appendix A – Caldicott Log Extract.

Date	Description	Raised by	Caldicott Guardian Action	Further action
03/04/2016	Request to sign Slough MASH ISA	S Yeoman	Signed and sent to Susannah Yeoman	None
09/05/2016	Notification of level 2 incident reportable to ICO - patient records merged	R Watson	Acknowledged	No action taken by ICO, closed
22/05/2016	Input requested about locking certain fields/sections of RIO for presentation to QEG	IG Committee	Clarification requested - to be taken through IG Committee	None
02/06/2016	Request to sign eRoster Data Sharing Agreement	S Allen	Signed	Sent to Steph Allen
08/06/2016	Request to sign Wokingham Borough Council/Forge ISA	R Watson	Signed	Sent to A Davies
21/06/2016	Request to sign AHSN PSC AWOL Data Sharing Protocol	H Mackenzie	Signed	Sent to M Wylam
04/07/2016	Authorisation of Clinical Audit: NACR User Registration form	K Beckford	Authorised and emailed to HSCIC	None
04/07/2016	Request to sign Adult Social Care ISA	I Mundy	Signed	Sent to I Mundy
08/07/2016	Input requested for End of Life CQUIN procedure	R Martin	Taken forward by MI	None
15/07/2016	Assistance requested regarding SWIC incident - need to intervene and provide guidance on response to the patient.	R Watson	Advice given via email on 18/7/16	None
21/07/2016	Request to sign West Berks ISA	J Fowler	Referred to R Watson for verification	
26/07/2016	Notification that BHFT unable to locate archived records	R Watson	Acknowledged	RW sent a letter to the requester
09/08/2016	ICO request for information relating to a concern raised. Data subject submitted SAR but feels that it was not fulfilled correctly.	Alex Gild	Acknowledged	RW responded, no action taken by ICO, closed
16/08/2016	Notification received from ICO that no further action will be taken with regards to Police disclosure (01/03/2016)	Richard Watson	Advised	Incident now closed

09/09/2016	Notification received from the ICO that no action will be taken regarding the concern logged on 09/08/16 however BHFT instructed to provide any missing information to the complainant within 28 days	Alex Gild	Advised	Information provided, closed
10/09/2016	Level 1 SIRI recorded. Prescriptions sent by Continence service damaged in the post. All prescriptions returned to the service.	Michelle Hunt	Advised	Service reviewed practice of posting prescriptions, actions put in place, closed
19/09/2016	Request to sign RBH information sharing agreement	Sharon White	None	RW declined as ISA was incomplete, closed
22/09/2016	Caldicott Guardian Report issued	Richard Watson	Present to trust Board	None
04/10/2016	Request to sign Connected Care Information Sharing agreements	Richard Watson	Signed	None
11/10/2016	Letter sent to former patient advising that records requested under SAR could not be found	Richard Watson	Advised	None
11/10/2016	Email sent to ICO advising that records requested by former patient under SAR could not be found	Richard Watson	Advised	None
18/10/2016	Request to sign Information sharing agreement with Slough Borough Council	David Cahill	Signed	Sent to David Cahill
20/10/2016	Level 2 incident reported to the ICO regarding email sent to various people with patient information included and via unsecure email	Richard Watson	Advised	None
23/10/2016	Level 2 incident reported to the ICO regarding 66 lines of patient information sent to the CCG	Richard Watson	Advised	None
24/10/2016	Information requested by ICO regarding patient merge on 09/05/16	Richard Watson	Advised	SWiC report sent to the ICO
05/12/2016	Notification received from the ICO that no action will be taken regarding the incidents logged on 20th and 23rd October.	Richard Watson	Advised	None
13/12/2016	Request to sign information sharing agreement with Thames Valley Local Resilience Forum	Richard Watson	Signed	None

04/01/2017	Information sharing 3rd party security review sent for signing to MI	Minoo Irani	Signed	None
18/01/2017	Level 2 incident reported to the ICO regarding a school nurse sending 83 lines of patient information externally	Richard Watson	Advised	None
18/01/2017	Notification received from the ICO that no action would be taken regarding the SWIC incident (09/05/16)	Richard Watson	Advised	None
23/02/2017	Level 2 incident reported to the ICO regarding a locum doctor sending 1006 lines of patient information to the CCG	Richard Watson	Advised	Incident later downgraded to a level 0 as CCG responsible for briefing Dr.
31/03/2017	Request to sign revised CHIS information sharing agreement	Richard Watson	Signed	None

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	12 December 2017
Title	Annual Audit Letter
Purpose	The paper presents KPMG's Annual Audit Letter for 2016/17
Business Area	Finance
Author	Alex Gild, Chief Financial Officer
Relevant Strategic Objectives	3 – To deliver services that are efficient and financially sustainable
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None.
Legal Implications	In accordance with accounting practice.
Equality and Diversity Implications	
SUMMARY	Annually, the external auditor issues the annual audit letter for the Directors and Governors of the BHFT summarising the key issues arising from their audit of the Trust.
ACTION REQUIRED	To formally receive and note the Annual Audit Letter and to seek any clarification on the contents.

KPMG

Annual Audit Letter 2016-17

Berkshire Healthcare NHS Foundation Trust

13 September 2017

Contents

The contacts at KPMG in connection with this report are:

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This report is addressed to Berkshire Healthcare NHS Foundation Trust (the Trust) and has been prepared for the sole use of the Trust. We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

We are committed to providing you with a high quality service. If you have any concerns or are dissatisfied with any part of KPMG's work, in the first instance you should contact Fleur Nieboer, the engagement lead to the Trust, who will try to resolve your complaint. If you are dissatisfied with your response please contact the national lead partner, Andrew Sayers (on 0207 6948981, or by email to andrew.sayers@kpmg.co.uk).

Introduction

Background

This Annual Audit Letter (the letter) summarises the key issues arising from our 2016-17 audit at Berkshire Healthcare NHS Foundation Trust (the Trust).

In this letter we highlight areas of good performance and provide recommendations to help improve performance. We have included a summary of our key recommendations in Appendix A. We have reported all the issues in this letter to the Trust during the year and we have provided a list of our reports in Appendix B.

Scope of our audit

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. Our main responsibility is to carry out an audit that meets the requirements of the National Audit Office's Code of Audit Practice (the Code) which requires us to report on:

Financial Statements including the Annual Governance Statement	We provide an opinion on the Trust's accounts. That is whether we believe the accounts give a true and fair view of the financial affairs of the Trust and of the income and expenditure recorded during the year. We confirm that the Trust has complied with the Department of Health (DoH) requirements in the preparation of its Annual Governance Statement. We confirm that the balances prepared for consolidation into the Whole of Government Accounts (WGA) are not inconsistent with our other work.
Value for Money (VFM) arrangements	We conclude on the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust's use of resources.

Adding value from the External Audit service

We have added value to the Trust from our service throughout the year through our:

- Attendance at meetings with members of the Executive Team and Audit Committee to present our audit findings, broaden our knowledge of the Trust and to provide insight from sector developments and examples of best practice;
- A proactive and pragmatic approach to issues arising in the production of the financial statements to ensure that our opinion is delivered on time;
- A review of general IT controls in place at the Trust highlighting any control weaknesses and areas for improvement; and
- Building a strong and effective working relationship with Internal Audit to maximise assurance to the Audit Committee, avoid duplication and provide value for money.

Introduction (cont.)

Fees

Our fee for the external audit of the Trust for 2016-17 was £65,721 excluding VAT (2015-16: £65,721). This was in line with the fee agreed at the start of the year with the Trust's Audit Committee.

We have also completed the following pieces of work at the Trust during the year:

Quality Accounts Audit	External assurance on the Quality Accounts The fee for this work was £10,555 excl. VAT
Charitable funds audit	External audit of the Berkshire Healthcare Charitable fund. The fee for this work was £5,000 excl. VAT

Acknowledgement

We thank the officers of the Trust for their continued support throughout the year.

Headlines

This section summarises the key messages from our work during 2016-17.

Financial Statements audit opinion	We issued an unqualified opinion on the Trust's accounts on 26 May 2017. This means that we believe the accounts give a true and fair view of the financial affairs of the Trust and of the income and expenditure recorded during the year. There were no significant matters which we were required to report to 'those charged with governance' as a result of our audit.
Value for Money (VFM) conclusion	We are required to report to you if we are not satisfied that the Trust has made proper arrangements to secure economy, efficiency and effectiveness in its use of resources.
Value for Money – areas of audit focus	We undertook a risk assessment as part of our VFM audit work to identify the key areas impacting on our VFM conclusion and considered the arrangements you have put in place to mitigate these risks. Our work identified the following areas of audit focus: **Sustainable resource deployment - financial stability:** We formally consider management's assessment of the Trust's ability to continue as a going concern, and management's specific consideration of the Trust's financial sustainability. We also reviewed the future financial forecasts for the Trust by performing an analysis of the forecast run rate position and considered the cost improvement plan schemes in both 2016/17 and 2017/18.. **Working with partners and third parties – STP working:** we considered the Trust's collaboration in these plans and their future delivery. We also reviewed the Board's consideration of STP governance in the context of its own governance structures. . **Working with partners and third parties – regulatory review:** We reviewed and considered the recent communication between the Trust and CQC. The Trust continues to be rated as 'Good' by the CQC and is committed to maintaining and improving on this rating. No CQC enforcement actions were taken against the Trust during 2016/17. The Trust is subject to periodic reviews by the CQC and the last review was in December 2016. The results of this review were published by the CQC on 27 March 2017. During this inspection, the CQC found that the services had addressed the compliance issues raised during the previous December 2015 comprehensive inspection. Our overall assessment of the Trust's responses to the areas of focus for VFM did not raise any significant matters which we wish to raise to you.

Headlines (cont.)

Financial statements audit work undertaken	— We are required to apply the concept of materiality in planning and performing our audit. We are required to plan our audit to determine with reasonable confidence whether or not the financial statements are free from material misstatement. An omission or misstatement is regarded as material if it would reasonably influence the user of the financial statements. Our materiality for the audit was £4.75million (2015/16: £4.5million). — We identified the following risks of material misstatement in the financial statements as part of our External Audit Plan for 2016/17: — Valuation of Land and Buildings - We recognised the valuation as a significant risk due to the assumptions and judgements involved in determining the revalued amounts, for which the Trust engaged an external valuer, and the overall materiality of the asset values for land and buildings. Our testing included reviewing the valuation by managements expert, confirming all figures were correctly included within the financial statements and testing the balance on a sample basis for any other changes such as additions and disposals. We have no matters to report as a result of our work. — Recognition of NHS and non-NHS income and existence and valuation of receivables – We tested the completeness, existence and accuracy of the income balances recorded with the financial statements and have no matters to report. — Fraud risk from revenue recognition – We did not identify any evidence of fraud. — Fraud risk from management override of controls – Our procedures, including testing of journal entries, accounting estimates and significant transaction outside the normal course of business, no instances of fraud were identified.
Annual Governance Statement	— We confirmed that the Trust complied with the DoH requirements in the preparation of the Trust's Annual Governance Statement (AGS). — No significant adjustments were required to the AGS.
Whole of Government Accounts	— We issued an unqualified Group Audit Assurance Certificate to the National Audit Office regarding the Whole of Government accounts submission with no exceptions.
Quality accounts work	— We have issued a clean limited assurance opinion on the content of the quality report (2015-16 clean opinion). This year we tested the two mandated indicators 'Admissions to inpatient services had access to crisis resolution home treatment teams' and '100% enhanced Care Programme Approach (CPA) patients receive follow-up contact within seven days of discharge from hospital'. The results of our testing allowed us to give a clean limited assurance opinion on the presentation and recording of these indicators. — In addition, we carried out work on a locally selected indicator chosen by your Council of Governors. The indicator selected was the Delayed Transfers of Care This indicator is not subject to a limited assurance opinion.
Recommendations	— We raised two medium risk recommendation as a result of our 2016-17 audit work in relation to our quality accounts work. These are summarised in Appendix A. — The Trust has been good at implementing agreed audit recommendations from prior years.
Public Interest Reporting	We have a responsibility to consider whether there is a need to issue a public interest report or whether there are any issues which require referral to the Secretary of State. Our work has not identified any issues which would require us to issue a public interest report.

Appendix A

Key recommendations

Recommendations raised in 2016-17

No.	Risk	Issue, impact and recommendation	Management response/responsible officer/due date
1	2	**Delayed transfers of care: discharge/admission dates on RiO inconsistent with patient notes** Our sample identified five patients where either the discharge or admission dates recorded on RiO could not be agreed to the date recorded in the patients' notes. In each of these cases, the identified discrepancy had impact on the indicator underlying data and therefore there had an overall impact on the reported indicator. The identified cases suggested that the RiO system was updated with the date on which the patient note has been uploaded to the system instead of the actual discharge/admission date which has been stated within the note as required by the guidance. It is important the correct discharge/admission dates are used when completing the Delayed transfers of care assessment to ensure accurate calculation of the indicator We recommend that the relevant staff should be reminded of the indicator reporting requirements and spot checks of data accuracy should be implemented to ensure the correct date is uploaded onto the system.	**Agreed** Immediate implantation of guidance reminder to services, with follow up assurance data quality audits via the IAF. Responsible officer: Ian Hayward and David Townsend Due date: Immediate
2	2	**7-day follow-up: patient follow up via phone** Our testing identified one case where the follow up which occurred via phone resulted in a staff member only discussing the follow up with a relative of the patient, which was subsequently recorded as compliant for the indicator. Per the guidance, as the follow up did not occur directly with the patient, the case should have been recorded as a breach. We recommend that staff are reminded of the guidance to ensure that the guidance is followed when such instances occur.	**Agreed** Immediate implantation of guidance reminder to services. IAF to test specific data quality risks identified. Responsible officer: Ian Hayward and David Townsend Due date: Immediate

Appendix B

Summary of our reports issued