BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING HELD IN PUBLIC

10:30am on Tuesday 13 February 2018
Boardroom, Fitzwilliam House,
Skimped Hill Lane, Bracknell, RG12 1BQ

AGENDA

No	Item	Presenter	Enc.
OPENING BUSINESS			
1.	Chairman's Welcome	Martin Earwicker, Chair	Verbal
2.	Apologies	Martin Earwicker, Chair	Verbal
3.	Declaration of Any Other Business	Martin Earwicker, Chair	Verbal
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Martin Earwicker, Chair	Verbal
5.1	Minutes of Meeting held on 12 December 2017	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.1	Patient Story	Helen Mackenzie, Director of Nursing and Governance	Enc.
6.2	Patient Experience Report Quarter 3 Report	Helen Mackenzie, Director of Nursing and Governance	Enc.
EXECUTIVE UPDATE			
7.1	Executive Report	Julian Emms, Chief Executive	Enc.
PERFORMANCE			
8.1	Month 09 2017/18 Finance Report*	Alex Gild, Chief Financial Officer	Enc.
8.2	Month 09 2017/18 Performance Report*	Alex Gild, Chief Financial Officer	Enc.
8.3	Finance, Investment and Performance Committee Meeting on 31 January 2018 **The Month 9 Finance and Performance Reports were reviewed by the FIP Committee*	Naomi Coxwell, Chair of the Finance, Investment and Performance Committee	Verbal
STRATEGY			
9.1	Strategy Implementation Plan 2017-18 – Update Report	Bev Searle, Director of Corporate Affairs	Enc.
9.2	Equality Strategy 6 monthly update for the Board	Bev Searle, Director of Corporate Affairs	Enc.
Corporate Governance			
10.1	Annual Health and Safety Report	David Townsend, Chief Operating Officer	Enc.

No	Item	Presenter	Enc.
10.2	Use of the Trust Seal	Alex Gild, Chief Financial Officer	Enc.
10.3	Audit Committee Minutes – 31 January 2018	Chris Fisher, Chair of the Audit Committee	Enc.
10.4	Annual Declarations of Interest	Julie Hill, Company Secretary	Enc.
10.5	Constitutional Changes Report	Julie Hill, Company Secretary	Enc.
10.6	Annual Trust Board Meeting Planner	Julie Hill, Company Secretary	Enc.
10.7	Council of Governors Update	Martin Earwicker, Chair	Verbal
Closing Business			
11.	Any Other Business	Martin Earwicker, Chair	Verbal
12.	Date of the Next Public Trust Board Meeting – 10 April 2018	Martin Earwicker, 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, Chair	Verbal

Berkshire Healthcare NHS
NHS Foundation Trust

AGENDA ITEM 5.1

Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

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

Boardroom, Fitzwilliam House

Present:	Martin Earwicker	Chair
	David Buckle	Non-Executive Director
	Mark Day	Non-Executive Director
	Julian Emms	Chief Executive
	Chris Fisher	Non-Executive Director
	Alex Gild	Chief Financial Officer
	Dr Minoo Irani	Medical Director
	Mark Lejman	Non-Executive Director
	Ruth Lysons	Non-Executive Director
	Helen Mackenzie	Director of Nursing and Governance
	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)
	Louella Johnson	Director of Human Resources *(present for item 9.1)*

17/217	**Welcome** (agenda item 1)
	Martin Earwicker, Chair welcomed everyone, including the observers: Krupa Patel, Public Governor, June Carmichael, Staff Governor, Mary Waight, Occupational Therapist and Blessing Gombedza (member of the public).
17/218	**Apologies** (agenda item 2)
	There were no apologies.
17/219	**Declaration of Any Other Business** (agenda item 3)
	There was no other business declared.
17/220	**Declarations of Interest** (agenda item 4)
	i. Amendments to Register – none
	ii. **Agenda Items** – none
17/221	**Minutes of the previous meeting – 14 November 2017** (agenda item 5.1)

	The Chair thanked Mark Lejman, Vice Chair for chairing the November 2017 meeting. The Minutes of the Trust Board meeting held in public on Tuesday 14 November 2017 were approved as a correct record of the meeting after the following correction had been to minute 17/193: “Month 4” was amended to read: “Month 6” (bottom of page 9 of the agenda pack).
17/222	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. **The Trust Board**: noted the schedule of actions.
17/223	**Board Visit (Orchid Ward, Prospect Park Hospital)** (agenda item 6.1)
	Ruth Lysons, Non-Executive Director reported back on a recent visit to Orchid Ward, Prospect Park Hospital, a ward for older adults with functional mental health problems. Ms Lysons said that it had been a very positive visit and that she had been pleased to observe one of the new style daily bed management meetings. Ms Lysons said that staff had informed her that the staffing situation on the ward had improved following the focused recruitment work at Prospect Park Hospital. Ms Lysons said that staff were extremely enthusiastic about the introduction of the electronic prescribing and medicines administration system. It was also noted that many patients on Orchid Ward had physical as well as mental health problems and that this led to patients regularly transferring to the Royal Berkshire Hospital NHS Foundation Trust for treatment. The Director of Nursing and Governance reported that the Trust was hoping that the management of people with both physical and mental health conditions would be improved by the appointment of a Physical Health Lead Nurse. Naomi Coxwell, Non-Executive Director (Elect) welcomed the appointment of a Physical Health Lead Nurse, but asked whether there were systems in place to identify patients whose physical health needs required treatment at an acute hospital. The Director of Nursing and Governance reported that the Trust used the national Early Warning Score (NEWS) which identified when a patient’s health was deteriorating. The Director of Nursing and Governance reported that the role of the Physical Health Lead Nurse would be to provide advice on the management of long term conditions, such as Diabetes and Asthma. Ms Lysons said that patients on Orchid Ward were particularly at risk of choking and from falls. It was noted that falls prevention technology which required cables was not a practical option for Orchid Ward given the mix of patients. The Director of Nursing and Governance reported that the Trust was investigating a wireless falls prevention system. On behalf of the Trust Board, the Chair thanked Ms Lysons for sharing her observations from her recent Board visit.

17/224	**Bluebell Ward, Prospect Park Hospital, Bed Closure Option Appraisal** (agenda item 6.2)
	The Director of Nursing and Governance presented the paper and highlighted the following points: • In June 2017, the decision to close five beds on Bluebell Ward was taken in the light of quality and safety concerns. • The report provided 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. • From the information available, the Trust Board was recommended to permanently close five beds on Bluebell Ward. The Chair commented that Bluebell Ward was originally a 27 bedded ward which had been temporarily reduced to 22 beds (which was still over the recommended maximum ward size of 18 beds) and asked why the Trust had not taken action sooner to reduce the number of beds in line with national best practice. The Director of Nursing and Governance said that the literature review had highlighted that all Mental Health Trusts had large wards, but over time, they had reduced the number of beds. The Chief Executive pointed out that the recommended maximum of ward size of 18 beds was contained in a national report which had only been published in shadow form for the first time and that the figure of 18 beds had come as a surprise. The Director of Nursing and Governance confirmed that she had informed the Care Quality Commission about the recommendation to permanently close five beds and that the Care Quality Commission had supported the decision and had raised no concerns about a ward size of 22 beds. Mehmuda Mian, Non-Executive Director asked whether the Trust was confident that it could manage without the five beds. The Chief Operating Officer said that a key objective of the Bed Optimisation Project was to reduce bed occupancy to 85% and that if this could be achieved and sustained, the Trust would not require any additional beds. The Director of Nursing and Governance reported that the Trust had looked at opening another ward, but given the current workforce shortages, it would not be possible to staff another ward. In addition, benchmarking data had highlighted that the Trust had a relatively higher than average length of stay and that it was better for patients if they stayed in hospital for the minimum amount of time. Mark Lejman, Non-Executive Director reported that the Finance, Investment and Performance Committee received regular updates on the Bed Optimisation Project and reported that the Trust was commissioning a strategic review of beds in the new year to identify the required bed base in five to ten years' time. The Director of Nursing and Governance reported that the Quality Executive Group had reviewed the options and had recommended option 2 which was closing the five beds on Bluebell Ward permanently.

	The Trust Board: endorsed the recommendation from the Quality Executive Group that the five beds temporarily closed on Bluebell Ward be closed permanently. This would create a 22 bedded ward which would more readily meet the needs of patients and prevent regulatory enforcement action by the Care Quality Commission.
17/225	**Quality Impact Assessment Report** (agenda item 6.3)
	The Director of Nursing and Governance presented the report and highlighted the following points: • NHS Improvement required Trusts to achieve an annual efficiency target. As the years had progressed, how this efficiency was achieved had become ever more challenging. • For 2017-18, the Cost Improvement Plan target for the Trust was £4,708k. • The Trust Board was responsible for assuring itself that the Cost Improvement Plan was deliverable and was not detrimental to the quality of patient care. • The responsibility for completing a quality impact assessment relating to a cost improvement plan or a service change in a locality rested with the Clinical Lead and Clinical Director. • The Director of Nursing and Governance and the Medical Director were responsible for providing a quality assurance function. • The Director of Nursing and Governance was of the opinion that the Quality Impact Assessment process for 2017-18 had been robust and that appropriate mitigations were in place to prevent an impact on quality of care and service provision as a result of implementing cost improvement plans. • In March/April 2018, a post implementation Quality Impact Assessment exercise will be completed to check that quality has not been affected by the savings made. Chris Fisher, Non-Executive Director referred to page 33 of the agenda pack and said that the commentary in the table suggested that the responsibility for not achieving the Cost Improvement Plan savings rested with the Finance Team which was unfair. The Director of Nursing and Governance agreed that the wording was clumsy and that there was no implied criticism of the Finance Team. Chris Fisher, Non-Executive Director asked whether the Sustainability and Transformation Partnerships were required to undertake quality impact assessments. The Chief Executive confirmed that this had not happened to date. The Chief Financial Officer confirmed that the Trust would undertake its own quality impact assessment in respect of any service changes/cost improvement plans developed by the Accountable Care Systems. **The Trust Board**: noted the report.
17/226	**Annual Community Mental Health Survey 2017** (agenda item 6.4)
	The Director of Nursing and Governance presented the report and highlighted the following points: • Each year, all Mental Health Trusts were required to undertake a survey of patients who have had contact with their Mental Health Services. • The report included the results of the Trust's survey together with a paper from NHS Improvement which provided a national comparison. • The Trust had been rated amber across all ten sections of the Survey which was

	the same as for last year. When reviewing the detail of the ten sections, the Trust had improved in six areas, had stayed the same in one area and there had been a small decline in three areas. • The results will be shared with services and any areas for improvement will be identified and acted upon. David Buckle, Non-Executive Director asked whether the performance of any other Mental Health Trust was rated as "green". The Director of Nursing Governance confirmed that no Trust had achieved a "green" rating. Mark Day, Non-Executive Director asked whether NHS Improvement was proactive in disseminating areas of good practice. The Chief Executive said that NHS Improvement's focus tended to be on the Acute Sector. **The Trust Board**: noted the report.
17/227	**Quality Assurance Committee Meeting – 21 November 2017** (agenda item 6.5)
	a) Minutes of the meeting held on 21 November 2017 Ruth Lysons, Chair of the Quality Assurance Committee reported that the Committee's remit had expanded and it was challenging to balance the agenda. Ms Lysons reported that the most important item on the agenda was the Quality Concerns Report because this set out the quality issues which were "keeping people awake at night". It was noted that workforce shortages was at the top of the list of quality concerns. It was noted that the Committee had signed off the action plan in response to a serious incident concerning the absconsion of an inpatient on Sorrell Ward, Prospect Park Hospital and had discussed Clinical Audit Reports in respect of a Trust re-audit of Prescribing for Substance Misuse (alcohol detox) and the results of a national Clinical Audit Report into Rapid Tranquilisation. Ms Lysons reported that the Trust's performance in relation to its use of oral as opposed to injected tranquilisers was below the national average and that there may be a correlation with the Trust's relatively high use of prone restraint. It was noted that the Committee had also received quarterly reports on Learning from Deaths and a report from the Guardians of Safe Working Hours. **b) Guardians of Safe Working Hours Quarterly Report** The Medical Director said that it was reassuring that the Guardians of Safety Working Hours had made no exception reports in the quarter. The Medical Director highlighted that the biggest challenge had been in relation to rota gaps as the supply of junior doctors from the Deanery was insufficient to fill all the out of hours rotas. Chris Fisher, Non-Executive Director and Chair of the Assurance Committee of Health Education Thames Valley said that it was impressive that the Trust had no safe working hours exception reports in the quarter. **c) Learning from Deaths Quarterly Report** The Medical Director reported that at the request of the Quality Assurance Committee, he had amended the cover sheet to include a more detailed summary of the key issues. The Medical Director said that the purpose of the quarterly reporting was to provide assurance to the Trust that there had been no deaths of patients which were attributable to a lapse of

	care by the Trust. Ruth Lysons, Non-Executive Director referred to page 82 of the agenda pack and pointed out that the Committee had had a discussion about the use of the Office of National Statistics (ONS) classifications in respect of the terminology “avoidable” and “unavoidable” in relation to the deaths of people with learning disabilities. It was noted that under the ONS classifications, all cancers were classed as “preventable” in people under 75 years. David Buckle, Non-Executive Director paid tribute to the work of the Medical Director for developing a robust mortality review process ahead of the publication of national guidance. The Chair thanked Ruth Lysons, Chair of the Quality Assurance Committee and the Medical Director for updating the Trust Board on the work of the Committee. **The Trust Board:** noted the minutes and the Guardians of Safe Working Hours and the Learning from Deaths quarterly reports.
17/228	**Executive Report** (agenda item 7.1)
	The Executive Report had been circulated. The following issues were discussed further: **Friends and Family Test Response Rate** The Chair commented that it was disappointing that the Friends and Family Test Response rate had not significantly increased. **The Trust Board**: noted the report.
17/229	**Month 7 2017-18 Finance Report** (agenda item 8.1)
	The Month 7 financial summary report had been circulated. The Chief Financial Officer reported that the Finance, Investment and Performance Committee meeting held on 29 November 2017 had reviewed the Month 7 Finance Report. The Chief Financial Officer presented the finance report and highlighted the following points: • The Trust had posted a surplus of £376k in month 7 against a budget surplus of £312k resulting in a favourable variance of £64k. • Out of Area Placements remained a concern because costs had increased again in November 2017. Mehmuda Mian, Non-Executive Director referred the Executive Report (agenda item 7.1) which mentioned that the Chancellor of the Exchequer had announced additional funding for the National Health Service in the November 2017 Budget and asked whether this would benefit the Trust. The Chief Executive said that the Government had announced additional money for winter pressures and the other additional money would be allocated to the Clinical Commissioning Groups. This was expected to equate to around £10m of additional funding for Berkshire West and £15m of additional funding for the Frimley Health and Care Sustainability and Transformation Partnership areas.

	Chris Fisher, Non-Executive Director referred to page 111 of the agenda pack and commented that Acute Overspill costs had reduced to £38k this month due to the significant operational focus. Mr Fisher asked what actions had been put in place to sustain the improved position and noted the opening remarks by the Chief Financial Officer which highlighted that Acute Overspill Costs had increased again during November 2017. Mark Lejman, Chair of the Finance, Investment and Performance Committee reported that the Regional Director for East Berkshire had attended the November 2017 meeting and had presented an update on the Bed Optimisation Project which included a daily focus on individual placements. Chris Fisher, Non-Executive Director commented that the Chief Executive of NHS England had made it clear that he expected the NHS to make productivity gains. The Chief Executive said that the Trust's productivity needed to be measured in terms of its ability to manage increased activity of around 5-6% per annum and that it was difficult to achieve cash releasing gains when the Trust was mainly funded on a block contract basis. **The Trust Board noted:** the following summary of financial performance and results for Month 7 2017/18 (November 2017): **Year To Date (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 Income and Expenditure Margin 0.80% (rating 2) o Income and Expenditure Variance 0.2% (rating 1) o Agency -30.3% (rating 1) **Year To Date Income and Expenditure** (including Sustainability and Transformation funding): • Plan: £772k net surplus • Actual: £1,122k net surplus • Variance: £350k favourable **Month 7: £376k surplus (including Sustainability and Transformation 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 overspend of -£145k • Acute Overspill/Psychiatric Intensive Care Unit pressures had reduced in month to -£38k. **Forecast** The Trust's current forecast was to achieve its year end control total. This was an improvement in the forecast position reported last month which had highlighted a financial risk of £0.9m to achieving the control total. This favourable position was due to: • Reduced Acute Overspill/Psychiatric Intensive Care Unit costs and forecast costs

	• Reduced risk of increased Specialist Placements (from a possible six places down to a possible three places and no new placements identified in month) • Accounting and technical adjustments in depreciation and released provisions. This was the mid-range of the forecast with the downside risk up to -£1.1m worse (before Sustainability and Transformation funding considerations) with particularly Acute Overspill and Psychiatric Intensive Care Unit overspill and Specialist Placements as the most likely areas to incur additional cost above the mid-range forecast. **Cash:** Month 7: £20.4m (plan £18.7m) The variance to plan was primarily due to: • Year to Date capital underspend due re-phasing of the Estates and IM&T expenditure +£3.4m • NHS Property issues with delayed receipt and payment of invoices • Royal Berkshire Hospital NHS Foundation Trust issues with delayed payment of invoices (-£0.7m) **Capital expenditure Year To Date:** Month 7 £1.7m (including Global Digital Exemplar funding) – plan £4.8m. The variance to plan was primarily due to: • Estates – extended timescales regarding ward configuration at Prospect Park Hospital, the majority of the budget was likely to be spent in the next financial year • IM&T, re-phasing of IT replacement programme. The variances were due to timing of spend rather than a reduction in the overall requirement. It should be noted that the forecast against plan now included £1.8m of Global Digital Exemplar spend funded by NHS Digital. **The Trust Board**: noted the report.
17/230	**Month 7 2017-18 Performance Report** (agenda item 8.2)
	The Month 7 2017-18 Performance Summary Scorecard and detailed Trust Performance Report had been circulated. The Chair reported that the Finance, Investment and Performance Committee had scrutinised the Month 7 Performance Report at its meeting on 29 November 2017. It was noted that the performance scorecard was rated amber for people and contractual performance. The Chief Financial Officer presented the report and reported that the Trust had met NHS Improvement's quarterly target in respect of the Seven Day Follow Up indicator. Chris Fisher, Non-Executive Director referred to the breakdown of delayed transfers of care (page 136 of the agenda pack) into those which were the responsibility of the NHS, Social Care and those which were jointly the responsibility of the NHS and Social Care and asked for an explanation about the criteria for the three categories. The Chief Operating Officer said that a number of delayed transfers of care were due to delays in Clinical Commissioning Groups and Local Authorities reaching funding agreements in respect of the nursing component of care home placements.

	The Chief Financial Officer agreed to include the definitions in the next Finance, Performance Report. **Action: Chief Financial Officer** **The Trust Board**: noted the report.
17/231	**Finance, Investment and Performance Committee Meeting – 29 November 2017** (agenda item 8.3)
	Mark Lejman, Chair of the Finance, Investment and Performance Committee reported that in addition to the standing items, the Finance, Investment and Performance Committee meeting in November 2017 had received an update on the Bed Optimisation Project and had discussed the staffing issues at West Berkshire Hospital which had resulted in the temporary closure of ten beds. Mr Lejman reported that the Committee had also discussed the risks to the delivery of the Trust's financial plan and the mitigations that would be deployed if required. It was noted that the draft financial plan for 2018-19 would be submitted to the January 2018 meeting prior to its submission to the February 2018 Trust Board meeting. Mr Lejman reported that in terms of the Performance Report, the Committee had discussed the number of AWOLs and assaults on staff. **The Trust Board:** thanked Mark Lejman, Chair of the Finance, Investment and Performance Committee for his update.
17/232	**Workforce Strategy Update Report** (agenda item 9.1)
	The Director of Human Resources joined the meeting for this item. The Director of Corporate Affairs presented the report and highlighted that there was a national shortage of suitably qualified staff which affected the whole of the public sector and was particularly acute for organisations based in the South of England. The Director of Corporate Affairs said that given the national shortage of qualified nurses, the Trust was focusing its efforts on staff retention and on changing the skills mix. The Director of Human Resources reported that she had undertaken an equality impact assessment in respect of the Workforce Strategy and this would be submitted to the Safety, Experience and Clinical Effectiveness Group for approval. The Chair commented that the shortage of qualified nursing staff was the Trust's number one workforce risk and asked whether the Trust needed to focus its work on addressing this issue rather than tackling a wide range of other issues. The Director of Human Resources reported that over the last few months, the Trust had concentrated its efforts on recruitment and retention in order to get a more strategic view of the Trust's Workforce Plan. The Director of Human Resources confirmed that the Workforce Strategy Group was focused on the need to address the shortage of band 5 nurses. The Director of Corporate Affairs said that she would ask the Workforce Strategy Group if they felt that the Trust had got the balance right in terms of the areas of focus.

	Action: Director of Corporate Affairs The Chief Executive said that if the Workforce Strategy Group decided to drop any actions in order to give greater focus to addressing the shortage of band 5 nurses, it would be important that the reasons for doing so were made explicit to the rest of the Trust. **Action: Director of Corporate Affairs** Chris Fisher, Non-Executive Director referred to page 155 of the agenda pack and said that he liked the focus on retention targets for 2018 which identified areas where the Trust could be proactive. The Chair echoed Mr Fisher's comments said that it would be helpful in future update reports to include the timescales for achieving the retention targets. **Action: Director of Corporate Affairs** Naomi Coxwell, Non-Executive Director (Elect) said that the key intelligence the Trust needed was to find out why staff left the Trust and what made staff stay with the Trust. The Director of Human Resources said that the Trust was getting better at conducting Exit Interviews and in developing career pathways which helped to retain staff. Ruth Lysons, Non-Executive Director pointed out that the Trust had an aging workforce and that there was an issue with younger staff leaving and asked whether the Trust was doing enough to encourage staff who had taken a career break to return to work and whether the Trust was working effectively with local universities to encourage students to work for the Trust. The Director of Human Resources acknowledged that up until now, the Trust had not done enough to encourage staff to consider delaying their retirement and had not focused enough on staff retention, hence the latter has been identified within the Workforce Strategy as a key priority. The Director of Nursing and Governance said that the Trust's Clinical Education Team had developed strong links with the local universities. The Director of Nursing and Governance said that the Trust was keen to encourage local staff to become nurses because experience had shown that staff who had to travel long distances tended not to stay with the Trust. The Chair thanked the Director of Human Resources for attending the meeting. **The Trust Board**: noted the report.
17/233	**Annual Information Governance Report** (agenda item 10.1)
	The Medical Director presented the report and highlighted the following points: • The report provided assurance on the key issues and risks relating to Information Governance in the Trust. • The Trust's performance in the Information Governance Toolkit return at the end of March 2017 was significantly improved from the previous year and had retained the top level rating of satisfactory. • The appointment of a Clinical Information Governance Manager in May 2017 had further strengthened the support provided to the Caldicott Guardian (Medical Director) and the Senior Information Risk Owner (Chief Financial Officer). • The number of serious incidents in respect of information governance remained low

and the proactive incident reporting culture in the Trust was reflected in the number of confidentiality and information governance related incidents reported over the year.

- Requests for information under the Freedom of Information Act had increased significantly over the last year.

The Chair commented that the information governance incidents tended to be administrative errors rather than a significant failure of the Trust's information governance systems and processes.

The Medical Director said that the Trust had signed a number of information sharing agreements with local authorities and that this inevitably increased the risk of information governance errors.

David Buckle, Non-Executive Director said that it was a very helpful report and asked whether the Trust had benchmarked its performance against other similar Trusts.

The Medical Director said that the results of the national annual Information Governance Toolkit submission provided benchmarking information.

The Medical Director commented that staff were encouraged to report any information governance breaches on the DATIX system as part of the Trust's reporting culture and pointed out that during the course of 2016-17 there were only four incidents which were classified as level 2 and thus reported to the Information Commissioner's Office (details of the individual incidents are set out in the Information Governance Annual Report).

Mehmuda Mian, Non-Executive Director commented that there had been 32% increase in the number of freedom of information requests and asked whether requests tended to be made by individuals or were from commercial companies.

The Chief Executive explained that individuals who wanted information about their own records would use the subject access request route and that freedom of information requests tended to come from commercial organisations, freelance journalists and researchers.

Ruth Lysons, Non-Executive Director referred to page 165 of the agenda pack and asked whether the Trust was on track to comply with the requirements of the General Data Protection Regulation which would come into effect from 25 May 2018.

The Chief Financial Officer confirmed that the Audit Committee would be receiving a report on the implementation of the General Data Protection Regulation requirements.

Action: Chief Financial Officer

Ruth Lysons, Non-Executive Director asked for assurance that the Trust had taken appropriate steps to ensure that its information systems were secure.

The Chief Financial Officer said that the Trust was investing in more cyber security and confirmed that the Trust's information systems were regularly audited and that the Trust undertook penetration testing. The Chief Financial Officer also pointed out that the overwhelming majority of information governance breaches were user error rather than a failure in the Trust's information security systems and processes.

The Chief Executive said that a significant number of information governance breaches related to patient information being forwarded to another NHS provider organisation using the Trust's email system rather than using the NHS.net system. The Chief Executive said

	that it was important to remember that forwarding information via email was more secure than sending information via fax or letter. **The Trust Board**: noted the Annual Information Governance Report for 2016-17.
17/234	**External Audit Letter 2016-17** (agenda item 10.2)
	The External Audit Letter 2016-17 had been circulated. Mark Lejman, Non-Executive Director said that for the Trust to receive an unqualified opinion from the External Auditors was a significant achievement. **The Trust Board:** noted the External Audit Letter.
17/235	**Council of Governors Update** (agenda item 10.3)
	The Chair said that the strategic planning Joint Trust Board and Council of Governors meeting on 22 November 2017 had been very productive. The Chair said that at the suggestion of one of the Governors, he had set up a schedule of informal coffee mornings with the Governors. The Chair also reported that he held regular meetings with the Lead Governor. **The Trust Board:** noted the update.
17/236	**Any Other Business** (agenda item 11)
	Tribute to Mark Lejman, Vice Chair On behalf of the Trust, the Chair thanked Mark Lejman, Vice Chair for his contribution to the work of the Trust. Mr Lejman was stepping down as a Non-Executive Director after serving seven years on the Board. The Chair said that Mr Lejman had been an excellent Vice Chair and Chair of the Finance, Investment and Performance Committee.
17/237	**Date of Next Meeting** (agenda item 12)
	Tuesday, 13 February 2018
17/238	**CONFIDENTIAL ISSUES:** (agenda item 13)
	The Board resolved to exclude press and public from the remainder of the meeting on the basis that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.

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

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

Berkshire Healthcare NHS
NHS Foundation Trust

AGENDA ITEM 5.2

BOARD OF DIRECTORS MEETING: 13/02/2018

Board Meeting Matters Arising Log – 2018 – 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
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**	The Quarter 3 Report is on the agenda
12.09.17	17/162	Audit Committee minutes	A summary of the internal audit plan to be presented to the Trust Board along with the relevant meeting of the Audit Committee which approved the audit plan.	13.02.18	**JH**	The Audit Plan for 2018-19 is attached to the Audit Committee minutes
14.11.17	17/194	Month 7 Performance	The Draft Financial Plan to be submitted to the January 2018 Finance, Investment and	13.02.18	**AG**	The draft financial plan was submitted

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
		Report	Performance Committee and to the February 2018 Trust Board meeting.			to the January 2018 FIP Committee meeting and is on the February 2018 Trust Board agenda.
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.
12.12.17	17/230	Month 7 Performance Report	The definitions of the different types of Delayed Transfers of Care to be included in future reports.	13.02.18	**AG**	Completed
12.12.17	17/232	Workforce Strategy Update Report	The Director of Corporate Affairs to ask the Workforce Strategy Group if they felt that the Trust had got the right balance in terms of the areas of focus. The reasons for dropping any actions to be made explicit to the rest of the Trust.	13.02.18	**BS**	The membership of the Workforce Strategy Group is currently being refreshed. The next Workforce Strategic Update Report will reflect the Workforce Strategy Group's priorities for 2018-19
12.12.17	17/232	Workforce Strategy	The timescales for achieving the retention targets to be included in future update	10.04.18	**BS**	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
		Update Report	reports.			
12.12.17	17/233	Annual Information Governance Report	A report on the implementation of the General Data Protection Regulation requirements to be presented to the Audit Committee.	31.01.18	**AG**	The report was presented to the January 2018 Audit Committee meeting.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13th February 2018
Title	Patient Experience Quarter 3 report
Purpose	The purpose of this report is to provide the Board with information on patient experience within the trust
Business Area	Nursing & Governance
Author	Liz Daly, Head of Engagement and Service User Experience Jayne Reynolds, Deputy Director of Nursing Helen Mackenzie, Director of Nursing and Governance
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and supports maintaining good patient experience
Resource Impacts	N/A
Legal Implications	N/A
Equality and Diversity Implications	Patient experience has equality and diversity implications and this information is used to consider and address these.
SUMMARY	Boards are required to review patient feedback in detail. The Director of Nursing and Governance has provided an overview at the beginning of the paper. In quarter three, the Trust received 53 formal complaints. The top reasons for complaints being made during quarter three continue to be: • care and treatment • attitude of staff • communication The formal complaint response rate, including those within a timescale re-negotiated with complainants was 100% for the quarter which continues to be exceptional performance. **Patient and Public Involvement** 97% of patients rated our services as good or better in the trust's internal patient survey.

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

Overview

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

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

During quarter three, the trust continued to sustain a complaint response rate of 100%. This continues to be an excellent achievement. The average number of days taken to resolve a complaint was 18. Days taken to respond are an important indicator for the responsiveness CQC key line of enquiry. Just under 65% of complaints closed in quarter three were upheld or partially upheld.

In quarter three the trust received 53 complaints across a range of services. The number received over the year continues to be about the same, although fluctuating between quarters. The services agreed to be closely followed by the board all received complaints. When considering which services to monitor other quality indicators are also considered:

- Community Mental Health Teams (CMHTs) – Reading CMHT remains an outlier in the receipt of complaints and they remain on our quality concerns list. I have asked the patient experience team to consider undertaking a deep dive into Reading CMHT so that we are more able to understand the experience of all patients just not those that chose to complain and agree appropriate actions. As previously noted all CMHTs are under pressure however work is continuing to review caseloads and discharge processes to try and create capacity.

- Crisis Resolution Home Treatment Team (CRHTT) has continued to see a rise this year with a further four complaints received in quarter three. The west hub continues to receive more complaints than the east hub. Care and treatment, communication and attutude of staff are the main themes of complaints received so far this year.

- Child and Adolescent Mental Health Services – has seen a rise in complaints compared to last year. Service performance has dipped compared to previous quarters and the Executive have asked for a detailed report to be presented to February finance and performance meeting. The main themes of the complaints are around communication, attitude and care and treatment.

- Acute Mental Health Inpatients – although complaints have reduced in this quarter, concerns still remain about bed occupancy and the number of patients detained to the wards results in significant pressure on staff. Although recruitment has been successful the number of band 5 qualified nursing staff vacancies continues to result in higher levels of temporary staff on the wards which is not optimal. The main theme of complaints is care and treatment.

These services will continue to be monitored closely in 2017/18, as will the trend/trends of overall complaints. Community health inpatients complaints have reduced significantly and no longer require close monitoring by the board however some concerns exist on the Wokingham Wards in managing deteriorating patients which is being addressed.

MP enquiries during quarter three continued to be related to mental health services which reflects the Trust's overall complaint received.

The top reasons for complaints being made during quarter three continues as previous quarters to be:

- Care and treatment
- Attitude of staff
- Communication

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

The trust has received notification from the Parliamentary Health Ombudsman Service (PHSO) that they have partially upheld a complaint about community nursing which is disappointing however the service is looking to understand how our investigation outcome differed to that of the PHSO outcome.

The deep dive into understanding the views of patients, carers and staff of same sex accommodation in our mental health wards was completed in quarter three. Those consulted supported the wards staying mixed sex however a number of areas were raised for improvement.

There were 60,256 patients eligible to complete the FFT during quarter three, and we received 4,105 returns, this resulted in a response rate of 6.81% overall. This level of response rate means the results are not valid. Where responses are received patients are generally positive about the care they receive.

The board specifically requested to understand the FFT results for patient with a learning disability. The response rate was 32% with 86.27% of respondents recommending the service they received.

The national benchmarking for the Friends and Family Test (FFT) with local similar trusts indicates all are struggling to achieve a 15% response rate and that in each quarter performance varies. Actions continue to try and increase our response rate however there has been an overall small increase in response rates compared to previous years. The review of the FFT by NHS England in 2018/19 is welcomed.

The patient and public involvement information collection is our long standing internal patient survey which asks patients how they rate their experience, 97% reported the service they received as good or better.

Although not noted in the main report the patient involvement in the development of the new pathway for patients with personality disorder led by Dr Minoo Irani has been exemplary with those involved giving clear views on what could be improved in their pathway of care.

Conclusion

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

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

Helen Mackenzie, Director of Nursing and Governance

Introduction

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

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

At the request of our Executive Team, during quarter three the experience of people with a learning disability receiving care and treatment in both the community and as an inpatient on the Campion Unit is also being highlighted. More information about the Deep Dive into delayed transfers of care within Learning Disability Services taking place in quarter four can be found in this report.

Complaints

Formal complaints received

There has been a decrease in the number of formal complaints received into the Trust during quarter three compared with quarter two. Our mental health inpatient wards, Bracknell and Windsor, Ascot and Maidenhead localities all saw a decrease in the number of formal complaints received. The Reading and Slough localities both saw an increase compared to previous quarters.

Within Mental Health wards, the majority of the complaints were about adult acute admissions (3 out of the 4 complaints) with one complaint about an older persons ward. 75% of the complaints were about care and treatment.

Within the Windsor Ascot and Maidenhead locality, the majority of complaints were about CAMHS (6 out of the 9). For reporting purposes Trust wide Children, Young People and Families (CYPF) services are collated under one locality. The Health Visiting Service received two complaints, one which was about communication between organisations and the other about attitude of staff. The remaining complaints were about the Eating Disorder Service and Children's Speech and Language Therapy. As with the Mental Health Inpatients locality, the majority of complaints were about care and treatment. Following this, communication and attitude of staff were the next highest themes.

Care and treatment appears to be the key cause of complaints received during quarter three. The complaints received are detailed in appendix one.

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

There were four new complaints received during quarter three, 3 of which are currently being investigated. Two were raised by the CCG, about Henry Tudor Ward and the District Nursing Out of Hours Service and one by the South Central and West commissioning support unit about Donnington Ward. A complaint led by the Royal Berkshire Hospital about Ascot Ward was found to be not upheld.

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

	2017/18					2016/17					
Service	Q3	Q2	Q1	Total	% of received	Q4	Q3	Q2	Q1	Total	% of received
CMHT/Care Pathways	12	11	11	34	22.08	8	7	8	9	32	15.31
CAMHS - Child and Adolescent Mental Health Services	6	9	7	22	14.29	5	2	5	6	18	8.61
Crisis Resolution & Home Treatment Team (CRHTT)	4	6	4	14	9.09	4	3	4	10	21	10.05
Adult Acute Mental Health Admissions	4	9	4	17	11.04	4	4	7	5	20	9.57
Community Nursing	1	4	4	9	5.84	1	3	2	3	9	4.31
Community Hospital Inpatient	1	1	3	5	3.25	4	3	3	7	17	8.13
Common Point of Entry	1	-	2	3	1.95	4	0	1	0	5	2.39
Out of Hours GP Services	3	2	2	7	4.55	1	1	3	4	9	4.31
Walk in Centre	-	-	-	0	-	4	0	0	3	7	3.35
GP - General Practice	-	-	-	0	-	-	1	4	4	9	4.31
PICU - Psychiatric Intensive Care Unit	-	-	-	0	-	-	1	3	1	5	2.39
Minor Injuries Unit (MIU)	1	2	-	3	1.95	-	0	1	2	3	1.44
16 other services in Q3– no trends identified	20	15	5	40		16	11	16	15	58	
Grand Total	53	59	42	154		51	36	56	66	209	

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

Table Two: *Top four services and theme of complaints*

	Service				
Theme	CMHT/Care Pathways	CAMHS - Child and Adolescent Mental Health Services	Crisis Resolution & Home Treatment Team (CRHTT)	Adult Acute Admissions	Total
Alleged abuse, bullying		1			1
Admission			1		1
Attitude of Staff		2			2
Care and Treatment	11	2	3	3	19
Communication		1			1
Medical Records	1				1
Medication				1	1
Grand Total	12	6	4	4	26

During quarter three, eleven of the eleven complaints about CMHTs were about care and treatment, with one complaint about medical records.

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

CMHT/Care Pathways

During quarter three, CMHTs received 12 formal complaints, which are consistent with quarters one and two, with 11 formal complaints: compared to 8 in quarter four (2016/17), 7 in quarter three (2016/17), 8 in quarter two (2016/17), 9 in quarter one (2016/17) and 11 in quarter four 2015/16.

The table below illustrates the locality of these complaints.

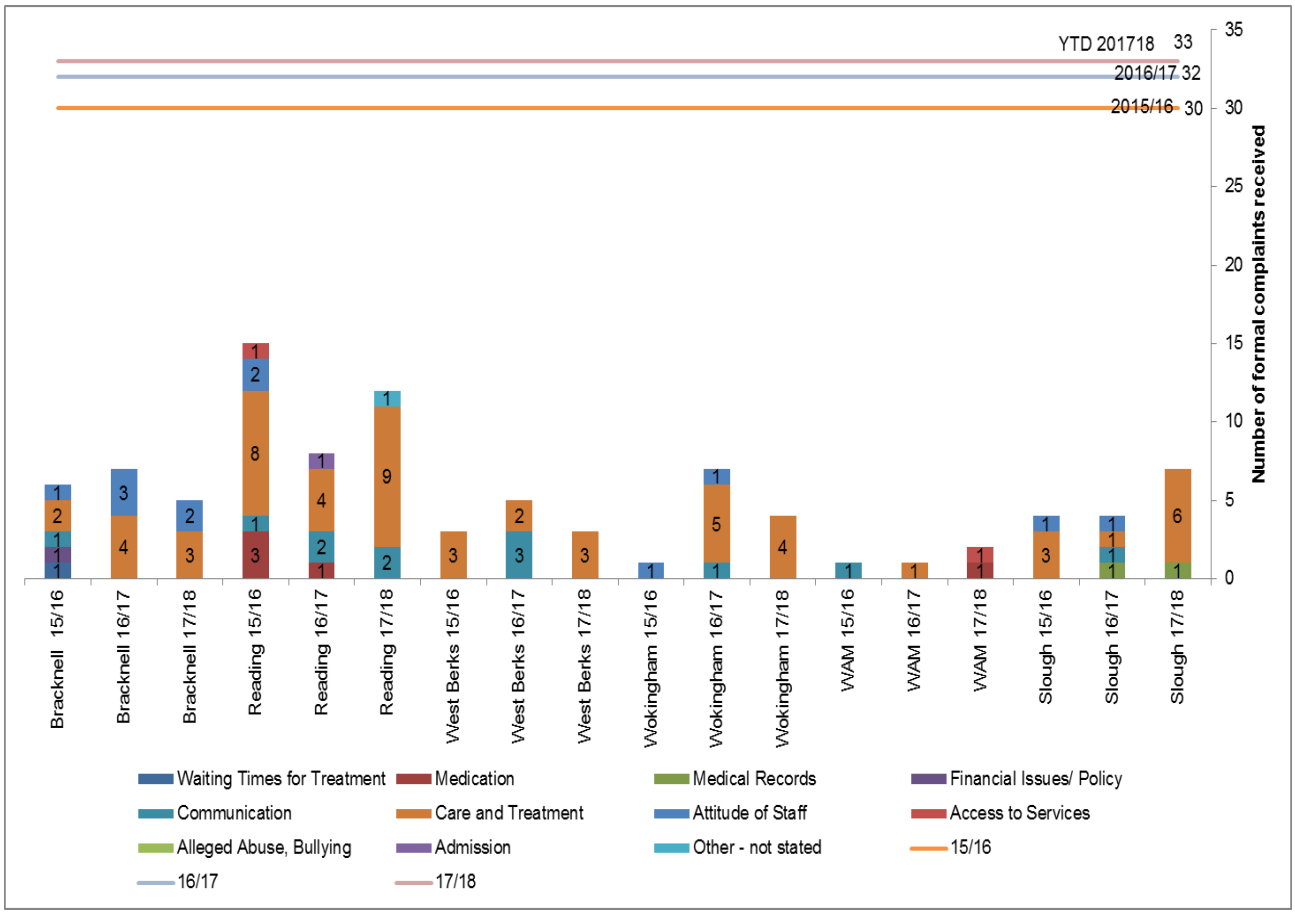
So far this year there have been 34 complaints for the CMHT compared to 32 total complaints in 2016/17 and 30 total complaints in 2015/16, which demonstrates an overall increase in complaints for CMHTs in 2017/18.

Table Three: *Theme of complaints received in quarter three by CMHTs by locality of service*

	Care and Treatment		Medical Records		Q3 Total	
Locality	Number	%	Number	%	Number	%
Reading	5	41.67%		0.00%	5	41.67%
Slough	5	41.67%	1	8.33%	6	50.00%
West Berks	1	8.33%		0.00%	1	8.33%
Total	11	91.67%	1	8.33%	12	100%

Graph One: *Number of formal complaints received for CMHT/Care Pathways by location of the service*

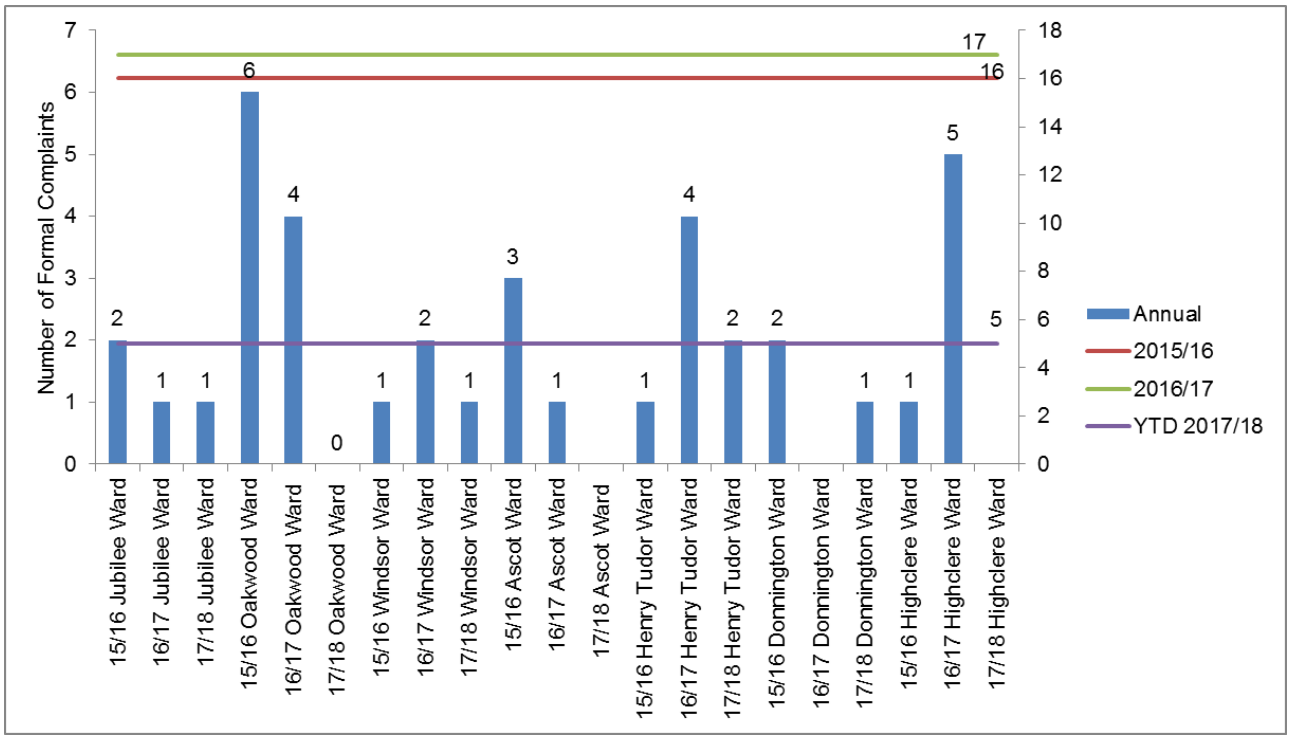
Care and treatment still remains the main theme of complaints across the CMHTs.



Community Hospital Inpatient Wards

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

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



Care and treatment is the main cause of complaints as illustrated below. Although numbers are low, with Jubilee Ward being the only ward to receive a complaint in quarter.

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

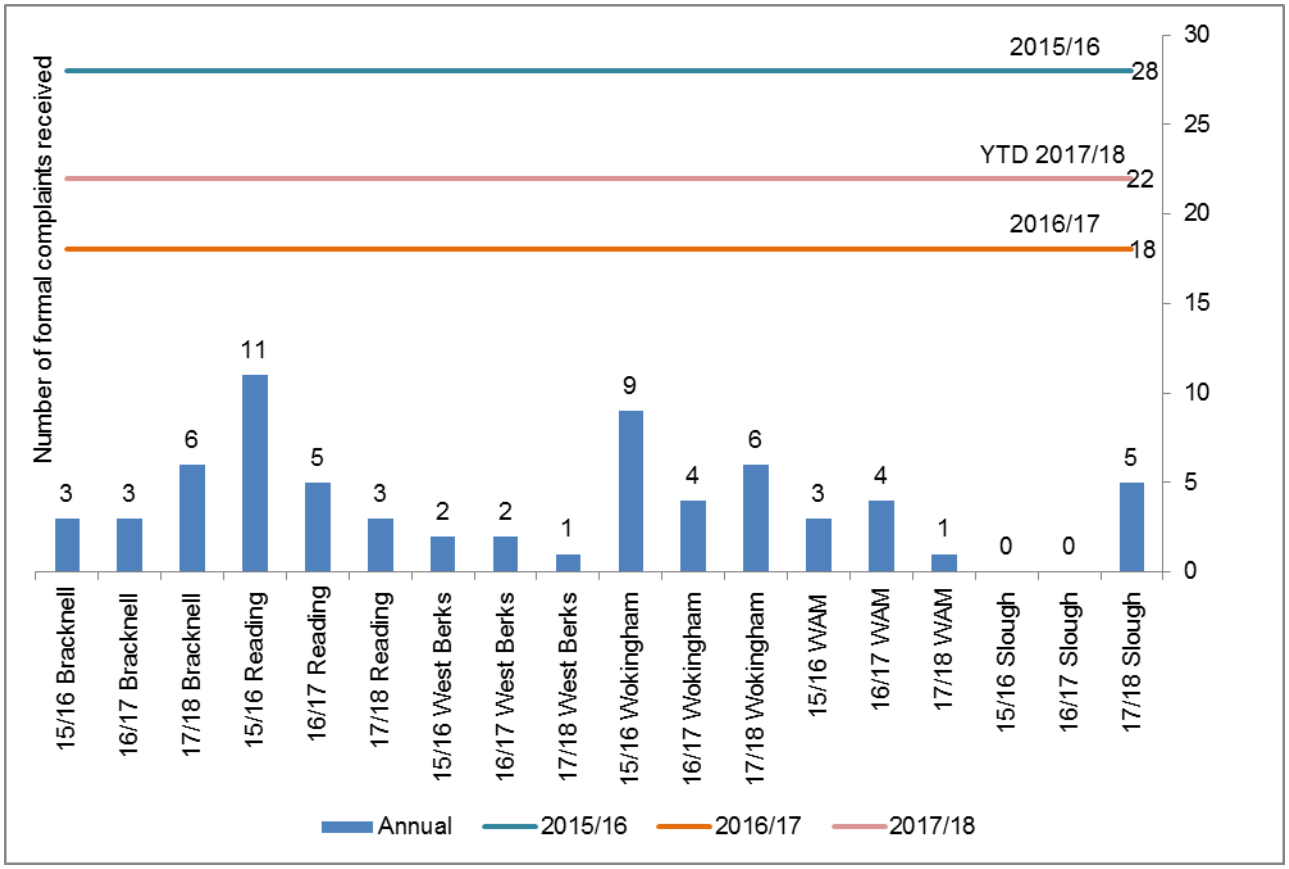
Ward	Attitude of Staff	Care and Treatment	Communication	Discrimination, Cultural Issues	Failure /incorrect diagnosis	Discharge Arrangements	Patients Property	Total
Henry Tudor Ward		1	1					2
Donnington Ward	1							1
Jubilee Ward					1			
Windsor Ward		1						1
Total	1	2	1	0		0	0	4

CAMHS - Child and Adolescent Mental Health Services

CAMHS has seen a decrease in formal complaints received in quarter three (6) compared with 9 in quarter two, 7 in quarter one, 5 in quarter four (2016/17) and 2 in quarter three (2016/17). The number of complaints received remains lower than those received during quarters one and two in 2015/16, where there were a higher number of complaints about waiting times and the reduction of complaints about this illustrates the sustainability of the work that has been undertaken in the

system to address this issue and maintain a better position going forward, with more effective communication with young people and families about the wait times. Whilst the number of complaints received during 2017/18 so far is higher than the total received in 2016/17, these are not around waiting times. There have been more complaints about communication in 2017/18, particularly in the Bracknell CAMHS.

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



The service based in Bracknell received the highest number of formal complaints in quarter three. The Slough team did not receive any formal complaints, compared to the 4 in quarter two. Attitude of staff and care and treatment received the most complaints in quarter three, which aligns to the themes so far this year.

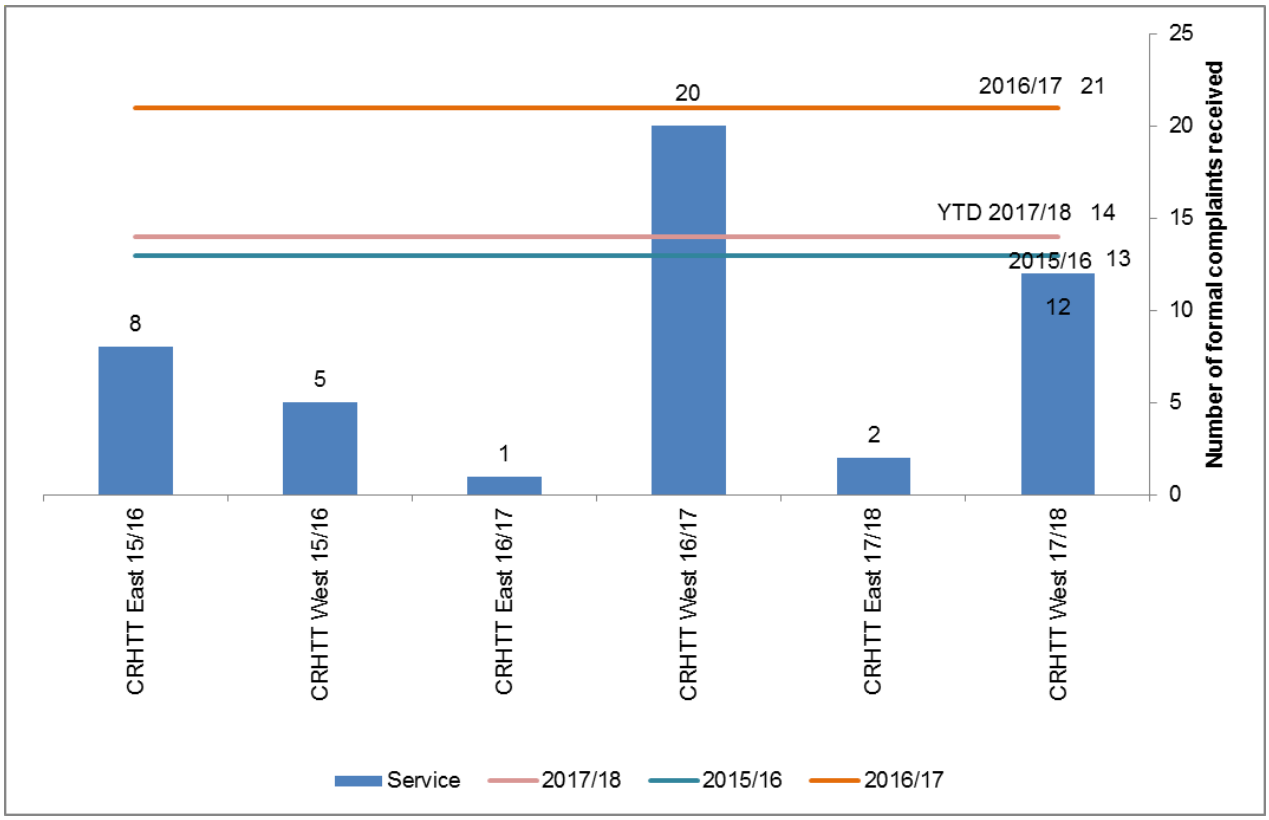
Table Five: *Theme of complaints received by CAMHS during 2017/18*

	Theme							
Locality of service	Alleged Abuse, Bullying	Attitude of Staff	Care and Treatment	Confidentiality	Communication	Medication	Total	%
Bracknell		2	1		3		6	27.27
Reading	1		2				3	13.64
West Berks					1		1	4.55
Wokingham			5				5	22.73
WAM		1	1				2	9.09
Slough		2	1	1		1	5	22.73
Total	1	5	10	1	4	1	22	

Crisis Resolution/Home Treatment Team (CRHTT)

CRHTT received 4 formal complaints in quarter three (2 in Reading 1 in West Berkshire, 1 in Wokingham) a decrease compared with 6 in quarter two which is a sustained decrease from 10 in quarter one 2016/17.

Graph Five: *Number of formal complaints received for CRHTT by location of the service (East and West)*



Three of the complaints were about care and treatment and one was about admission to hospital.

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

Service	Admission	Attitude of Staff	Care and Treatment	Communication	Total
CRHTT East			1	1	2
CRHTT West	1	3	6	2	12
Total	1	3	7	3	14

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

Mental Health Inpatients

All of our mental health inpatient wards are based at Prospect Park Hospital in Reading, there were four complaints about wards, and one about the hospital in general.

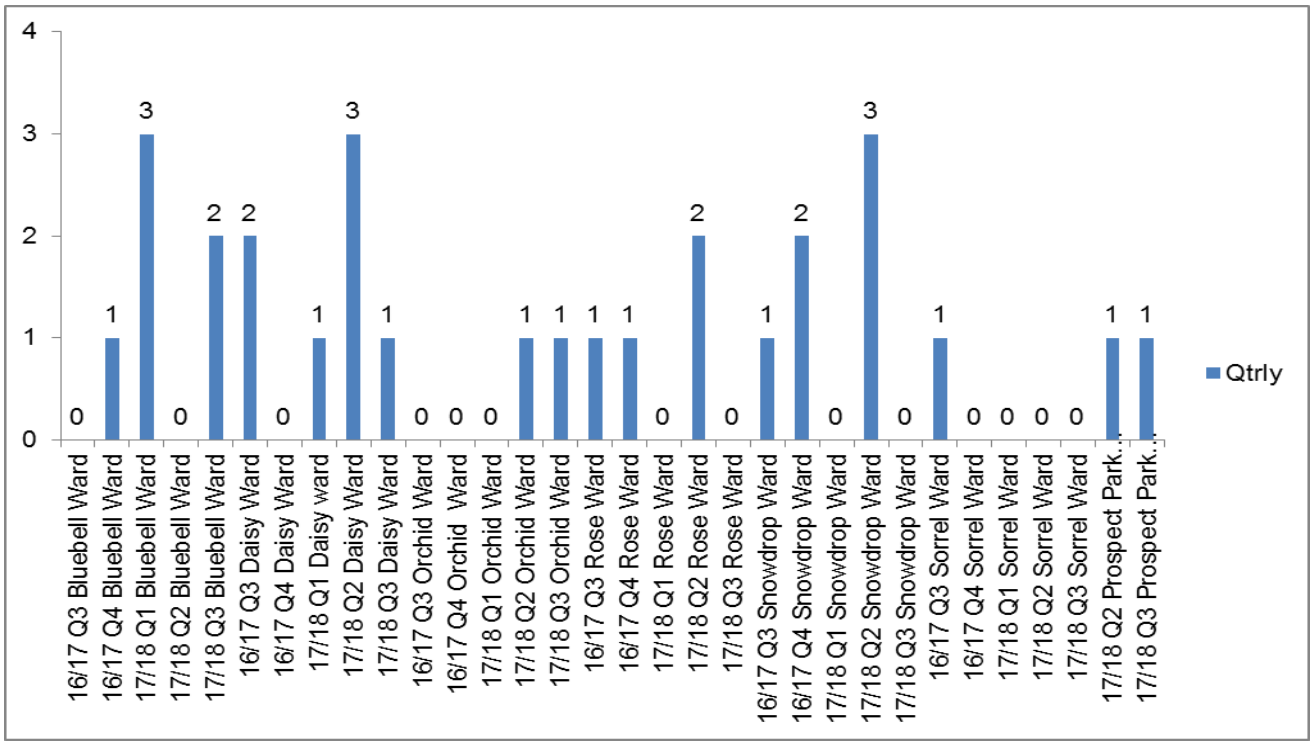
Table Seven: *Number of formal complaints received for mental health inpatient wards during 2017/18*

Ward	Admission	Alleged Abuse, Bullying	Attitude of Staff	Care and Treatment	Communication	Discharge arrangement	Medication	Patients Property	Total
Bluebell Ward				4			1		5
Daisy Ward	1			3		1			5
General				2					2
Orchid Ward				1					1
Rose Ward				1	1				2
Snowdrop Ward				2				1	3
Total	1	0	0	13	1	1	1	1	18

So far this financial year, care and treatment is the main theme of the complaints received, making up 72% of total complaints. There are no other emerging themes. There was one formal complaint about the older persons inpatient ward, Orchid Ward.

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

Graph Seven: *Number of formal complaints received by ward 2016/17 compared with 2017/18*



There were no formal complaints received about community or inpatient Learning Disability Services in quarter three 2017/18.

Table Eight: *Themes of all formal complaints received*

	2017/18					2016/17					
Theme	Q3	Q2	Q1	Total	YTD % of received	Q4	Q3	Q2	Q1	Total	% of total received
Care and Treatment	32	34	26	92	59.74	26	19	22	26	93	44.5
Attitude of Staff	7	11	9	27	17.53	8	7	12	14	41	19.62
Communication	5	8	4	17	11.04	7	7	4	8	26	12.44
Admission	1	0	0	1	0.65	0	0	0	0	0	0
Alleged Abuse, Bullying	1	0	0	1	0.65	2	2	3	4	11	5.26
Access to Services	0	1	0	1	0.65	3	0	0	4	7	3.35
Medical Records	1	0	0	1	0.65	3	0	0	4	7	3.35
Medication	1	1	1	3	1.95	0	0	2	2	4	1.91
Confidentiality	2	2	0	4	2.6	0	0	3	1	4	1.91
Discharge Arrangements	0	0	1	1	0.65	0	0	3	1	4	1.91
Waiting Times for Treatment	0	0	0	0	0	1	0	3	1	5	2.39
Support Needs (Including Equipment, Benefits, Social Care)	1	0	0	1	0.65	0	1	0	0	1	0.48
Management and Administration	0	0	0	0	0	1	0	0	0	1	0.48
Other/not stated	2	2	1	5	3.25	0	0	4	1	1	0.48
Total	53	59	42	154		51	36	52	66	205	

The top reasons for complaints being made during 2015/16 and 2016/17 which appears to be continuing in 2017/18 are:

- Care and treatment
- Attitude of staff
- Communication

Formal complaints closed and action taken

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

Table Nine: *Outcome of formal complaints closed*

	2017/18					2016/17					
Outcome	Q3	Q2	Q1	Total	YTD % of 17/18	Q4	Q3	Q2	Q1	Total	% of 16/17
Case not pursued by complainant	1	1	1	3	2.04	1	5	1	4	11	5.19
Consent not granted	0	1	0	1	0.68	3	4	1	1	9	4.25
Local Resolution	6	3	3	12	8.16	4	0	1	4	9	4.25
Not Upheld	7	20	6	33	22.45	9	7	16	14	46	21.7
Partially Upheld	22	19	18	59	40.14	14	18	24	22	78	36.79
Referred to other organisation	0	1	0	1	0.68	0	0	0	0	0	0
No further action	2	0	0	2	1.36	0	0	0	0	0	0
Upheld	10	18	8	36	24.49	14	7	18	20	59	27.83
Grand Total	48	63	36	147		45	41	61	65	212	

The year to date percentage of complaints upheld has decreased from 26.26% in quarter two and increased from 22.22% in quarter one, in addition the percentage of complaints found to be not upheld has decreased from 26.26% to 22.45% in quarter three, an increase from 16.67% in quarter one. Partially upheld complaints have increased to 40.14% from 37.37% which is a decrease from 50% in quarter one compares to 36.79% in quarter four (2016/17) and 38.32% in quarter three (2016/17).

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

- Care and treatment (44%) – a continued reduction compared with quarters two (54%), one, four and three
- Attitude of staff (16%- all of which were partly upheld) – a decrease from 22% in quarter two, 27% in quarter one, increase from 7% in quarter four and 12% in quarter three
- Communication (31%) – an increase from 11% in quarter two, 8% in quarter one, decrease from 14% in quarter four and an increase with 8% in quarter three. There were more complaints about communication that were upheld or partially upheld for the Minor Injuries Unit, CRHTT and Health Visiting compared to quarter two, and in addition, there more complaints were made about verbal communication to patients (CRHTT) and written communication with other organisations (CAMHS).

Table Ten: *Upheld and Partially Upheld formal complaints during quarter three, out of a total of 48 closed complaints*

	Outcome		
Service	Partially Upheld	Upheld	Total
CMHT/Care Pathways	2	3	5
District Nursing	3	2	5
Adult Acute Admissions	2	2	4
CAMHS - Child and Adolescent Mental Health Services	4		4
Crisis Resolution & Home Treatment Team (CRHTT)	4		4
CMHTOA/COAMHS - Older Adults Community Mental Health Team	2		2
Health Visiting	2		2

	Outcome		
Service	Partially Upheld	Upheld	Total
Minor Injuries Unit	2		2
Older Peoples Mental Health (Ward Based)		2	2
Community Hospital Inpatient	1		1
Neuropsychology		1	1
Grand Total	22	10	32

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

Table Eleven: *Outcome of formal complaints by service*

	Outcome					
Service	Case not pursued by complainant	Local Resolution	Not Upheld	Partially Upheld	Upheld	Total
Adult Acute Admissions				2	2	4
CAMHS - Child and Adolescent Mental Health Services				4		4
CMHT/Care Pathways	1	2		2	3	8
Crisis Resolution & Home Treatment Team (CRHTT)			3	4		7
Grand Total	1	2	3	12	5	23

The Crisis Response and Treatment Teams have undertaken considerable amounts of work to reduce complaints, particular those around staff attitude. The drop in Q3 may be an indication that this work is starting to have a positive impact.

There were no formal complaints closed about community or inpatient Learning Disability Services in quarter three 2017/18.

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

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

Response rate for formal complaints

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

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

This is reflected sustained 100% response rate achieved since 2016/17.

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

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

The average number of days taken to resolve formal complaints during quarter three was 18, a decrease from 25 in quarter two, and a decrease from 27 in quarter one.

As with quarter one, there were 5 complaints closed that took longer than 40 working days, an increase from 1 in quarter four (2016/17), and reduction from 9 in quarter three (2016/17), 8 in quarter two (2016/17), 10 in quarter one 2016/17 and 15 in quarter four 2015/16. Whilst all of the complaints were closed within a timescale agreed with the complainant, there has been a notable increase in those which are closed closer to the deadline. Some of the reasons for this are around the timeliness of responses and investigating officers reports being received into the complaints office, and the subsequent sign off and quality checking by some locality Clinical Directors.

MP Enquiries

In addition to raising formal complaints on behalf of their constituents, Members of Parliament (MPs) can also raise service and case specific queries with the Trust. A review of the activity has been included in this report. During quarter three we received 10 enquiries from MPs, compared to 5 in quarter two, 7 in quarter one, 16 in quarter four (2016/17), 13 enquiries in quarter three (2016/17) and 11 enquiries during quarters one and two 2016/17 combined.

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

***Table Thirteen:** Subject of MP enquiries received during quarter three*

	Theme						
Service	Care and Treatment	Communication	Medical Records	Other	Patients Property & Valuables	Waiting times	Total
Adult Acute Admissions			1	1	1		3
CAMHS - Child and Adolescent Mental Health Services	2			1		1	4
CMHT/Care Pathways	1	1					2
Talking Therapies	1						1
Grand Total	4	1	1	2	1	1	10

Parliamentary and Health Service Ombudsman (PHSO)

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

Table Fourteen: *PHSO Activity*

Month open	Service	Month closed	Current Stage
Sep-16	CAMHS	Sep-17	Not Upheld.
Oct-16	District Nursing	Jun-17	Not Upheld.
Oct-16	Community Inpatient ward	Jun-17	Partially Upheld.
Jan-17	District Nursing	Oct-17	Partially Upheld
Feb-17	Psychological Medicine Service	Apr-17	Not Upheld.
May-17	CMHT/Older Adults	May-17	Not a BHFT complaint - records requested to inform investigation about Social Care - case closed after the notes were sent.
Jun-17	CMHT	Sep-17	Not Upheld.
Aug-17	Talking Therapies	n/a	Investigation Underway.
Oct-17	District Nursing	Nov-17	Agreed local resolution - investigation not taken forward by PHSO
Nov-17	CMHT/Care Pathways	n/a	PHSO requesting information to assist with decision on whether to investigate or not.

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

Informal Complaints/Local Resolution

The complaints office will discuss the options for complaint management when people contact the service, to give them the opportunity to make an informed decision as to whether they are looking to make a formal complaint or would prefer to work with the service to resolve the complaint informally. 3 informal complaints were received during quarter three.

The complaints office has been working with services to devise ways of resolving complaints in a way that meets the expectation of patients and their families whilst capturing the information for staff to use in a friendly and manageable way. It is recognised that services are managing concerns effectively on a daily basis and an online form has been created as a mechanism for capturing these concerns and any actions, so that there can be learning across. This information is captured in real time on a dashboard that is accessible to the Locality and Clinical Directors.

The number of local resolution complaints that the Patient Experience team have been notified about has remained consistent with 54 received in quarter three, compared with 56 in quarter two, 49 in quarter one, 48 in quarter four (2016/17), 53 in quarter three (2016/17), 42 in quarter two (2016/17), 67 in quarter one (2016/17).

NHS Choices, Compliments and PALS

NHS Choices

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

8 negative comments were received in quarter three. There were no themes across the experiences that were shared: examples can be found below:

- Communication: Lack of specific information on the website, each page seems repetitive.
- 25 Erleigh Road: Admin staff seem confused, more concerned with paperwork.
- Car Parking: King Edward VII Car Park - Parking staff have been rude. 25 Erleigh Road – Parking information on the website incorrect, difficulties parking.
- Podiatry: King Edward VII - Unable to make an appointment. Reading - Difficulties making an appointment and could not contact the service to speak to staff.
- Waiting times: Westcall clinic at the Royal Berkshire Hospital – Long waits to be seen with a sick child.

There were 7 positive comments which referred to Neuropsychology, Wokingham CAMHS, ASSIST, Podiatry West Berkshire, and Garden Clinic Upton Hospital, Services at WBCH and the Mobility and Falls service at St Marks.

Compliments

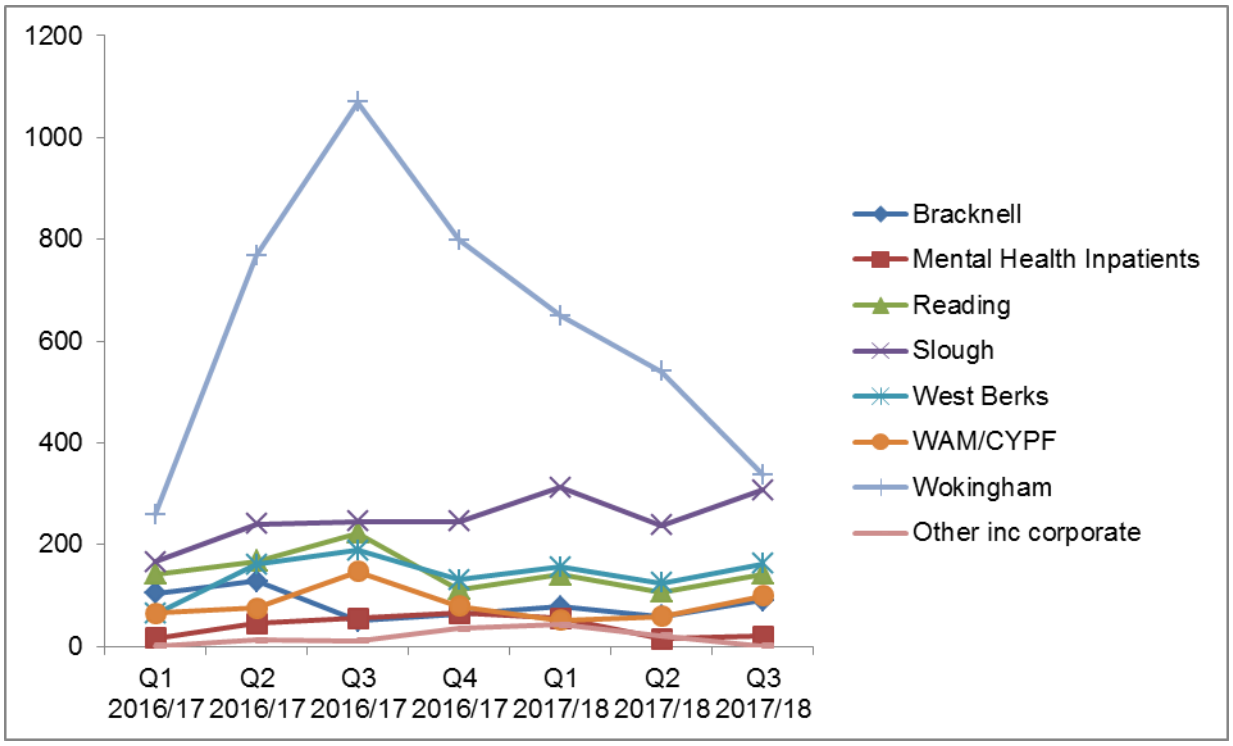
Graph eight shows the number of compliments received since quarter one 2014/15 by Locality. Since quarter four 2012/13 compliments have been routinely reported directly by services through the web based Datix system. This method of collating feedback enables the Trust to capture compliments, by means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

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

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

2013/14: 3050
2014/15: 4359
2015/16: 4620
2016/17: 5950

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



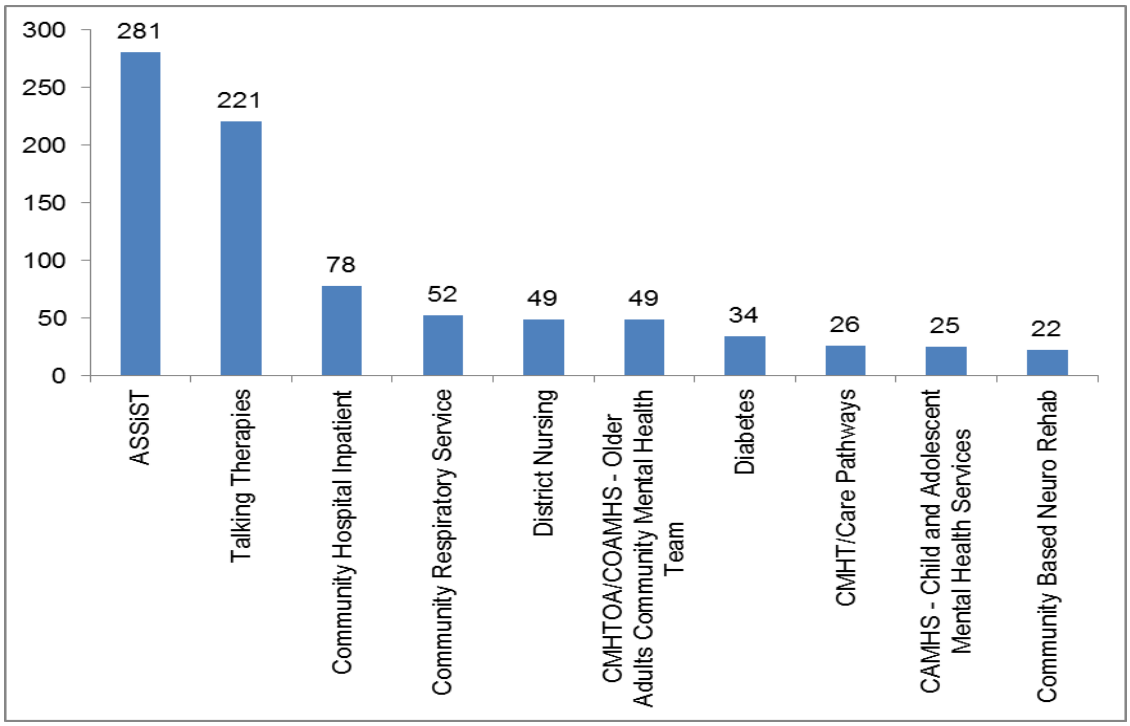
There has been a downward trend in the number of compliments reported for the Wokingham locality. Talking therapies recorded only 221 compliments in Q3, compared to 391 compliments in Q2 and accounts for the majority of this change in trend.

Table Fifteen: *Compliments, comparison by quarter.*

	2017/18			2016/17					
	Q3 17/18	Q2 17/18	Q1 17/18	Q4 16/17	Q3 16/17	Q2 16/17	Q1 16/17	17/18 YTD	16/17 Annual
Total Compliments	1163	1165	1488	534	1993	1602	821	3816	4950

Compliment reporting continues to be encouraged and promoted with services and at locality meetings and staff can access comments which are available through our intranet. The online compliment form enables people to add information such as staff group the compliment was received for and the theme.

Graph Nine: *Top services to report compliments in quarter three*



In addition, there were 173 compliments logged that were from sources other than patients, carers and the public. These include students on placements, other organisations and services.

PALS

During quarter three there were 423 contacts into PALS relating to Berkshire Healthcare and the services provided; this is comparable with quarter one and quarter two. Not all of the calls to PALS are related to our services, this quarter the PALS service also received 68 enquires that were related to other providers that were supported / signposted to the relevant place.

Top reasons for contacting PALS during Quarter 3:

- General information requests
- Clinical Care received
- Choice and flexibility of access to services

Themes around clinical care received include: attitude of staff, communication between staff sometimes resulting in disjointed care, communication with carers and nearest relative, patients and carers not involved enough in care leading to anxiety and frustration and reassurance regarding care plan and discharge. Patients requesting choice and flexibility of access including time date and venue of appointments

Patient and Public Involvement

There has been a vacant post and long term absence within the Patient Experience Team which means that both there has been limited visibility, promotion and support for both the Friends and Family Test and internal patient survey programme. Whilst both of these have been used within services for a number of years, it demonstrates the impact that dedicated supportive services have to front line clinical services when collecting and acting upon feedback. The successful

appointment of both a substantive Patient Experience Facilitator (a post which has been vacant since June 2017) and a Patient Experience Apprentice will both have a positive impact on the proactive collection and collation of feedback.

Deep Dives

We commission two Deep Dives per year to take a more in-depth look at the experience of patients and carers either in a specific service or their journey on a pathway of care. Actions identified as a result of Deep Dives are monitored through the quarterly Patient Experience and Engagement Group. An update on the Deep Dives undertaken in 2017/18 is below.

Delivering Same Sex Accommodation:

Understanding the views of patients, carers and staff of same sex accommodation in our mental health wards. This was previously explored in 2011, when all wards moved onto the Prospect Park Hospital and all became mixed sex.

The aim of this deep dive was to revisit patient and carer views around same sex wards at Prospect Park Hospital, whilst also drawing together internal and external contextual insight e.g. bed availability vs. service demand, patient profiles and pathways, operational impacts, including staff attitudes. Those consulted supported the wards staying mixed sex.

An action plan is being drawn up with the ward managers based on the discussion points and themes from the report. This includes the following themes:

Signage on the wards identifying gender specific areas. Guidance is being sought around patients going through gender reassignment and how they can be cared for sensitively. The signage will take into consideration language and accessibility needs (such as visually impairments) and be flexible to meet the needs of the ward environment and patients at that time.	***Therapeutic Groups*** Current pamper sessions on the wards are predominantly attended by women. Activities for men are also being explored. Many of the ward based activities are not gender defined or specific e.g. pool.
Creating a more homely environment We are mindful that that as a hospital, it is important to maintaining clinical safety and adhere to infection prevention and control guidance. However, by involving patients and carers on the wards we can adapt the environment to make it more welcoming. This can involve the placement of furniture, wall colouring and art work. This has developed further into signage around the hospital site to identify and find areas and wards more easily e.g. coloured lines with corresponding building/ward colours from reception.	**Access to outside spaces** We recognise the impact that this has to the wellbeing of our patients. On our PICU, access to the garden has been available in three one hour slots as this requires the capacity for level 2 observations. This is to be reviewed with a view to increasing this as soon as possible. Previous restrictions to the gardens on our acute wards were underway during the period of time that the Deep Dive was taking place due to fences being replaced. This work is complete.
Safety on the wards CCTV – the case for this is being explored with a proposed installation over the next 12 months being suggested– in ward communal areas, ward corridors, by the Mental Health Act office.	

Appropriate signage will be in place and patients will be notified prior to admission.

Searches - new wands which can be used by staff to assist with the location of prohibited items on the ward are being reviewed.

Airlocks – additional door upon the entry of wards has been highlighted due to the risk of patients absconding or, with patients who may be confused and blocking the entry or exit to a ward. Particularly with the acuity of patients increasing this is an important safety and security aspect for vulnerable people in our care and will be discussed at a dedicated meeting about 'tailgating'.

Delayed Transfers of Care in Learning Disability Services:

There have been discussions within the Learning Disabilities Service about making the most of a Deep Dive. Originally, we had planned to look at understanding the experience of people with a dual diagnosis of a Learning Disability and Mental Illness.

However, the focus has shifted to look at what facilitates successful discharge? What are the factors contributing to delayed transfers and what can be done to prevent them from happening, to improve the experience for patients and their carers.

15 Steps

Three visits have taken place during quarter three.

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

The Friends and Family Test

The NHS Friends and Family Test (FFT) give an opportunity for patients and their carers to share their views in a consistent way across the Health Service. Berkshire Healthcare has aligned its Strategic Objectives to support a 15% response rate for the FFT in both physical and mental health services. Nationally, NHS England has announced a review of the Friends and Family Test in 2018/19.

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

Based on the number of discharges from our services, there were 60,256 patients eligible to complete the FFT during quarter three, and we received 4,105 returns. There has been a reduction in our Trust response rate; contributed to by the minimal responses from our mental health inpatient wards in December.

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

		Number of responses	Response Rate
2017/18	Q3	4105	6.81%
	Q2	4987	9.63%
	Q1	4238	7.04%
2016/17	Q4	3696	5.10%
	Q3	4024	5.10%

	Q2	5357	2.20%
	Q1	6697	2.70%
2015/16	Q4	4793	2.10%
	Q3	5844	4.20%
	Q2	6130	4.50%
	Q1	7441	6.60%

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

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

		2017/18			2016/17				2015/16		
Ward	Ward type	Q3%	Q2%	Q1 %	Q4%	Q3%	Q2%	Q1%	Q4%	Q3%	Q2%
Oakwood Ward	Community Inpatient	72.97	93.75	100	100	-	85.7	89.47	95.16	94.55	88.71
Highclere Ward	Community Inpatient	96.7	100	100	96.6*	90	100	96.3	96.88	81.48	85.19
Donnington Ward	Community Inpatient					75.7	100	90.91	89.47	95.83	94.87
Henry Tudor Ward	Community Inpatient	42.86	98.86	93.5	97.1	89.3	95.7	95.92	87.27	95.71	100
Windsor Ward	Community Inpatient	94.44	100	100	100	92	94.7	93.94	100	96.61	98.08
Ascot Ward	Community Inpatient	100	100	100	100	80	100	88.89	90	93.55	97.14
Jubilee Ward	Community Inpatient	100	100	100	100	90	100	97.78	97.44	95	97.22
Bluebell Ward	Mental Health	-	100	40	80	60	100	78.79	80	75	0**
Daisy Ward	Mental Health	-	66.67	50	50	-	66.7	85.71	68.42	75	71.43
Snowdrop Ward	Mental Health	85.71	76.19	60	78.6	66.7	50	66.67	85.71	0**	100
Orchid Ward	Mental Health	-	100	0**	-	0**	100	-	100	0**	100
Rose Ward	Mental Health	100	50	100	66.7	0**	80	33.33	54.55	58.82	100
Rowan Ward	Mental Health	-	-	100	-	0	-	72.73	100	-	-

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

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

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

	2017/18			2016/17				2015/16	
Walk-in Services	Q3%	Q2%	Q1%	Q4%	Q3%	Q2%	Q1 %	Q4 %	Q3%
MIU: West Berks	98.53	98.54	98.39	98.36	91.03	96.9	97.37	96.54%	95.81

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

Learning Disabilities services

The Friends and Family Test is available as part of the wider patient survey that is used across Learning Disabilities services, in a more accessible version.

During quarter three, there was a response rate of 32% and 86.27% of people would recommend the service to friends or family. There were no responses where people said that they would be either unlikely or extremely unlikely to recommend the service, which means that the remaining patients selected neither. The survey is currently being revised will be available via an online link.

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

Number of responses	
2017/18	
Q3	39
Q2	32
Q1	111
2016/17	
Q4	74
Q3	57
Q2	54
Q1	22
2015/16	
Q4	15
Q3	15
Q2	73
Q1	29

The responses received are generally positive; however response rates are low and there is an aim to achieve for 100 per locality per quarter. Work is on-going to increase the awareness of Carer FFT cards within the trust and potential impact of the FFT on other carer feedback e.g. memory clinic accreditation.

FFT national benchmarking

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

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

Community health services FFT data inc. November 2017

	Nov-17		Aug-17		May-17		Feb-17	
Trust Name	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR
Berkshire Healthcare	6%	99%	9%	98%	6%	97%	4%	98%
Solent NHS Trust	4%	97%	4%	96%	3%	96%	2%	97%
Southern Health NHS FT	7%	97%	5%	98%	8%	94%	8%	95%
Oxford Health NHS FT	4%	97%	3%	97%	3%	97%	1%	96%

%RR – Recommendation rate

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

	Nov-17		Aug-17		May-17		Feb-17	
Trust Name	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR
Berkshire Healthcare	6%	87%	4%	88%	7%	92%	2%	88%
Solent NHS Trust	12%	93%	11%	93%	6%	92%	6%	92%
Southern Health NHS FT	3%	89%	3%	86%	3%	89%	3%	91%
Avon and Wiltshire MH Partnership	13%	88%	11%	86%	13%	89%	15%	89%
Oxford Health NHS FT	9%	92%	9%	92%	2%	79%	1%	79%

%RR – Recommendation rate

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

PPI strategy

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

A copy of the most recent Patient Participation Strategy work programme for 2017/18 can be found in appendix 3. From August 2017 the Patient Experience and Engagement Group (PEEG) and quarterly Healthwatch meetings are merged. This provides a greater opportunity to share the learning and best practice from participation across services and geographical localities.

Patient Leaders

Three new Patient Leaders have completed their training at the Royal Berkshire Hospital. There are three projects that they have expressed an interest in becoming involved with and are in the process of being set up:

- Improving the rate of carer feedback and access to wellbeing activities (in Bracknell).
- Involvement with the Quality Improvement Programme
- Looking at nutrition and physical fitness on mental health inpatient wards

The Trust has made contact with the Royal Berkshire Hospital about carrying out joint projects across the both organisations, with a pilot looking at the changes to the how people access the Emergency Department which incorporates the WestCall Primary Care provision. This will be followed up in quarter four.

Good or Better results

Total feedback relevant to the good or better rating has been received from 2,627 patients and carers, a significant decrease compared with 4,210 in quarter two and 4,181 in quarter one; 2,754 in quarter four (2016/17) and 2,245 in quarter three (2016/17).

Of those that provided feedback 97% reported the service they received as good or better. 15 of the services carrying out the internal patient survey were rated 100% for good and better with a further 17 services rating 85% or above.

A number of services in failed to log any responses for quarter three. We believe some of these may be due to networking issues which are being addressed whereas others are not routinely collecting and therefore we are working them. There have also been staffing shortages in the Patient Experience Team which has meant that the services have not been as actively supported as hoped. The vacant Patient Experience Facilitator post has been appointed with a new member of the staff starting in January 2018.

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Formal Complaints received during quarter three 2017/18

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Reading	Older Peoples Mental Health (Ward Based)	Mental Health Inpatient and Urgent Care	02/11/2017	Low	Family unhappy with the care their Mother is receiving on Orchid Ward and the lack of support shown to them	Investigation underway		Care and Treatment	Clinical Care Received
Windsor, Ascot and Maidenhead	Children's Speech & Language Therapy - CYPIT	Windsor, Ascot and Maidenhead	23/10/2017	Minor	Oct/Nov 2016, pt referred to SALT from GP, despite multiple chasing the family had heard nothing until 19th Oct when they were advised that the first referral was triaged for the school to be supported. Father wishes to know why this has taken so long and why they have not been kept informed.	Partially Upheld	Partially upheld as we did overlook the referral in Nov 2016 and steps are being taken to implement a new process to prevent this form happening again. However, once the error came to light we acted appropriately, returning calls and sending emails as agreed. Patient was seen on 2 November.	Communication	
Slough	Sexual Health	Bracknell	14/11/2017	Low	Pt feels that she was misinformed by staff.	Partially Upheld	we did everything clinically correct but have apologised that it was not clear to patient that she should have returned to clinic to have IUD removed if that was needed at any point. All clinicians to be reminded to be clear in their communications.	Care and Treatment	Clinical Care Received
Windsor, Ascot and Maidenhead	Early Intervention in Psychosis	West Berks	18/10/2017	Low	Mother unhappy with the care and treatment her son has received from EIP	Consent Not Granted		Care and Treatment	Clinical Care Received
West Berks	Minor Injuries Unit	Wokingham	02/11/2017	Moderate	Following a trampoline accident pt had injured their hand. Dr told her it would be fine in 48hrs just use ice and painkillers. 4 months later pt had an xray as still hurting to be told it was broken and their was ligament damage, pt would like to know why this was spotted at the first consultation	Not Upheld	No clinical failings found through investigation	Care and Treatment	Failure to examine/examination cursory
Reading	CMHT/Care Pathways	Reading	04/12/2017	Low	Pt discharged from PPH having been taken there by the police, with allegedly no diagnosis or treatment intervention	Case not pursued by complainant		Care and Treatment	Failure/incorrect diagnosis
Bracknell	Corporate/Policy	Corporate	10/10/2017	Low	Trust have not acknowledged or responded to the complainants last 3 emails	No Further Action		Communication	Written to Patients
West Berks	Crisis Resolution & Home Treatment Team (CRHTT)	Mental Health Inpatient and Urgent Care	23/10/2017	Moderate	Husband of pt repeatedly asked for help. Dr and CPN agreed an admission was required but no bed was found. Pt admitted under an emergency following an OD	Partially Upheld	A number of points have been raised and investigated. IO has made a number of recommendations following the investigation. These are primarily around communication, the comments made by canteen staff and the following of procedures.	Admission	Problems with admission

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Reading	Health Visiting	Reading	09/10/2017	Low	Father unhappy the son is now under social services. Father unhappy at the attitude of the HV during a children protection conference and her gender bias. Father believes there are safeguarding issues with the mother.	Partially Upheld		Attitude of Staff	Healthcare Professional
Wokingham	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	07/11/2017	Minor	Patient insists she is not mentally unwell and wishes CRHTT would stop contacting her. She has requested assurance that CRHTT will not contact her anymore before she takes legal action for healthcare malpractice. She also wants apologies from 2 x psychiatrists.	Not Upheld	No failings by the team as they acted accordingly when they could not reach patient by phone.	Care and Treatment	Clinical Care Received
Reading	District Nursing	Reading	15/11/2017	Minor	Unhappy with response feels she was not listened when met to discuss the complaint. Complainant wishes an apology from clinician for discussing her with her brother and complainant feels it is not the clinicians right to choose who she texts INITIAL COMPLAINT BELOW DN called pt's brother and discussed daughter's behaviour with him. The daughter is extremely angry at the breach of confidentiality and wishes an apology from the DN and wishes to know why she was told DN's can't text when the DN in question has been texting her brother.	Partially Upheld	Whilst the staff member acted according to Trust policy and there was not a breach in patient confidentiality, communication to the daughter could have been better and a text would have helped with this.	Confidentiality	Breach of third Party Confidentiality
Wokingham	Talking Therapies	Wokingham	01/12/2017	Low	Pt feels let down by services - 1. Pt unhappy with CBT Silvercloud that has resulted in counselling. 2. Attitude of staff - patient feels the call handler was not very pro active 3. Pt unhappy to told services were not sure if the pt had been accepted for counselling - pt states she was not told this might be the outcome	Local Resolution		Care and Treatment	Failure/Delay in specialist Referal
West Berks	Out of Hours GP Services	Wokingham	15/11/2017	Moderate	Pt unhappy with consultation that took place in her home.	Not Upheld	No clinical failings. The Dr reported that the house was thick with smoke, making the consultation difficult. Patient refused to allow Dr re-entry to her house so he could get medication.	Attitude of Staff	Healthcare Professional

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Windsor, Ascot and Maidenhead	Physiotherapy Musculo-skeletal	Bracknell	14/12/2017	Minor	Pt received acupuncture told we would not do physio until we knew what underlying problems there were. Referred to have xrays / MRI etc. Pt went private as in so much pain and private had different results from NHS. Pt went back to NHS and therapist said she felt the relationship had broken down and wanted to refer her to the pain management consultant. Pt wants to see someone who will treat her as per the private therapists report.	Partially Upheld	Partially upheld as patient did not have understanding that hydrotherapy was not an option. Professional relationship broke down so communication fell below expected standard.	Care and Treatment	Failure/Delay in specialist Referal
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	17/10/2017	Low	16th Oct Mother called CAMHS to register some issues with care coordinator who was not in, advise duty would call her back but they didn't. Mother also extremely unhappy with the way she was treated on her call.	Partially Upheld	We have apologised for poor communication and for giving incorrect information regarding school nurses for home educated children. However, family were offered support.	Attitude of Staff	Healthcare Professional
Bracknell	CMHT/Care Pathways	Slough	02/11/2017	Low	Pt believes his records to be inaccurate, defamatory and contain libellous statements which he wants removed before he takes legal action against the Trust.	Upheld	Investigation has showed that RiO records are incorrect and they are to be amended	Medical Records	Inaccurate Records
Bracknell	Talking Therapies	Wokingham	23/11/2017	Low	Pt unhappy that therapist called and spoke to her mother without permission, allegedly divulging confidential information	Not Upheld	Not upheld as no evidence to support claims made by patient.	Confidentiality	Breach of Patient Confidentiality
West Berks	CMHT/Care Pathways	West Berks	26/10/2017	Low	Pt dissatisfied with Hillcroft House, she states that since her CPN left she has had no support. When she calls the duty line she is told someone will call her back and she states that no does. She was also told that someone from CMHT would help her complete some forms but no one came.	Not Upheld	Not upheld on all three aspects. No evidence support point 1. IO is satisfied Dr went over and above on point 2. Point 3 not BHFT.	Care and Treatment	Clinical Care Received
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	29/11/2017	Low	Pt failed to return to the ward from leave despite family being advised he would not have leave. Nurse administered a sedative resulting in pt not being able to have ECT. CRHTT ignored calls from the family resulting in the pt stabbing himself. Family want a full review of the pts care as well as an investigation into to the incidents raised.	Investigation underway		Care and Treatment	Clinical Care Received

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Windsor, Ascot and Maidenhead	Traumatic Stress Service	Wokingham	21/11/2017	Minor	Pt under talking Therapies but service was not appropriate thus referred to Trauma service. Daughter became discharged to services allegedly due to incorrect paperwork. Trauma service have a 12 month wait and the mother is unhappy with this wait. Mother believes that we provided an inadequate service which lead her to the Private medicine route and feels we should pay for the treatment.	Partially Upheld		Care and Treatment	Failure/Delay in specialist Referal
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	15/12/2017	Moderate	Pt's referral closed down without advising the family resulting in school placement breaking down. Mother very unhappy and wishes a full investigation	Investigation underway		Care and Treatment	Failure/Delay in specialist Referal
Slough	CMHT/Care Pathways	Slough	30/10/2017	Minor	April 2017 CPN left pt without notice and with an unfinished CPA. still no CPN now and issues with the crossroads workers	Partially Upheld	Acknowledged that there had been a breakdown in communication re discharge from CPA. Complaint will be shared with team as learning point. Second point not upheld as not BHFT.	Care and Treatment	Delay or failure to visit
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	17/11/2017	Low	During the pts stay at PPH in Feb 2007 medication that allegedly causes urinary retention when prescribed together were given. Pt had to go to RBH from PPH as she had retained 3 litres of Urine and has suffered since. Requires an explanation as to why this was given, if the meds were necessary why was she not monitored better? and why was she put in an ambulance on her own with her MH conditions.	Investigation underway		Medication	
Bracknell	Mobility Service	Bracknell	28/12/2017	Minor	Pt private powerchair broken, family wish a new one and do not understand why their son does not fit our criteria for one. Manual chair supplied needs a tray and additions for pt's independance	Investigation underway		Support Needs (Including Equipment, Benefits, Social Care)	Equipment Needs
Reading	Common Point of Entry	Wokingham	18/10/2017	Minor	Mother feels pt is struggling with life and she believes needs to be seen by services. Pt has previously seen Talking Therapies who told her that they make the referrals not GP's and GP referrals are not accepted.	Partially Upheld	partially upheld as it appears that there have been no clinical failings, however clinical team are offering an appointment and assessment to give patient clarity.	Care and Treatment	Failure/Delay in specialist Referal
Reading	CMHT/Care Pathways	Reading	30/10/2017	Minor	Pt has been advised privately that she needs to be seen at the Bethlam Royal Hospital. Dr here was due to arrange funding through CCG, nothing has happened and the pat says she needs help	Partially Upheld		Care and Treatment	Clinical Care Received
West Berks	Out of Hours GP Services	Wokingham	06/10/2017	Minor	Pt not given a diptest and family believe this resulted in a misdiagnosis of sepsis	Upheld	Dr accepts he did not conduct appropriate tests and did not come to correct diagnosis.	Care and Treatment	Failure/incorrect diagnosis

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Bracknell	Hearing and Balance Services	Bracknell	16/10/2017	Moderate	Mother feels the attitude of the therapist was tantamount to emotional abuse and the subsequent report is inaccurate. Mother wishes to know why therapist has reneged on the follow up appointment at King Edward VII and that fact the service made it so difficult for her to make a complaint	Partially Upheld	Partially upheld as we have acknowledged difficulties in getting through by phone. Audiologist did not pick up mum was upset during appointment and disputes some of the claims made.	Attitude of Staff	Healthcare Professional
Windsor, Ascot and Maidenhead	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Slough	17/10/2017	Minor	Family of older pt with dementia struggled with services between April 2015 & June 2017. Family have many unanswered questions centred around communication and support both to the patient and the family	Partially Upheld	No clinical failings but we have apologised that communication was poor and lacked clarity.	Communication	
Reading	Neuropsychology	Reading	31/10/2017	Low	Pt felt the psychologist's unconventional manner has been unethical and distructive in her care. She feels he is very insensitive. Unhappy with response sent from PALS to initial complaint	Upheld	investigation outcome has suggested HR investigation would be more appropriate.	Attitude of Staff	Healthcare Professional
Wokingham	Health Visiting	Windsor, Ascot and Maidenhead	21/12/2017	Low	Parents angry at a referral from HV to children's social care	Investigation underway		Communication	Communication with Other Organisations
Slough	Physiotherapy Musculo-skeletal	Bracknell	13/10/2017	Low	Pregnant patient feels therapist was critising her. On second appointment therapist was late resulting in pt being seem by the manager. Pt is disappointed in the way she has been treated	Local Resolution	Resolved by phone. Patient happy with outcome.	Attitude of Staff	Healthcare Professional
Windsor, Ascot and Maidenhead	Nursery	Corporate	16/10/2017	Low	Mother feels Child did not receive appropriate care in the nursery	Not Upheld	No evidence to support complaint	Attitude of Staff	Healthcare Professional
Slough	CMHT/Care Pathways	Slough	17/11/2017	Moderate	Father wants to know why when his son was taken to PPH by police the Dr sent him home saying he had no mental health illness. Father wants to know why would the Crisis team take his son to PPH if he did not have a mental health illness. On the pt's previous stay at PPH the pt informed staff that he was still seeing images of people, why was this not taken seriously by the hospital staff. Family feel very unsafe when the patient is at home and want him to be given rehabilitation away from their home.	Investigation underway		Care and Treatment	Failure to examine/examination cursory
Slough	CMHT/Care Pathways	Slough	20/10/2017	Low	Pt says he has only been seen twice by consultant in a yr and needs to be seen more regularly. Pt finds attitude of some staff is poor. Pt had a crisis after 9am and went directly to New Horizons to be told everyone was in a meeting so he could not been seen by anyone.	Partially Upheld	Points two and three are not upheld. However on point one we acknowledge that the care plan was sent to the previous GP and we have apologised for this mistake, which was caused due to delay in our system being updated with the correct information. This has now been rectified.	Care and Treatment	Clinical Care Received

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	13/11/2017	Minor	Mother wishes to know how her son was able to abscond from Bluebell for 13 hours and then again at an appeal hearing for 2 1/2 hours. Mother and wife due to meet Drs, meet cancelled without telling either of them. Mother says pt calls her and his wife at 2,3,4am having panic attacks she says it could make all the difference if just 1 member of staff could build some trust with the pt.	Partially Upheld	We acknowledge that we failed to let family know that a meeting had been cancelled, resulting in them arriving for it. Patient also absconded from his tribunal as the staff had not assessed correctly the risk of absconding. These two elements upheld.	Care and Treatment	Clinical Care Received
Reading	CMHT/Care Pathways	Reading	04/10/2017	Moderate	Wife feels let down by CMHT who have not provided a care coordinator for the pt or information regarding a support group for the complainant	Upheld	IO concludes that patient was given assurances of actions etc. but these were not delivered by CMHT. A number of points of learning have been identified by the team and these are detailed in the response.	Care and Treatment	Clinical Care Received
Windsor, Ascot and Maidenhead	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	12/12/2017	Minor	Mother wishes to express her disgust and dismay towards 2 members of the urgent care team who attended her daughter in Wexham Park A&E	Investigation underway		Attitude of Staff	Healthcare Professional
West Berks	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	07/12/2017	Low	Mother unhappy with the disorganised and chaotic administration system	Upheld	We have acknowledged the backlog in the admin team meant that the screening pack wasn't sent resulting in a further delay to process the referral. IO reports that backlog is reducing. A letter for a different child was enclosed with letter for this patient. IO has fedback to team to take care in future. Wrong information was given to school.	Communication	Written to Patients
Slough	Community Hospital Inpatient	Bracknell	23/10/2017	Moderate	Whilst on the ward the Dr examined the pt and wanted to put her on palliative care and multiple occasions. The pt and family refused, every time. Eventually another Dr stepped to stop this. The pt was discharged on the 25th Sept and is perfectly fit. Family feel this was negligent and want to know why the consultant deemed it fit to put the pt on palliative care.	Partially Upheld	Action taken was appropriate but communication was not at the level expected. It is recommended that staff be reminded of the need to fully explain decisions, avoiding assumptions to be made. Apology offered to lack of communication.	Care and Treatment	Failure/incorrect diagnosis
Windsor, Ascot and Maidenhead	Eating Disorders Service	Windsor, Ascot and Maidenhead	19/12/2017	Low	Pt believes poor data recording in 2015 resulted in her having to leave 6th Form college after only 1 year, pt feels she has had 3 years of her life taken from her as she wasn't involved in any decision making. Pt wants an apology and for the complaint letter to be added to her medical receords	Investigation underway		Communication	Communication with Other Organisations
Reading	CMHT/Care Pathways	Reading	15/12/2017	Minor	Mother struggling to understand why she was unable to cancel an apt on behalf of her daughter and rearrange another one.	Investigation underway		Care and Treatment	Clinical Care Received

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Wokingham	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	02/11/2017	Low	school feel they need the support of CAMHS for this pt, and the family need support to but feel they keep hitting a brick wall. Mother is requesting an apt before the 8th Nov when her son has an EHC Assessment.	Partially Upheld		Care and Treatment	Clinical Care Received
Reading	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	23/11/2017	Minor	Mother of disabled child, verbally abused by staff member following an altercation in the Dingley Clinic car park, Reading. During local resolution staff said they thought because she was of a different nationality she must have misread what the staff member said. Mother wishes to be treated with respect in future by staff especially if her car has been blocked in the disabled car parking space.	Case not pursued by complainant	complaint withdrawn	Abuse, Bullying, Physical, Sexual, Verbal	Verbal Abuse
West Berks	Physiotherapy Musculo-skeletal	West Berks	27/12/2017	Low	Pt seen by different physio who caused a lot of pain during his treatment session. Pt never wishes to be seen by this person again and thus would like an apt with someone else, but wishes it raised as a formal complaint	Investigation underway		Care and Treatment	Clinical Care Received
Reading	Adult Acute Admissions	Reading	30/11/2017	Moderate	Mother attended a professionals meeting at short notice, invited by the pt and there was no lip speaker present. Pt due for discharge on the 6th Dec from PPH, mother feels that because he was given home leave he will not received support as she says CMHT and crisis are often dismissive and abusive. She feels BHFT have failed to deliver S117 aftercare and continue to ignore concerns until the pt reaches crisis point.	Investigation underway		Care and Treatment	Clinical Care Received
West Berks	Out of Hours GP Services	Wokingham	04/12/2017	Low	Father unhappy with examination of his daughter	Partially Upheld	No clinical failings and examination was appropriate, however, the purpose of the examination should have been explained to parents, so this element upheld.	Care and Treatment	Clinical Care Received
Reading	CMHT/Care Pathways	Reading	07/11/2017	Minor	Pt advised they will be discharged in 3 months with no CPN, the reason she was given was 'you have a family to support you, we have to focus on the homeless and people with no support.'	Upheld	We have acknowledged that the CMHT did not provide the level of service expected. Care plan is to be formulated and carer's assessment will be undertaken.	Care and Treatment	Clinical Care Received
Bracknell	CMHT/Care Pathways	Slough	04/12/2017	Low	Pt unhappy that TT has deemed him too severe but he could not attend the day time groups run by the CMHT that were offered to him. Pt also received a call from CMHT but the person did not identify themself	Partially Upheld	Group therapy was declined by patient as not his preferred option but not suitable for TT. We have apologised that this resulted in patient feeling lack of support from services.	Care and Treatment	Failure/Delay in specialist Referal
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	10/10/2017	Low	Pt detained and held overnight at Police station. Family believe the pt was taken to the RBH then PPH and our Dr discharged him despite his presentation	Consent Not Granted	No consent received	Care and Treatment	

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Slough	16/10/2017	Moderate	Pt needing ECT has complied with all Dr's request in order to be able to have the treatment, as the last minute pt told he now needs to be an inpt to receive the treatment and there are no beds - he has waited for 2 yrs. Mother feels this is criminally negligent and is completely unacceptable for vulnerable patients to be left for years without proper therapeutic care or supervision. The family are now at breaking point.	Local Resolution		Care and Treatment	Failure/Delay in specialist Referal
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Mental Health Inpatient and Urgent Care	26/10/2017	Moderate	Pt felt suicidal, called Crisis, had a telephone assessment and was told they would call back, he did not hear anything for 4 weeks and was told he had been referred back to his GP. Pt says if he did not have a private counsellor he would probably be dead. 4 months later pt offered an apt with Psychiatrist, unhappy to meet with junior but pt say she was much better than previous Dr who was dismissive and said he 'hadn't bothered to read his notes'. Pt says he is mainly complaining about the lack of understanding and communication but also the psychiatrists attitude from March 2017 assessment	Partially Upheld	Staff reminded of process of how patients can raise concerns. Not upheld around consultation with Doctor, whilst recognising conversations around diagnosis can be difficult, there was no evidence that the notes were not considered prior to the meeting.	Care and Treatment	Clinical Care Received
Reading	Intergrated Pain and Spinal Service	West Berks	20/10/2017	Low	GP referred pt to IPASS and she was seen by a Dr in the Pain Management Clinic but the pt does not want to take medication. Pt would like to know why IPASS sent her to the pain clinic instead of seeing her.	Local Resolution		Care and Treatment	Failure/Delay in specialist Referal

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

15 Steps Challenge

Quarter 3 2017/18
There have been three visits during quarter three. The practicality of arranging visits to coincide with the limited availability of both NEDs and volunteers, has been a challenge and sickness in the team has also impacted on the number of visits completed this quarter. The visits planned for next quarter will make up for the shortfall this quarter.

NHS England has recently updated the 15 Steps challenge toolkits and any new information has been incorporated into our own bespoke toolkits developed over the year.

Themes this quarter

- **high standard of care delivered by staff**
- **staff commitment to their patients and their service**
- **old signage**
- **clarification on uniforms would be useful for patients and visitors**

ARC – Upton
This was a good visit to a well-run and professional service. The staff were friendly, approachable and professional and welcomed the team.

Jubilee Ward – Upton
The team were impressed by the dedication to care, the warm and friendly atmosphere and the obvious pride the staff felt about their ward.

Manor Green, Children's Respite
The commitment by the staff to the children's needs which were challenging was exemplary.

Friends and family team discussion:
The teams all felt that should a family member or friend be referred to any of the service areas visit that they were confident that their loved ones would receive the best care.

Pam Mohomed-Hossen & Kate Mellor
Professional Development Nurses
December 2017

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Patient Participation Strategy work programme for 2017/18

Getting from good to outstanding

	What we will do	How we will do this	Our timescale	Progress – Quarter 3
1.	Review the structure of the team as opportunities arise. Also look to rename the team to reflect the move from participation to co-creation/co-design.	As vacancies arise we will look at what is needed rather than replacing like for like.	End of Q3	A new Patient Experience Facilitator and Patient Experience Apprentice are joining the team in January 2018.
		Work with STP to realise any potential synergies and opportunities for more unified ways of working.	Q1 onwards	Meeting re ACS Comms and Engagement has repeatedly been cancelled and we are unable to progress.
	Ensure any changes are communicated across the organisation	Work with Marcomms to ensure there is effective communication of change within the team	Q4	Staffing changes to be announced in Teamnet once all staff in post.
2.	Achieve 15% in FFT.	Re-look at process. Ensuring Denominator & numerator are well understood.	Q1	Team-net Information updated
		Introduce cards to be sent out with discharge letters.	On-going	The Patient Experience Team is sending cards and envelopes out to services. Services are also being reminded of this when in contact with the team about their surveys.
		Recruit volunteers to gather FFT feedback on Community inpatient sites.	On-going	Volunteer advertisements are across sites. Volunteer collecting feedback at St Marks Hospital. There is currently one volunteer,

	What we will do	How we will do this	Our timescale	Progress – Quarter 3
		Continually learn from other organisations.	On-going	however recruitment was started for another at PPH but this was withdrawn.
		Review on a month by month basis to determine success of new approaches.	On-going	Focus on inpatient areas to increase response rates – Patient Experience Apprentice to support this. Quarterly comparison to other Trusts included in patient experience report Regionally AWP have the highest response rate and the most successful methodology is by card/paper either at the point of discharge or sent to the patient's home. Pilot under negotiation in West Berkshire Locality to suspend the internal patient survey and focus on FFT up to the end of 17/18
		SMS being implemented as more readily available option for services	Q3/Q4	Operational in some areas. The wider project has been on hold due to annual leave in Clinical Transformation Team..
3.	We will continue to look at opportunities for co-creation/co-design and assist teams to achieve. Aligning patient leaders with strategic projects including:- • Suicide prevention project (SPIN)	Identify with teams the key strategic change areas. Recruit and align patient leaders.	Already commenced, to continue over the year with quarter by quarter update.	CYPF PP review project underway – strategy document 2017-2020 – draft  Berkshire Children Young People and Fai

	What we will do	How we will do this	Our timescale	Progress – Quarter 3
	• Prospect Park strategic developments. • CRHTT development.	Evaluate co-creation/co-design input	Q4	PPH and CRHTT – no patient leaders currently in place to support the programme. However PPH deep dive may encourage some recruitment. Review of perinatal SHaRON – scoping how to adapt existing survey on user log in to the system Three Patient Leaders have been recruited and completed training. To be aligned to QI programme, PPH nutrition and wellbeing project and Carer feedback project.
4.	We will review the ToR and membership of Patient Experience and Engagement Group (PEEG) to ensure captures the work of the organisation and focuses the input from the Patient Participation Team as a mechanism for sharing learning.	Review PEEG ToR and membership. We will revise the existing staff patient and public involvement online reporting form so that it is easier for our staff to use and gives information relevant for our services to make change.	Q1 Q1	First joint meeting took place on 15.08.17 with good attendance from both localities and Healthwatch. Directors contacted to request further support with consistent attendance Revised PPI reporting form live from September 2017. Being promoted through PSQs and Clinical Directors

	What we will do	How we will do this	Our timescale	Progress – Quarter 3
		Set a PEEG work-plan for the year.	Q1-Q2	The work plan was not collated at the October meeting due to time restraints. Brought forward to Q4.
		Use PEEG as a vehicle to gain insight into strategic programmes requiring support for co-design.	On-going	
		Communicating out to the organisation what is working well in terms of co-design/co-creation and any lessons learnt.	Commence discussions with Marcomms Q1	Whilst being mindful not to replicate locality based updates that take place, this is going to form part of the PEEG work-plan. As above.
5.	Review recruitment of patient leaders to ensure more leaders recruited over 2017/18.	Review recruitment process to ensure it is not too onerous.	Q1	Completed – three patient recruited
	Continue to work with RBH and look to have better synergies between the 2 organisations around strategic programme involvement.	Work with RBH to see if there patient leaders can support some of our programmes whilst we are recruiting.	Q1	An existing patient leader has agreed to act as a pilot to work across both Trusts
		Learn from others on effective recruitment.	Completed	Advertising through the volunteer route has been more effective and there has been positive feedback about the process (it is less time consuming and with less paperwork than NHS Jobs). Single point of contact works well
		Reset the leadership of the patient leader work to ensure it	Q1-Q2	Head of Service Engagement and Experience has shadowed the Patient Leader training.

	What we will do	How we will do this	Our timescale	Progress – Quarter 3
		is given greater focus.		More collaboration and shared information to be built into future training so it includes more Berkshire Healthcare information
6.	Use the Healthwatch forum to gain better understanding of local priorities and look at how we better share the work of this forum throughout the organisation.	Ask Locality Directors the best way of keeping localities informed. Communicate as/agreed process from Q1. Review, with Healthwatch, ToR and scope and remit of the meeting.	Q1 Completed Q1	First joint meeting with PEEG took place on 15.08.17 Clinical Directors contacted to request further support with consistent attendance Completed
7.	2 Service Deep Dives to be completed in the year. • Exploring patient & carer Opinion of mixed sex accommodation at PPH. • Exploring the reasons for experiences of delayed discharges from Campion Unit on patients and their carers	Discussion with LD & Consultant Nurse PPH. Feedback from Audit	Q1 Q4 Q4	DSSA Deep Dive – Completed, discussions with teams at PPH underway to agree next steps. LD Audit to commence Q4.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13 February 2018
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 13 February 2018

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. Planning Guidance

NHS planning guidance was published much later than is usually the case and was received on the afternoon of the 2 February 2018.

The Executive Team have not yet had time to discuss the implications internally or with partners, but will be a focus of activity in the next few weeks. In the meantime, a summary provided by NHS Providers has been attached at appendix 1 which provides a useful overview.

Executive Lead: Julian Emms, Chief Executive

3. Staff Flu Vaccination Campaign 2017-18

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

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

What was new for 2017–2019?

The CQUIN (quality contractual payments) for 2017–2019 is as follows:

- Year 1 a 70% uptake of flu vaccination in front line healthcare workers
- Year 2 a 75% uptake of flu vaccination in front line healthcare workers

On 10th October 2017, NHS England published clarification around the requirements for the CQUIN data collection this year. This year they have introduced the following:-

- Leavers to be removed from data

- Addition of new starters to data
- Addition of students, bank, agency and third party organisation staff that have patient contact.

This change required the denominator data to be updated each month prior to submission to reflect the dynamic nature of the workforce being vaccinated. As a result the Trust's percentage compliance has fluctuated going down as well as up over the period of the campaign.

With the above factors in mind a decision was made to conclude the campaign by 31st December 2017. This aligns with the expiry date on the vouchers.

As of 31st December 2017, 2422 vaccines had been given. Table 1 shows the *breakdown by clinical staff group. This data relates to Trust staff only and* does not include bank agency or third party staff. Table 3 shows percentage uptake inclusive of bank, agency and third party staff.

Table 1	Doctors & Dentists	Nurses	AHP/ST&T	Clinical Support	Total
Percentage	**72.84%**	**63.89%**	**69.95%**	**65.71%**	**66.56%**
Table 3	**Doctors & Dentists**	**Nurses**	**AHP/ST&T**	**Clinical Support**	**Total**
Percentage	**76.47%**	**66.58%**	**73.54%**	**73.36%**	**71.37%**

The addition of this third party data takes the Trust to an overall percentage uptake of 71.4% and achieves the national target set.

Although a 75% stretch target was the Trust goal, the changes to recording made this year, alongside a high level of staff resistance, in certain professional groups, has made it increasingly difficult to achieve the 75% target. This has to some extent been mirrored in Trusts of similar composition, although our Acute Trust colleagues have seen an increased uptake this year. There will be a post campaign reflection session to discuss ways of improving uptake in next year's campaign.

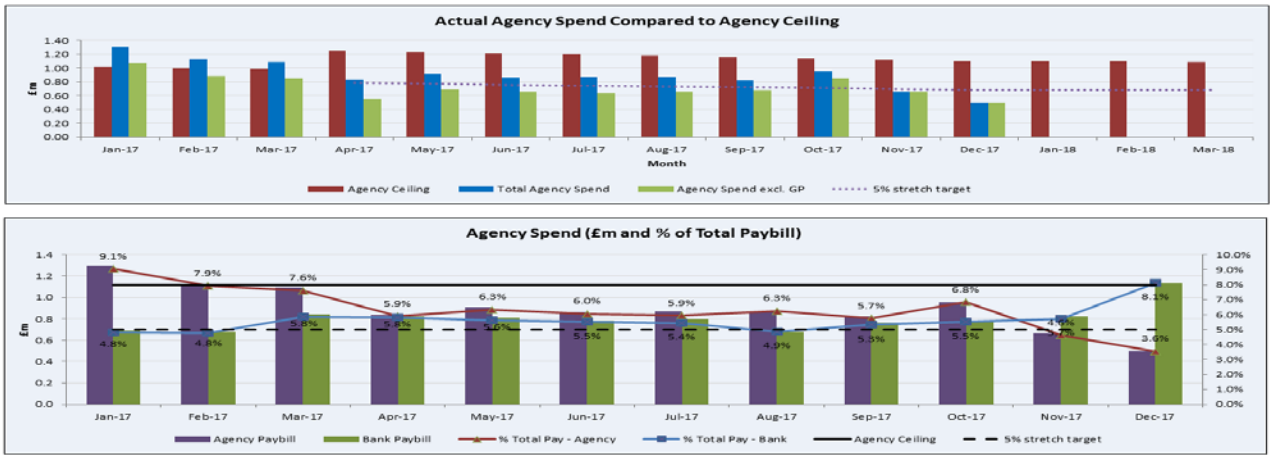
Executive Lead: Helen Mackenzie, Director of Nursing and Governance

4. Temporary Staffing Programme

Use of agency v NHSP bank staffing and associated issues

- As the Board is aware, there is an NHS Improvement 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 October 2017 the percentage spent on Agency staff was 6.8%. During November 2017 and December 2017 the spend on Agency staff dropped to 4.6% and 3.6% respectively.
- This significant reduction is attributed to the GP's delivering the WestCall, GP Streaming (at the Royal Berkshire Hospital) and NHS 111 Service now working through the Trust's internal GP Bank from the beginning of November 2017, and no longer classified as agency workers.

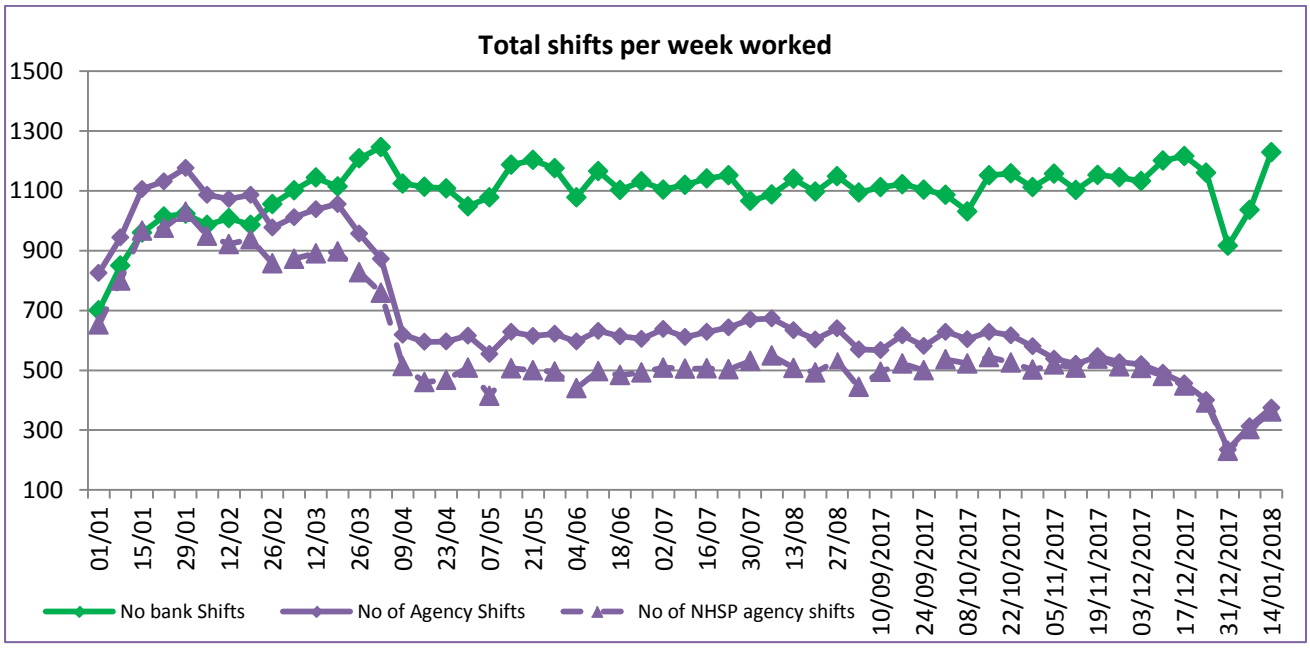
- The monthly spend on NHSP (Bank) as a percentage of the total staff pay cost increased (from 5.5% in October 2017) to 5.7% in November 2017 and 8.1% in December 2017. Most of these increases were attributed to the GP Bank starting.



- To date the Trust is reporting an agency spend of £7,333k which is £3,250k below the NHS Improvement ceiling of £10,584k. This indicates that the spend on agency remains lower than when the NHS Improvement 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:

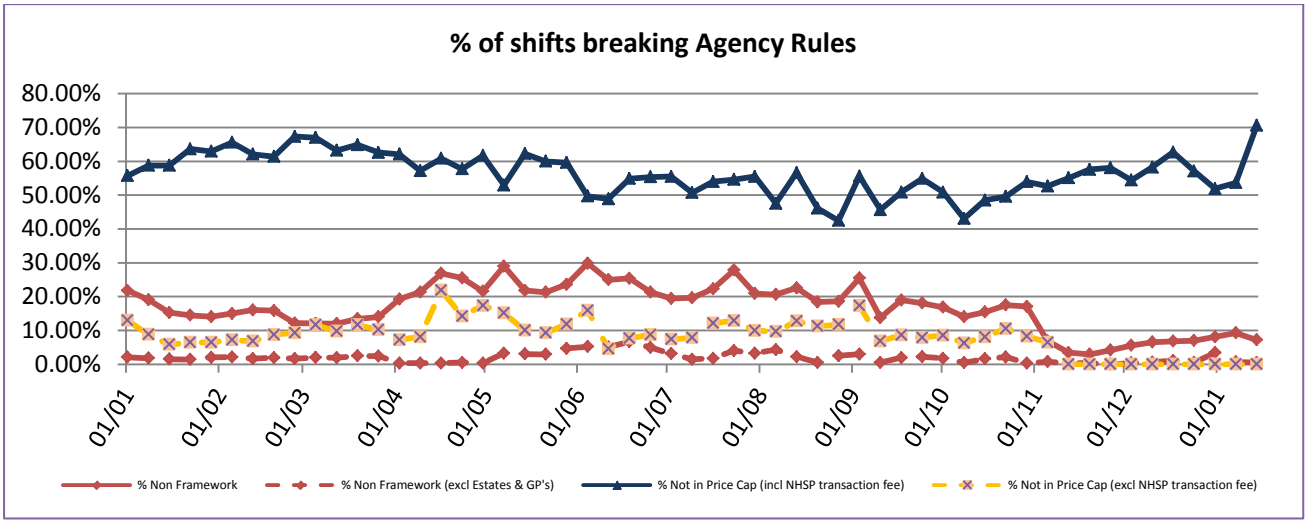


- It can be seen that since June 2017 onwards the number of bank shifts being used has been more stable.
- The difference between *the number of agency shifts* (which includes agency shifts not booked through NHSP, which included historically Westcall and SWiC

GPs, Mental Health medical staff and a small number of Children Services staff and Nursery Nurses) and that of the *number of NHSP agency shifts* (agency shifts booked through NHSP only) has decreased as has the total since November 2017, following the establishment of the GP Bank.

Framework and Price cap Issues

- NHS Professionals (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 would not 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.
- Following the introduction of the internal GP Bank at the beginning of November 2017, there has been a drop in the total number of agency shifts being reported each month.

- This has led to an increase (based on lower numbers of shifts overall) in the percentage of shifts breaching the hourly price cap (including the NHSP hourly transaction fee), and in the percentage of non-framework agencies being used.
- Price cap breaches were historically often in Westcall, SWIC GPs and agency Community Nurses in a number of localities.

Temporary Staffing Contract

- The Board will recall that the Trust was retendering the Temporary Staffing Contract in conjunction with the Royal Berkshire Hospital Foundation Trust, where there will be the (financial) benefits of economies of scale from the provider awarded the tender. This process has now been completed.
- The Temporary Staffing contract was awarded to NHSP by both Trusts, as a joint contract for an initial 3 years, with two one year extensions possible. There were no challenges to this from the other two tenders after they had been informed.
- At the moment the draft contract that was issued to the Trusts is being reviewed by the Heads of Procurement and Temporary Staffing leads, prior to it being signed and implemented.
- The decision about NHSP being awarded the contract will be communicated to staff in both Trusts when this has been completed.
- Implementation and monitoring (of the new contract delivery) meetings between both Trusts and NHSP are currently being arranged.

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

- As previously reported, the ban on the use of Agency HCAs was successfully implemented on 1st April 2017. Most former Agency HCAs have now either joined NHSP or work in other Trusts, whilst a small number applied for a substantive post.
- The last monitoring report submitted to the Temporary Staffing Steering Group was in December 2017, and covered the months of October and November 2017.

From that report, the following points will be of note to the Board:

- The total number of unfilled HCA shifts across all Trust services (against demand) was 365 (14.9%) in October 2017 and 339 (14.6%) in November 2017, compared to 313 (13.3%) in September 2017.
- October 2017 saw increase in demand (for HCA shifts to be filled) overall, driven by an increase from in-patient Mental Health Wards.
- November 2017 saw a drop in demand overall, but an underlying increase from CHS wards.
- CHS wards had the highest level number and percentage of unfilled HCA shifts during both October 2017 and November 2017. These were attributed mostly to the two CHS wards at West Berkshire Hospital and the two at Wokingham Hospital.
- Despite the number of unfilled shifts, the impact on ward safe staffing levels has so far been minimal, with unfilled shifts being requested for patient dependency issues (i.e. above minimum staffing levels); however this may change in the

months ahead if the number of unfilled shifts increases any more, especially in the areas noted above.

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

- The Board will recall that there is a plan currently being implemented to stop (ban) the use of a defined group of Administrative and Clerical (A/C) staff (mostly Secretaries, Typists 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.
- The plan for this was successfully implemented during December 2017, which led to nearly all of the A/C agency staff deciding to join NHSP, in order to continue working in the same post within the Trust.
- Since the implementation of the plan, and the revised "fast track" process implemented by NHSP for A/C posts, there has been 20 further requirements for A/C staff, most of which have been successfully recruited using this process.
- The process still requires monitoring by the Temporary Staffing Manager to ensure NHSP is not letting identified workers becoming disengaged, and that NHSP respond promptly to our requests.

Westcall – Medical Staff Bank

The Board will be aware that the Westcall GP bank was established and started functioning at the beginning of November 2017, and that an associated skill mix review enabled the introduction of a number of Advanced Nurse Practitioner/Paramedic roles within the service.

- As previously reported in this update, the GPs who cover Westcall, Emergency Department GP Streaming at the Royal Berkshire Hospital and the NHS 111 Service now work through the GP bank rather than being classified as an agency worker.
- The service has faced challenges during the last month in ensuring the number of GPs available has met the demands placed on the service, and/or following requests for additional coverage in the Emergency Department at the Royal Berkshire Hospital. This has led to above capped rates being offered to the GPs to work.

How are services for a patient experience deep dive chosen?

Two deep dives are completed each year and the topics are chosen in response to concerns being raised through complaints or intelligence. The two topics chosen for 2017/18 were:

- Mixed sex accommodation at Prospect Park Hospital because of a number of safeguarding alerts at the start of 2017. It was felt that revisiting this work was worthwhile as a number of years have elapsed since the plan was developed to consolidate all the Mental Health Inpatient Services at Prospect Park Hospital. The outcomes of this deep dive are reported in this quarter's patient experience report.

- The Trust had planned to look at understanding the experience of people with a dual diagnosis of a Learning Disability and Mental Illness within our services. As a consequence of discussions with the Learning Disability Senior Team it has been agreed to look at the experience of what facilitates successful discharge to improve the experience for patients and carers.

The first topic chosen for 2018/19 is a deep dive into the experience of patients within the Reading Community Mental Health Team (CMHT) as they have been an outlier in receipt of complaints compared to other CMHTs for over two years. This will enable the Trust to understand more fully the experience of patients.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

5. Education Pathways

In 2017 a number of new initiatives were being introduced to broaden opportunities for people to enter the nursing profession. There was no change to the requirement that anyone joining the nursing profession must complete a degree in nursing. However, going forward, there is now an opportunity to combine working whilst studying to gain a nursing degree. As part of career development and progression, the first major step on the work-based learning journey is the new profession of the Nursing Associate as well as the Nurse Degree Apprenticeship.

Nursing Associates

Trainees are recruited to a Nursing Associate Trainee (Band 3) role and will be appointed to a Nursing Associate (Band 4) role once qualified. The qualified Nursing Associate will be supporting the registered nurse. This highly trained support role will help the Registered Nurses deliver effective, safe and responsive care. Nursing Associates will work independently, within defined parameters of practice, under the direction of a registered Nurse, to deliver care in line with an agreed plan of care.

BHFT are lead employer in the Thames Valley pilot. 8 BHFT employees started on this 2 year programme in April 2017. They attend University one day a week. For the remainder of the time they are working in clinical settings also undertake 9 weeks a year in other placements.

The Nursing and Midwifery Council (NMC) has agreed to register the new Nursing Associate workforce. Some of the Nursing Associates are expected to move on to complete the degree programme and register as fully qualified Nurses but others are likely to stay in their new role for a few years to consolidate the learning and to fill the skills gap acknowledged in the Lord Willis Shape of Caring report. Nurse leaders in England have been clear that the intention is for Nursing Associates to support and not substitute nurses. Having a more highly educated and skilled support staff should enable better use of our graduate nurse resources.

In BHFT there has been a great deal of interest and support for the role and a new cohort of trainees is due to start in Spring 2018. We expect the cohort size to be at least 15. We have asked managers to express their interest in supporting Nursing Associates Trainees within their teams. We have also set up a number of roadshows to raise awareness and expressions of interest from staff and managers (February/March).

International trained nurses

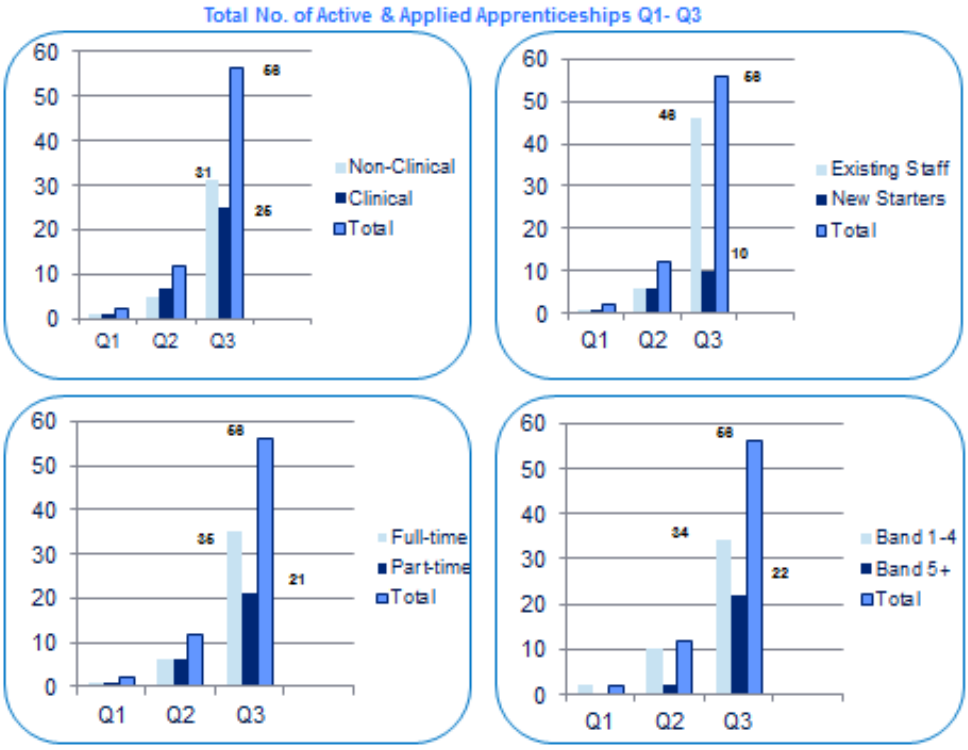
The Clinical Education Team are supporting local recruitment of international trained Nurses who require going through the lengthy NMC registration process. An intensive language programme followed by skills training is being developed to support new recruits into BHFT as well as existing staff which will then lead on to the final Objective Structured Clinical Examination (OSCE) testing.

Scoping is currently being completed and there is a lot of learning from our local healthcare partners on how this might be done with a higher pass rate than currently has been achieved. We have received a lot of positive interest and engagement from our Community Team Managers and we are hoping to have a small cohort of 8-10 starting this process in April/May 2018.

Apprenticeships

56 Apprenticeship were started by the end of Quarter 3; 25 clinical and 31 non-clinical. 10 of the apprentices were new recruits to BHFT and 34 of the Apprentices were in the Band 1-4 category.

It is projected Apprenticeship uptake by the end of the year will be around 80-100, with a steady increase as the number of education and training courses are being converted to Apprenticeships, including the Nurse Apprenticeship and the Nurse Associate Apprenticeship.



Executive Lead: Helen Mackenzie, Director of Nursing and Governance

6. Frimley Health and Social Care Accountable Care System

On the 16 January 2018, a session was held for all Boards and their equivalents to get together in the Frimley Health and Care Sustainability and Transformation Partnership area. The session covered off the national picture in terms of Accountable Care Systems, a discussion about how partners will work together (to be formalised through a Memorandum of Understanding) and refinements required to the governance structure, particularly with regards to the role of Non-Executive Directors and Elected Members from Local Authorities. The latest newsletter from the ACS is included at appendix 2 of the report which updates on some recent significant developments.

Executive Lead: Julian Emms, Chief Executive

7. National Shortage of Nurses

One in Ten Nurses Leaving the NHS in England Each Year

Figures from NHS Digital and provided to the BBC suggest that more than 33,000 left the service last year. The figures represent a rise of 20% since 2012-13, and mean there are now more leavers than joiners. More than half of those who left in the last year were under the age of 40. Since the Brexit Referendum the NHS has gone from European Union joiners outnumbering leavers to the reverse - more leavers than joiners.

Four out of five NHS homes unaffordable to nurses

Research by the *New Economics Foundation* reports that four out of five homes being built on NHS land will be unaffordable on a Nurse's salary, despite the intention to give NHS staff "first refusal" on new properties. The findings were based on a review at 59 NHS sites that have been sold off to private developers as part of the Government's *Public Land for Housing programme*.

Executive Lead: Julian Emms, Chief Executive

Presented by: Julian Emms
Chief Executive
February 2018

on the day BRIEFING

NHS Providers

2018/19 PLANNING GUIDANCE: NHS PROVIDERS ON THE DAY BRIEFING

Today's planning guidance is a refresh of plans already prepared under the two-year NHS Operational Planning and Contracting Guidance 2017-2019. It sets out detail of how the additional funding from the November 2017 budget will be allocated and the developments in national policy with regards to system level collaboration.

Documents published include:

- Refreshing NHS plans for 2018-19 (planning guidance)
- Commissioner Sustainability Fund and financial control totals for 2018-19: guidance
- Revised CCG allocations 2018-19 and accompanying notes
- NHS foundation trust annual reporting manual (FT ARM) 2017/18 (published earlier in the week)

KEY HEADLINES

- The A&E performance recovery trajectory has been pushed back one year. Trusts will be expected to meet 90% by September 2018, and return to 95% by March 2019.
- On the referral to treatment standard, the expectation is that the waiting list should not be any higher in March 2019 than in March 2018, alongside the expectation to halve the number of patients waiting 52 weeks in the same period.
- The Sustainability and Transformation Fund is to become the Provider Sustainability Fund (PSF), with total funding of £2.45bn (up from £1.8bn currently). Access to 30% of the fund remains linked to A&E performance. A new £400m commissioner sustainability fund (CSF) will also be introduced to enable CCGs to return to in-year financial balance.
- The eight shadow Accountable Care System sites and two devolved health and care systems are now to be known as Integrated Care Systems (ICS). ICSs are expected to prepare a single system operating plan and to work within a system control total. They are expected to move to a more 'autonomous' regulatory relationship with NHS England and NHS Improvement over time.
- The guidance states that there will be no additional winter funding in 2018/19. Systems are required to produce a winter demand and capacity plan with actions and proposed outcomes. Guidance on submitting these winter plans will be available by March 2018.
- The two-year National Tariff Payment system is unchanged, with local systems encouraged to consider local payment reform in certain areas.
- There is no new detail on how funding for the lifting of the pay cap will be administered. Trusts are urged, however, to ensure their workforce plans are robust as they will be used to inform pay modelling nationally.

SUMMARY OF PROPOSALS

Provider finances

The Sustainability and Transformation Fund (STF) has been repositioned to become the Provider Sustainability Fund (PSF), focused explicitly on sustainability. This combines the existing 2018/19 STF of £1.8bn with £650m funding from the Autumn 2017 budget making the total fund size £2.45bn. 30% of the fund remains contingent on performance remains linked to delivering the A&E performance trajectory.

Trusts that accept their control totals remain exempt from the existing contractual performance fines in the NHS Standard Contract. The guidance makes clear the intention to extend this exemption to all national performance fines apart from those relating to mixed sex accommodation, cancelled operations, Hospital Acquired Infections and duty of candour, and has asked providers and commissioners to amend plans on that basis.

If a control total is not accepted for 2018/19, this will likely trigger action under the Single Oversight Framework. To be eligible to be considered for any discretionary capital allocations, trusts must accept their control totals.

The two-year National Tariff Payment system remains in place. Local systems are encouraged to consider local payment reform to complement 'advice and guidance' services and emergency ambulatory care where they have not already done so.

Commissioner finances

An additional £1.4bn will be made available to CCGs next year:

- £600m will be added to CCG allocations directly.
- £370m will be released through lifting the requirement for commissioners to underspend 0.5% of their allocations.
- £400m will be made available through a new Commissioner Sustainability Fund (CSF), through which commissioners will be expected to plan and deliver on their own control totals. Further information on the CSF is available here.

Any CCG that overspends in 2017/18 will be expected to improve its in-year financial performance by at least 1% next year. Further details on CCGs' revised allocations are available here.

Planning assumptions

Emergency care

The funding allocations announced today are expected to allow for 2.3% growth in non-elective admissions and ambulance activity in 2018/19, as well as 1.1% growth in A&E attendances.

The A&E performance recovery trajectory has been pushed back one year, with aggregate performance against the standard expected at or above 90% by September 2018. The majority of providers are expected to achieve the 95% standard in March 2019, with the NHS returning to 95% overall performance within 2019.

The guidance calls for STPs, CCGs and trusts to review and update the trends and assumptions underpinning their expected rates of A&E attendances and non-elective admissions, to move towards a shared set of agreements about demand growth.

Community providers will be invited to join a new local incentive scheme, alongside their CCG, through which savings from acute excess bed day costs will be reinvested. A CCG Quality Premium worth £210m will also be made available for moderating demand for emergency care, although this is subject to demonstrable improvements in non-elective activity levels.

Referral to treatment (RTT)

The guidance states that trusts and commissioners should not plan for the waiting list to be any higher in March 2019 than in March 2018. The number of patients waiting more than 52 weeks for treatment should be halved during the same period. The key national planning assumptions include:

- 4.9% growth in total outpatient attendances (4.0% per working day)
- 3.6% growth in elective admissions (2.7% per working day)
- GP referrals by 0.8% (no change per working day)

There will be no additional winter funding in 2018/19; however there is a requirement for each trust and CCG to produce a separate winter demand and capacity plan along with actions and proposed outcomes. Further guidance on this is expected to be published in March 2018.

Within STPs, where activity, cost, as well as efficiency assumptions made by an STP do not enable each of its organisations to meet the control totals set by NHS England and NHS Improvement, the STP will need to agree additional cost containment measures (including potential impacts on services). This implies something akin to the capped expenditure process might be proposed again this year.

CQUIN

NHS England will shortly publish an update to the 2017/19 CQUIN guidance, which will include updates to the influenza vaccination indicator, anti-microbial resistance indicators and sepsis indicators. In addition, as a temporary measure in 2018/19 only, the 'proactive and safe discharge' indicator will be suspended for acute providers, with the remaining five indicators in the scheme increasing their weighting from 0.25% to

0.3%. CCGs are expected to include a local CQUIN indicator in their contracts or increase the weight of the remaining five indicators in the scheme to 0.3% for community providers.

The guidance confirms the 0.5% risk reserve CQUIN will be withdrawn in 2018/19, and added to the engagement CQUIN, which will consequently increase to 1%.

NHS England and NHS Improvement will be trialling a new triangulated provider/commissioner finance return to confirm whether CQUIN awards have been earned during the year. The 2018/19 Quality Premium scheme will be restructured with the non-elective measure making up the majority of the scheme, with a potential award of £210m nationally.

STPs and integrated care systems

The national bodies are now using the term 'integrated care system' (ICS) as a collective term for both devolved health and care systems (as found in Surrey Heartlands and Greater Manchester) and areas previously referred to as 'accountable care systems'. It is still envisaged that ICSs will eventually replace STPs.

Planning and support

The current eight 'shadow' accountable care systems and two devolved health and care systems are expected to prepare a single system operating plan narrative that encompasses both CCGs and NHS providers, key assumptions on income, expenditure, activity and workforce. Only 'shadow' ICSs able to produce such a plan will be considered ready to go fully operational. NHS England and NHS Improvement will focus on the assurance of system plans rather than organisation-level plans and have developed a new approach to oversight and support for ICSs, supported by an integrated framework that brings together the separate frameworks for trusts and CCGs.

System control totals

All ICSs will work within a system control total and will be informed of their system control total by NHSE and NHSI in writing, shortly after publication of the planning guidance. ICSs will be given the flexibility, on a net neutral basis and in agreement with NHSE and NHSI, to vary individual control totals during the planning process and agree in-year variations.

Regulation

The ICSs fully adopting a systems approach will operate under a more autonomous regulatory relationship with NHSE and NHSI, who will support fully authorised ICSs by exercising their intervention powers alongside the system leadership. For example, where there is a case for regulatory intervention in a trust or CCG, the ICS leadership will play a key role in agreeing the remedial action to be taken.

The planning guidance also sets out broad criteria for other STPs wishing to join the next cohort of ICSs. The national bodies intend to review all applications by March 2018.

Other updates

Pay uplift

The guidance stresses that it is essential that 2018/19 pay costs in financial planning returns are an accurate reflection of the cost of current pay assumptions. It further notes that submitted workforce plans will be used nationally for pay modelling during the year. Further guidance on the pay policy set out at the 2017 budget will be published in due course.

Capital and estates

In updating 2018/19 operational plans, STPs and providers should not assume any capital resource above the level in the current 2018/19 operating plans unless NHS England and NHS Improvement have given written confirmation of additional resource Trusts are asked to include the requirement for funding critical estate backlog within their capital plan as well as explaining their strategy for backlog, risk mitigation and reducing expenditure on estates and facilities.

Any STP plans requiring additional capital must set out how the individual organisations in the STP will use the funding to support integrated service models. Further information on the next steps regarding STP capital will be published shortly.

Key dates from the contracting and planning timetable

Item	Date
Draft 2018/19 Organisational Operating Plans submitted	8 March 2018
Draft 2018/19 STP triangulation template submitted	8 March 2018
National deadline for signing 2018/19 contract variations and contracts	23 March 2018
Final Board or Governing Body approved Organisation Operating Plans submitted	30 April 2018

New dispute resolution guidance is expected to be published in coming days but it is clear NHS England and NHS Improvement will view any use of mediation "as a failure of local system relationships and leadership".

A number of documents will be coming in the coming weeks and months to support the planning guidance. These are outlined in Annex 1.

Annex 1 – further information and guidance to be published separately

Information / guidance	Date expected
Letter from NHS Improvement informing providers of changes to their previously notified 2018/19 control totals	Shortly after publication of this guidance
Dispute resolution guidance for contract variations	Shortly
Next steps on STP capital	Unspecified
Update to the existing Sustainability and Transformation Fund guidance	Unspecified
Integrated Care Systems will be informed of their system control total by NHS England and NHS Improvement in writing	Shortly after publication of this guidance
Guidance for systems on submitting winter demand and capacity plans	By March 2018
The next round of interventions eligible for direct reimbursement through the Innovation and Technology Payments	By 31 March 2018
CCGs will be informed of their control total by NHS England in writing	Shortly after publication of this guidance
Commissioner operating plan updates and supporting guidance	Shortly

Contact: Tim Connolly, Policy Advisor (finances), tim.connolly@nhsproviders.org

Newsletter - December 2017

Frimley Health & Care

Sustainability and Transformation Partnership

Working together to transform the way health **and** social care is delivered locally.

Working together: making a difference

"This has been the most successful of my 29 years at Frimley" said Sir Andrew Morris Chair of the Frimley Health and Care Sustainability Transformation Partnership (STP), at a recent visit by Professors Chris Ham and Don Berwick from renowned think tank, The Kings Fund. He was referring to the impact the Frimley Health and Care System is already having on the demand for hospital care; over the last year the increase in the number of people attending A&E has stalled, with fewer people being referred by their GP and fewer emergency admissions, and more people being treated at home.

From Farnham in the south of the STP area to Slough in the north, many new ways of working have impacted positively on our hospitals. Changes to primary care services, helping you see the right health care professional more quickly and easily in North East Hampshire and Farnham, Integrated Care Services in Surrey Heath where health and social care work in the same team, and specialised care in community settings in Slough, are all making a difference to patients, staff, and services across the area.

Professor Chris Ham said, "We were struck by the energy and commitment of clinicians and others in leading improvements in care. These improvements are happening from the bottom up in contrast to many previous reforms which have been promoted from the top down, and have often failed to engage front line teams. We saw evidence of this alongside the growing involvement of patients and users. Many of the changes taking place go well beyond mainstream health and care services and draw on the contribution of volunteers and a wide range of community assets. Accountable Care System (ACS) partnerships provide an opportunity to demonstrate that rising demand for hospital care is not inevitable if clinicians and managers are willing to embrace new ways of working. Patients and staff both benefit from the changes we saw, demonstrating that innovation is alive and well in the NHS and is producing tangible improvements in care."

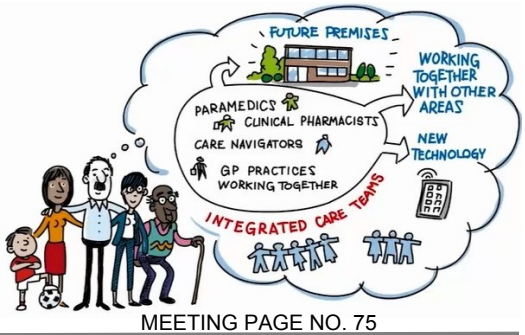
The Frimley Health and Care STP is in a strong position for when it becomes an ACS from April 2018, with a common understanding of how to improve health and care services for the 800,000 people in the local area, and strong relationships to deliver the vision for how we best use our combined resources to make a positive difference for our communities, residents, patients and staff.

£28 Million funding award to provide healthcare in new ways

Frimley Health and Care STP is working together with our communities and partners to provide a joined up health and social care system which is fit for the future and addresses the challenges we face. The vision is to deliver joined -up care which supports our patients and residents to stay healthy and independent for longer, and to stay out of hospital supported by coordinated teams of health care, community, social care and voluntary services professionals.

To achieve an integrated care model across all STP communities we need to invest in facilities. By developing a network of integrated hubs, each serving around 30,000-50,000 people, we will provide a connected out-of-hospital service in the best locations, in fit-for-purpose buildings. We know the model works from test sites in North East Hampshire and Farnham Vanguard, and in Surrey Heath.

Project lead Fiona Slevin-Brown said, "We are delighted to have been awarded this funding from NHS England, which will make a significant impact to the quality of services provided and the outcomes for our local populations. Our bid was developed with a range of local people and organisations, and reflects our level of ambition for transforming health and care services across the Frimley Health and Care STP system. We will be working with local communities to shape these new services, so watch this space for your chance to get involved."



£1 million to help transform care for people with diabetes

People with type 1 diabetes in the Frimley Health and Care STP area will be getting better care and treatment thanks to a successful £1 million funding bid to NHS England.

All the partners in the STP will be working to:

- Use a single referral hub to provide people diagnosed with diabetes with easy access, structured educational courses to help them better manage their own health.
- Help GP practices to detect and treat diabetes earlier, achieving targets set out in the National Diabetes Audit.
- Reduce the number of diabetes-related foot amputations through regular patient review meetings by a multi-disciplinary foot care team, comprising experts from different specialities. GPs will also be able to refer into the team any patients who are in need of specialist help.
- Increase the number of Inpatient Diabetes Specialist Nurses within hospital settings to support patients whilst in hospital, reducing their length of stay and helping to prevent readmission.

Dr Nithya Nanda, Diabetes lead, said: “The NHS England funding will go a long way in transforming diabetic foot care by way of reducing amputations and achieving better control of diabetes and high blood pressure to reduce long-term, life-threatening complications for our patients.

“Part of the £1 million funding will also be used to improve patients’ experience of managing their diabetes when admitted to hospital and also to start empowering patients for self-management and self-care with structured education. This is all very positive news for our local residents.”

Personal health budgets putting people in control of their care

Bracknell Forest Council’s adult social care team is working with Bracknell and Ascot Clinical Commissioning Group (BACCG) to trial personal health budgets for people with learning disabilities, autistic spectrum disorder (ASD), physical health, or mental health conditions.

The pilot forms part of the council’s transformation of its adult social care services which, through working more closely with health and voluntary sector organisations, aim to support people to be as independent as possible. The work also meets the Frimley Health and Care STP aim of ensuring care is integrated and efficient. If successful, Bracknell Forest Council and BACCG will look to roll out personal health budgets to all people who meet BACCG’s criteria for continuing healthcare in 2018, and this will be explored as an option across the whole STP.

Bracknell Forest, Windsor and Maidenhead and Slough have selected 40 people for the six month trial, during which they will have more choice and control over the care they receive. A personal health budget is money to pay for an individual’s healthcare, which they are then able to spend on their treatment, healthcare or equipment to support their condition, as part of a plan agreed with health and social care professionals. If an individual is unable to make decisions themself, a carer or guardian will become the budget holder, with council and health teams ensuring they know which options are available.

The council currently supports people with social care needs via direct payments and, where a health need is identified, the resident is referred to the CCG, which provides a separate healthcare package. Under the personal health budgets model, the council works alongside healthcare teams to provide an individual with their own health budget.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13 February 2018
Title	Financial Summary Report – Month 9 2017/18
Purpose	To provide the Month 9 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
Equality and Diversity Implications	N/A
SUMMARY	The Financial Summary Report included provides the Board with a summary of the Month 9 2017/18 (December 2017) financial position.
ACTION REQUIRED	The Board is invited to note the following summary of financial performance and results for Month 9 2017/18 (December 2017): The trust reports to NHSi its 'Use of Resources' rating, which monitors risk monthly, 1 is the strongest rating possible (low risk) and 4 is the worst (high risk). **YTD (Use of Resource) metric:** • Overall rating 1 (plan 1) o Capital Service Cover 2.1 (rating 2) o Liquidity days 7.9 (rating 1) o I&E Margin 1.0% (rating 2) o I&E Variance 0.3% (rating 1)

	o Agency -30.7% (rating 1) **YTD income & expenditure (including S&T funding):** • Plan: £1,329k net surplus • Actual: £1,834k net surplus • Variance: £505k favourable **Month 9: £523k surplus (including S&T funding), +£298k variance from plan:** Key variances: • Non recurrent EPMA capitalisation of staff costs in line with GDE plan +£220k • Depreciation charge is lower than plan by +£120k • Acute Overspill OAPs pressures (-£205k). **Forecast** The trust is forecasting achievement of NHSi control total (£2.4m net surplus). To note, vacancy factor and asset life review of IT, reducing the depreciation charge, has offset acute overspill and independent hospitals (specialist) OAPs overspends, driving an adverse EBITDA (operating surplus) forecast variance of -£920k. **Cash:** Month 9: £19.9m (plan £19.7m) Largely offsetting variances to plan are: • YTD capital underspend due to re-phasing of Estates and IM&T expenditure +£2.9m • Aged debtors over 30 days totals -£3.0m; including RBH (£0.3m). Majority of debt is 30-60 days old and being actively worked on to reduce balances by year end. **Capital expenditure YTD:** Month 9: £4.5m (plan £6.2m) 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 (£1.5m) • IM&T, re-phasing of IT replacement programme (£2.4m) • Funded externally; included in total capital spend is GDE (£0.7m) and Renal Unit donation (£1.5m).

Berkshire Healthcare NHS
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2017 / 18

Month 9 (December 2017)

Purpose

This document provides the Board and Executive with information giving the financial performance as at 31st December 2017 (Month 9).

Document Control

Version	Date	Author	Comments
1.0	11.01.2018	Donna O'Leary	Draft
2.0	12.01.2018	Tom Stacey	Review and 2nd Draft
3.0	15.01.2018	Tom Stacey	Review by Alex Gild and Final
4.0	30.01.2018	Tom Stacey	Minor corrections and Final for Board
5.0			

Distribution:

All Directors

All staff needing to see this report.

Contents

1.0 Overview

The trust has posted a surplus of **£523k** in month 9 against budget surplus of **£225k** resulting in **£298k** favourable variance.

This brings the YTD surplus to **£1,834k** against budget surplus of **£1,329k** resulting in a **£505k** favourable variance.

The trust has £19.9m cash at month 9. This is higher than plan of £19.7m, by £0.2m; and is largely due to slippage against the capital programme, £2.9 m; being offset by aged debtors over 30 days totalling £3m.

The overarching NHSi use of resources rating is maintained as a "1".

Key messages this month:

Month 9

- **Non recurrent item** of EPMA capitalisation of staff costs +£220k in line with GDE plan.

- **Acute Overspill OAPs** trend seen going into the month of higher patient levels continued throughout December with an average 10 patients day. This has resulted in -£205k over spend in month 9. Early signs in January show some drop off from this level by c. 2 patients on average to 12th Jan and further reduction in numbers to the end of January.

- **Depreciation** charge is lower than plan by +£120k in line with capital expenditure profile, and in year review of IT asset lives, contributing to a forecast depreciation underspend of £1.2m offsetting adverse EBITDA performance of -£920k.

Forecast Outturn

- Forecast is maintained at £2.4m net surplus delivering the NHSi control total.

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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	**20,568**	**20,693**	**125**	**184,970**	**185,443**	**473**	**246,171**	**246,839**	**668**
Operating Expenditure									
Pay	(14,478)	(13,941)	537	(131,124)	(127,986)	3,138	(174,296)	(170,284)	4,012
Non Pay	(4,955)	(5,423)	(468)	(44,340)	(48,213)	(3,873)	(58,507)	(64,107)	(5,600)
Total Operating Expenditure	**(19,433)**	**(19,364)**	**68**	**(175,465)**	**(176,199)**	**(735)**	**(232,803)**	**(234,391)**	**(1,588)**
EBITDA	**1,136**	**1,329**	**193**	**9,506**	**9,244**	**(261)**	**13,368**	**12,448**	**(920)**
Non Operating Income/Expenditure									
Interest Receivable	3	7	3	30	30	0	40	40	0
Interest Payable	(299)	(299)	(0)	(2,693)	(2,693)	(0)	(3,590)	(3,590)	0
Other Finance Costs	0	0	0	0	0	0	0	0	0
Impairment	0	0	0	0	(89)	(89)	0	(89)	(89)
Restructuring	0	0	0	0	0	0	0	0	0
Profit / (Loss) on Asset Disposal	0	0	0	0	0	0	0	0	0
Depreciation & Amortisation	(514)	(394)	120	(4,602)	(3,581)	1,021	(6,127)	(4,900)	1,227
PDC Dividend	(101)	(120)	(18)	(912)	(1,078)	(166)	(1,216)	(1,437)	(221)
Total non operating income/expenditure	**(911)**	**(806)**	**105**	**(8,177)**	**(7,410)**	**767**	**(10,893)**	**(9,976)**	**917**
Net Surplus/(Deficit) - For Control Total	**225**	**523**	**298**	**1,329**	**1,834**	**505**	**2,475**	**2,472**	**(3)**
Charitable Donations									
Donations credited to SoCI	0	391	391	0	1,499	1,499	0	1,499	1,499
Depreciation of Donated Assets	(8)	(2)	6	(51)	(14)	37	(74)	(74)	0
Total Charitable Donations	**(8)**	**390**	**398**	**(51)**	**1,485**	**1,536**	**(74)**	**1,425**	**1,499**
Net Surplus/(Deficit) - Statutory	**217**	**912**	**695**	**1,278**	**3,319**	**2,041**	**2,400**	**3,897**	**1,496**
Note to SoCI table above:-									
S&T Funding within Operating Income	173	173	0	1,125	1,125	0	1,730	1,730	0
Net Surplus/(Deficit) ex. S&T & Renal	**52**	**350**	**298**	**204**	**709**	**505**	**745**	**742**	**(3)**
RCI Note:-									
RCIs Achievement	**392**	**117**	**(275)**	**3,525**	**1,068**	**(2,457)**	**4,700**	**1,932**	**(2,768)**

Month

The trust reports a month 9 surplus of £523k against a budgeted surplus of £225k resulting in a favourable variance of £298k.

Removing S&T funding of £173k, the trust has an underlying surplus of £350k in month 9.

Income is overachieved in month by £125k in month 9, the main reason being:

- £47k Community non contract activity.

Pay is underspent by £537k, the main reasons being:

- £220k Capitalisation of year to date EPMA project cost in line with GDE plan
- £159k District Nursing - High vacancy levels.
- £60k CAMHs – High Vacancy Levels
- £54k Intermediate Care – High vacancy levels
- £54k Liaison and Diversion – Vacancies and investment profiling
- £47k IAPT - Net vacancies inclusive of investment profiling.
- £43k OPMH – High Vacancy levels
- £30k CMHT's – Vacancy levels.

To note unallocated / unachieved CIPs are being offset by underlying vacancy factor.

Non Pay is overspent by -£468k with the main reasons being:-

- -£206k Acute overspill costs driven by an increase to an average of 10 patients per day
- -£102k Independent Hospital (specialist) placements with placements reaching 8 higher than at the start of this financial year to date (and 9 patients over budget overall having started 1 patient over).

Non-operating Income & Expenditure is underspent by £105k mainly due to lower depreciation charge (£120k) re capital expenditure profile an in year IT asset life review.

Year to date

Income is over achieved by £473k with the main reasons being:-

- £158k Additional in-year and prior year income recovery in CAMHs.
- £124k Westcall and Sexual Health - HIV pass through drugs costs.
- £122k Connected Care income released.
- £77k Slough Walk-In Centre - prior year over delivery on activity funding and tariff uplift.

Pay is underspent by £3,138k with the main reasons being:-

- £1,362k District Nursing - Mainly due to vacancies
- £666k IAPT - Mainly vacancies, including expansion funding
- £434k Intermediate Care - Vacancies and can also be due to demand as some parts of the service are flexible in cost to demand
- £439k Liaison & Diversion - Vacancies and slippage on investment
- £329k CMHT's - Mainly due to vacancies
- £318k Health Visiting - Mainly due to vacancies
- £301k CAMHs – Mainly due to vacancies
- £274k OPMH – Mainly due to vacancies
- £257k Learning Disabilities - Mainly due to closed ward whilst community service is implemented.
- £163k CTPLD – Mainly due to Vacancies
- -£319k CRHTT - Including over establishment costs to cover increased workload, sickness, maternity and vacancies.
- -£289k Medical Staffing - Medical staffing has had various locum cover in place.-£269k Westcall - Including bank holiday cover and summer holiday cover.
- -£236k Westcall - Including bank holiday cover and summer holiday cover.

To note unallocated / unachieved CIPs are being offset by underlying vacancy factor.

Non Pay is overspent by -£3,873k with the main reasons being:-

- -£1,799k Acute Overspill
- -£949k Independent Hospital (specialist) placements with placements reaching 8 higher than at the start of this financial year to date (and 9 patients over budget overall having started 1 patient over).
- -£403k Estates and property costs being expenditure on items such as redecorating, floor works, boiler works and automatic door repairs predominantly on the East hospital sites.

Non-operating Income & Expenditure is underspent by £767k mainly due to lower depreciation of £1,021k being offset partly by increased PDC Dividend -£166k.

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	863	495	-367	1,156	739	-417
Corporate Back Office	83	34	-50	750	260	-490	1,002	679	-323
Operational Mngmnt & Spprt	50		-50	450		-450	600	37	-563
Procurement	25	13	-12	225	77	-148	300	300	
Discretionary Spend	8		-8	75		-75	100		-100
Estates Strategy	17		-17	150		-150	200		-200
OAPs	42		-42	375		-375	500		-500
Unallocated / Possible STP	71	15	-56	638	133	-505	850	177	-673
Total	**392**	**117**	**-275**	**3,525**	**965**	**-2,560**	**4,708**	**1,932**	**-2,776**

£117k RCI has been recurrently secured in month 9 bringing the YTD to £965k. The trust continues to offset its recurrent RCI challenge with underlying vacancy factor.

The majority of savings are now identified for the year; with full-year effect going into the new year of £1.9m identified.

This leaves an unachieved balance of £2.8m going into FY18/19 which is likely to be the final position.

3.0 Forecast & Risks

The forecast outturn view is stable and in line with NHSi control total of £2.4m surplus.

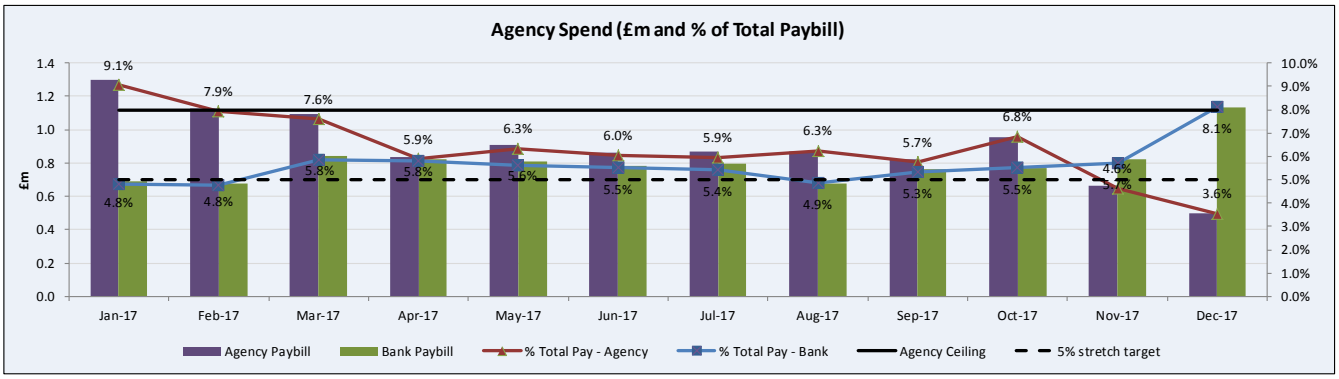
The risk of missing control total is reducing; although possible if Acute Overspill / PICU OAPs increases further.

Going into FY18/19; reduction in Acute Overspill / PICU and Independent Hospital from current patient levels would significantly improve the trusts forecast for FY18/19. Work on setting up an “agency style” multi directorate programme, sponsored by the Director of Nursing, is underway to secure cost pressure reduction and improve patient experience through reduced out of area placements.

4.0 Use of Resources Rating Metric and Summary

Use of Resource Metric	YTD Plan		YTD Actual		Annual Plan		Forecast	
Metric	Metrics	Rating	Metrics	Rating	Metrics	Rating	Metrics	Rating
Capital Service Cover (times)	2.2	2	2.1	2	2.3	2	2.2	2
Liquidity (days)	1.5	1	7.9	1	1.6	1	3.2	1
I&E Margin (%)	0.7%	2	1.0%	2	1.0%	1	1.0%	1
I&E Variance From Plan (%)	-	-	0.3%	1	-	-	0.0%	1
Agency (% above / below target)	0.0%	1	-30.7%	1	0.0%	1	-26.7%	1
Use Of Resources Rating		1		1		1		1

Agency



Agency costs were £496k in month 9 and £7,33k YTD. This is below the NHSi set ceiling of 8% or £10,584k YTD.

The agency reduction from previous months is as a result of Out of Hours GP locum costs now being paid via payroll/bank. This reduction in agency spend has led to a corresponding increase of £286k in bank expenditure.

5.0 Balance Sheet Summary

Cash

The closing cash balance for December 2017 was £19.9m, against a plan of £19.7m resulting in a favourable variance of £0.2m. The main factors contributing to the cash balance were: slippage against capital expenditure (£2.9m), STF bonus funds from 2016/17 received in 2017/18 that were not in the cash plan (£0.8m), offset by aged debtors over 30 days (£3m), made up of Royal Berkshire Hospitals (£0.3m), Reading Borough Council (£0.3m), Windsor Ascot Maidenhead CCG (£0.4m), Health Education England (£0.3m), cluster of other CCGs (£0.6m), Wokingham Borough Council (£0.2m), West Berkshire Council (£0.2m), Bracknell Forest Council (£0.1m) plus other smaller balances totalled (£0.6m). Other items reducing cash balance were latest Renal Unit bill (£0.3), which will be reimbursed by Charitable Fund in M10; as well as (£0.2m) relating to prior year PDC Dividend creditor paid in September but not in original plan.

Actions have been taken to resolve the aged debtors with the respective organisations. The Trust continued to pursue for settlement of long overdue invoices from RBH during month 9, which resulted in a settlement of further (£0.5m), leaving (£0.3m) of older balances to be settled so actions are on-going to recover on overdue invoice, including escalation of the issue to RBH Chief Financial Officer.

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 anticipated drawdown of £1.8m of 'on-board' funding originally envisaged to be received in Month 9 has now been deferred to Q4 due to slippage against the planned expenditure against milestone one in part related to delayed sign-off of the GDE plan documentation by NHS Digital.

Cash Forecast Outturn (2017/18)

Forecast outturn on cash for year end 2017/18 increases from £19.5m in plan to £21.4m, 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 £8.8m, based on revised expenditure of £5.5m 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 £1.8m expenditure against GDE, 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.

Trade Receivables

The overall receivables balance has remained at the same level as last month at £4.7m. The main contributors to the balance were increase in 30-60 days receivables by £0.7m, mainly HEE (£0.3m), Reading Borough Council (£0.3m) and Wokingham Borough Council (£0.2m), as explained in the cash section above.

Trade Payables

Trade Payables at the end of December 2017 were £5.6m, which is an increase of £0.8m from November 2017 (£4.8m). The main drivers for the movement were increase in current payables by (£0.5m) and small increase in 30-60 days payables by (£0.2m), mainly due to balance with KPMG (£0.2m). There were no further transactions of much significance.

Statement of Financial Position

A current and forecast Statement of Financial Position (Balance Sheet) is provided below. This reflects the increase in PPE and Intangibles 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 (Plan) £'000s	30th Dec 2017 (Actual) £'000s	31st March 2017 (Final - unaudited) £'000s
Non Current Assets (Intangible, Propery Plant and Equipment)	94,073	89,303	88,483
Inventory	109	114	113
Current Receivables (Trade and Other Debtors)	10,303	11,259	11,977
Cash	21,352	19,884	20,698
Current Payables (Trade and Other Creditors)	(27,109)	(22,389)	(26,049)
Other Liabilities (Deferred Income)	(1,469)	(2,453)	(2,012)
Provisions (Current & Non Current)	(1,612)	(2,001)	(2,098)
PFI Finance Lease Creditor (Current & Non Current)	(30,753)	(30,990)	(31,704)
Total Net Assets / (Liabilities)	**64,895**	**62,729**	**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	17,276	13,955
Total Reserves	**64,895**	**62,729**	**59,408**

6.0 Capital Programme

Capital Expenditure December 2017

Capital Expenditure	Current Month			Year to Date			Forecast Outturn		
	Budget (£'000s)	Actual (£'000s)	Variance (£'000s)	Budget (£'000s)	Actual (£'000s)	Variance (£'000s)	Budget (£'000s)	Forecast (£000)	Variance (£'000s)
Estates Maintenance & Replacement Expenditure									
- Trust Owned Properties	15	4	10	113	12	101	120	140	(20)
- Leased Non Commercial (NHSPS)	61	6	55	281	58	222	540	518	22
- Leased Commercial	30	(1)	31	73	10	63	82	26	56
- StatutoryCompliance	245	1	244	565	93	472	640	527	113
- LocalityConsolidations	50	180	(131)	541	1,116	(576)	820	1,325	(505)
- PFI	402	234	167	1,796	612	1,184	2,223	952	1,271
Subtotal Estates Maintenance & Replacement	**801**	**425**	**376**	**3,368**	**1,902**	**1,466**	**4,425**	**3,489**	**936**
Development Expenditure									
- M&T Refresh & Replacement	170	39	131	1,138	132	1,006	2,076	1,326	750
- M&T Business Intelligence and Reporting	203	34	169	353	75	278	378	205	173
- M&T System & Network Developments	60	20	40	686	20	666	795	60	735
- M&T RiO	0	(73)	73	406	8	398	447	8	439
- M&T Other	20	(2)	22	71	98	(27)	151	151	0
- M&T LocalitySchemes	18	(15)	33	150	78	72	200	200	0
Subtotal Development Expenditure	**471**	**3**	**468**	**2,804**	**412**	**2,392**	**4,047**	**1,950**	**2,097**
Other Locality Schemes									
- Other LocalitySchemes	0	0	0	0	12	(12)	100	100	0
Subtotal Other Locality Schemes	**0**	**0**	**0**	**0**	**12**	**(12)**	**100**	**100**	**0**
Subtotal Capital Expenditure	**1,272**	**428**	**844**	**6,172**	**2,326**	**3,846**	**8,572**	**5,539**	**3,033**
Capital expenditure additional funding									
GDE capital cost funded byNHS Digital	0	384	(384)	0	688	(688)	1,775	1,775	(0)
Renal Unit at WBCH funded bydonation	0	384	(384)	0	1,484	(1,484)	2,400	1,484	916
Grand Total Capital Expenditure	**1,272**	**1,195**	**77**	**6,172**	**4,498**	**1,674**	**12,747**	**8,798**	**3,948**

In December 2017, the total monthly capital spend (excluding GDE and Renal Unit) was underspent against the plan profile of expenditure by £0.8m and year to date plan expenditure remains below plan with outturn at month 9 being underspent by £3m.

The favourable in-month expenditure over plan is mainly driven by underspend against LD to Jasmine project (£0.4m) and Finance system replacement of (£0.2m), due to both projects moving into next year. The reminder of the in-month underspend relates to number of IM&T projects, which are now expected to take place in Q4 17/18, including (£0.2m) for Sever, Network and Telecoms refresh.

The under spend for the year to date on Estates projects is £1.5m, mainly due to delay on the PFI works for Sorrel Unit which commenced later than originally planned, and the slippage of the LD to Jasmine project (£1.3m) which has now been re-profiled to commence in 2018/19.

The under spend for the year to date on IM&T projects is £2.4m. The IM&T refresh was delayed due a new supply contract and subsequent issues around compatibility of kit being supplied by the new and old suppliers, whilst some of the Trust's planned expenditure has been reclassified to Global Digital Exemplar categories.

The Trust is forecasting an underspend of £3m against the original capital plan; with the main variance on PFI due to LD to Jasmine works slipping into next financial year (£1.1m), underspends against other smaller Estates schemes (£0.4m), and IM&T Schemes (£2.4m), with the majority of that being as a result of expenditure that was originally in the Trust's capital plan being reclassified as GDE expenditure. This relates to specifically the Refresh and Replacement (£0.6m); ePMA (£0.5m) and Clinical Correspondence (£0.3m). The underspends against these schemes is offset by in-year funding approvals against Estate schemes, primarily funding for University of Reading (£0.5m) and Reconfiguration of Southcote & Tilehurst Clinic (£0.2m).

In terms of GDE, the approved funding for year one of this five year scheme is £1.8m, with the forecast outturn being consistent with the year one funding. The primary drivers for the £1.8m expenditure are: IAPT online therapies (£0.2m); Digital Appointment Correspondence (£0.1m); Second generation mobile workforce (£0.6m); Pharmacy Automation (ePMA) (£0.7m) and EOBS (£0.2m). Against these schemes the Trust has so far spent £0.6m against the Pharmacy Automation (ePMA), with the rest of the expenditure planned to complete or be delivered in Q4 of 2017/18.

In addition to trust funded schemes, the charitable funded Renal Unit is expected to have £1.3m spend relating to shell & core work, which is matched with a receipt of donations from Newbury & Thatcham Hospital Building Trust. The Trust has also received the second donation relating to fit out work of £1.1m. The YTD expenditure is £1.5m against the total donation receipts of £2.4m.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13th February 2018
Title	**Summary Board Performance Report M9 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 December 2017. **Month 9** **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-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

M9: 2017/18 December 2017

Performance Scorecard Summary: Month 9: 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; M9: December 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 9: 2017/18

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Exception report

Summary of Red Exceptions M9: 2017/18			
Indicator	**Indicator No**	**Comments**	**Section**
Self-Harm incidents	US 05	Increased from 117 to 207	User Safety
AWOLS	US 06	decreased from 38 to 22	User Safety
Prevention and Management of Violence and Aggression	US 18	Increased from 44 to 79	User Safety
Staff Turnover	PM 01	Decreased from 17.1% to 16.68%	People Management
Gross Vacancies	PM 02	Decreased from 12.5% to 11.8%	People Management
Sickness	PM 03	Increased from 3.73% to 3.99%	People Management
MH Acute Length of Stay	SE 03	Decreased from 43 days to 42 days	Service Efficiency
MH Average Length of Stay Snapshot	SE 03a	Increased from 53 to 55 days	Service Efficiency
MH Acute Occupancy Rate by Locality and Ward	SE 06 a & b	Decreased from 97% to 92%	Service Efficiency
Clustering	SE 10	Decreased from 88.2% to 87%	Service Efficiency

User Safety Commentary

There were 6 serious incidents in December 2017. These included a suspected suicide of a Wokingham CMHT client, 3 unexpected deaths (Daisy ward, Slough CMHT and Reading CMHT), and 2 breaches of confidentiality (Children and Young Persons services and Mental Health Inpatients). The unexpected death on Daisy ward has been downgraded following confirmation of cause of death to be natural causes.

The number of assaults on staff reduced to 67 in the rolling quarter to December 2017 and is now amber rated. In the rolling quarter, Mental Health Inpatients reported 37 incidents (46 last month), 6 incidents were reported on Sorrel ward (same as last month), 1 on Daisy ward (4 last month), 9 incidents on Bluebell ward (12 last month), 9 on Snowdrop ward (8 last month), 3 on Rowan ward (last month), 3 incidents were reported on Rose Ward (2 last month) and 5 on Orchid ward (6 last month). In addition there were 2 at Place of Safety, 1 in a corridor. In the rolling quarter, 26 incidents were reported at Willow House, CAMHS. In the community there were 4 incidents reported in the rolling quarter, (2 Slough CMHT, 1 Psychological Medicines, and 1 Talking Therapies). All incidents in December 2017 were rated as low or minor risk. This shows an increasing trend.

For Learning Disabilities there was a decrease in the number of assaults on staff from 47 in the rolling quarter to November 2017 to 34 in the rolling quarter to December 2017. All incidents in December 2017 were rated as low or minor risk. This shows a decreasing trend.

Patient to Patient Assaults in Mental Health Inpatient services has decreased to 27 in the rolling quarter to December 2017 and is now rated as green against a local target. In the rolling quarter these occurred as follows; 6 incidents took place on Sorrel ward (7 last month), 4 on Rowan ward (6 last month), 5 on Daisy ward (4 last month), and 3 on Rose ward (1 last month), 2 on Bluebell ward (same last month), 5 on Snowdrop ward. 3 incidents were reported at Willow House in the rolling quarter. All incidents were reported as low or minor risk. At the time of reporting a total of 18 clients carried out assaults on other patients including 5 patients who carried out more than one assault and 1 who carried out 3 assaults. This shows an increasing trend.

Learning Disability Patient to Patient Assaults increased to 14 (previously 10) in the rolling quarter to December 2017. All incidents were rated as low risk and the assaults were carried out by 5 clients including 1 client responsible for 6 incidents. This shows a decreasing trend.

Slips Trips and falls – Donnington ward (9 falls), Orchid ward (4 falls) and Rowan ward (6 falls) were all above target.

Self-Harm incidents have increased to 207 in the rolling quarter to December 2017, and remains rated as red. In the rolling quarter, 86 incidents (10 last month) have been reported by Willow House at the time of reporting these were for 4 clients, including 49 for 1 client (who was subsequently transferred on 21st December 2017 to another facility) and 30 incidents for another. All of the incidents reported at the Willow House were rated as low or minor risk. There were a total of 89 incidents reported in the rolling quarter to December 2017 by Mental Health Inpatients, which is an increase from 74 in the rolling quarter to November 2017. Of these, 23 incidents were reported on Rose ward (15 last month), 28 incidents on Bluebell ward (23 last month) and 6 on Snowdrop ward (decreased from 8) and 20 on Daisy ward (18 last month). There were also incidents reported as follows; 2 each at Prospect Park and patient home, 3 other location, 1 each for hospital grounds, A&E and public place or street. At the time of reporting 23 inpatients self-harmed during the rolling quarter with one client responsible for 20 incidents, another client responsible for 12 incidents. One incident of a patient on home leave has been rated as moderate. All other incidents in Mental Health Inpatients in December 2017 were rated as low

or minor risk. In the community in the rolling quarter the following incidents were reported by mental health community services and were as follows; 10 for IAPT, 9 for CMHT (1 Bracknell and Wokingham, 2 Reading, and 5 Slough), 3 for the Crisis Resolution team, 4 for IMPACT, 3 South Central Veterans Service, and 1 each Common Point of Entry, traumatic stress service and Psychological Medicines Service. 2 incidents were initially rated as moderate in December 2017, one of which has been downgraded to minor. This shows an increasing trend.

Learning Disability Self-Harm decreased to 6 in the rolling quarter to December 2017. No incidents were reported in December 2017. This shows a decreasing trend. There were 6 serious incidents in December 2017. These included a suspected suicide of a Wokingham CMHT client, 3 unexpected deaths (Daisy ward, Slough CMHT and Reading CMHT) and 2 breaches of confidentiality (Children and Young Persons services and Mental Health Inpatients). The unexpected death on Daisy ward has been downgraded following confirmation of cause of death to be natural causes.

AWOLS and Absconsions - This data covers only those clients detained on a mental health section and is measured against a local target. Both AWOLS (30 to 22) and Absconsions decreased (20 to 17) in the rolling quarter to December 2017. In December 2017 there were a total of 10 AWOLs reported; 3 from Rose ward, 2 from Bluebell ward, 2 from Snowdrop ward and 1 each from Sorrel ward and reception. All incidents in December were rated as low risk. In December 2017, there was 1 absconsions from Sorrel ward. This patient was subsequently transferred to a secure unit. Both AWOLs and Absconsions show increasing trends. Work is on-going at Prospect Park Hospital to remove ligatures risk and mitigate absconsions.

PMVA (Control and Restraint of Mental Health patients) – At the time of reporting in December 2017, there were 79 uses on 19 clients with 24 uses on 1 CAMHS client. There were 42 uses at Willow House, 13 uses on Sorrel ward, 10 uses on Bluebell ward, 7 on Rose ward, 5 uses on Snowdrop ward, 1 each on Rowan ward and Daisy ward.

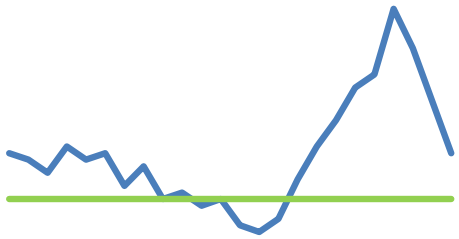
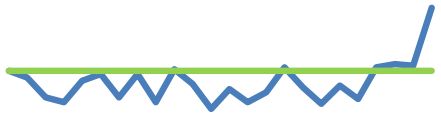
There were 12 incidents of prone restraint in December 2017 on 5 clients; these occurred on the wards as follows; 1 at Willow House, 5 on Sorrel ward, 1 each on Daisy ward, Snowdrop ward, and Rose ward and 3 on Bluebell ward. The trend for use of prone restraint is downwards, when measured over a 3 year period. A programme of work is in place to reduce the use of prone restraint on the wards.

There were 15 uses of Strategy for Crisis Intervention and Prevention on 2 Learning Disability clients, with one client with 10 uses.

Seclusion: There were 16 uses of seclusion for 9 patients in December 2017. The longest episode of seclusion was for 50 hours due to violence and aggression shown by the patient who had also absconded from the ward and has now been transferred to a secure unit. There were no uses in Learning Disability Services.

User Safety Exception Report Month 9: 2017/18

KPI	Target	Dec-17	Trend	Context/Reasons	Commentary of Trend
Mental Health Physical Assaults on Staff	<60	67		Increase in Mental Health Physical Assaults on Staff driven by an increase in incidents reported at the CAMHS and Adult Inpatient services.	
Self-Harm incidents	<75	207		Self-harm incidents increased in Adult Mental Health Inpatients and CAMHS Inpatients, with 4 individuals driving the increase. In the community IAPT services had an increase in reported incidents.	

AWOLs on MHA section	**<15**	**22**		AWOLS reduced from 30 in the rolling quarter to November 2017 and 22 in the rolling quarter to December 2017.	Environmental works being carried out at Prospect Park Hospital to improve patient safety.
Preventing and Managing Violence and Aggression (PMVA)	**<41**	**79**		This is the number of physical restraints of patients on our Mental Health Inpatient wards. This includes an increase in use in our CAMHS ward.	In the 2016/17 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 Patient to Patient Assaults worsened from 27 in the rolling quarter to November 2017 to 30 in the rolling quarter to December 2017.
- Learning Disability Patient to Patient Assaults worsened from 10 in the rolling quarter to November 2017 to 14 in the rolling quarter to December 2017.
- Mental Health Self-Harm worsened from 117 in the rolling quarter to November 2017 to 207 in the rolling quarter to December 2017.
- Use of Preventing and Managing Violence and Aggression increased from 44 uses in November 2017 to 79 uses in December 2017.
- SCIP (Strategy for Crisis Intervention and Prevention) has worsened from 6 uses in November 2017 to 15 uses in December 2017.
- Prone Restraint increased from 9 uses in November 2017 to 12 uses in December 2017.
- Mental Health seclusion increased from 7 uses in November 2017 to 16 uses in December 2017.

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

- Mental Health Physical Assaults on staff improved from 72 in the rolling quarter to November 2017 to 67 in the rolling quarter to December 2017.
- Learning Disability Physical Assaults on Staff improved from 54 in the rolling quarter to November 2017 to 34 in the rolling quarter to December 2017.
- Learning Disability Self-Harm incidents improved from 8 in the rolling quarter to November 2017 to 22 in the rolling quarter to December 2017.
- Mental Health AWOLS improved from 30 in the rolling quarter to November 2017 to 22 in the rolling quarter to December 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), 2 are amber (Fire and Information Governance), 2 are green (Statutory training - Health and Safety and Manual Handling). The provisional sickness figure is no longer reported and the PDP target was for June 2017 and this was achieved.

Sickness Absence

• The final Trust-wide monthly sickness rate for November is 3.76%, an increase from 3.72% in October. Both the short-term and long-term sickness rates have remained consistent with the October figures, at 1.06% and 1.98% respectively. (Note medium-term sickness absence (7-28 days) is 0.72% for November).

• The short-term sickness rate continues to see an impact from absences due to cold/cough/flu, however the short-term sickness rate for this reason decreased slightly in November to 0.34% (from 0.39% in October).

• There was an increase in the total sickness rate for musculoskeletal/back problems in November, to 0.84% (from 0.73% in October), but the rate remains lower than the average of the previous three month of 0.90%. There has also been a further increase in November in the number of referrals to the early intervention physiotherapy service. The HR Managers will continue to work with their locality SMT leads to identify hot spots and implement associated actions. The 'deep dive' analysis of musculoskeletal absence in East Community Nursing has resulted in some recommendations including further revisions to the 'return to work' proforma to capture more information on the reasons for absence, and structured input from the ergonomics advisors regarding posture training, back care assessments and any resulting adjustments which may be required. The measurable impact of these initiatives on the musculoskeletal absence in this team will be analysed and learning shared across other services/localities.

• Following the reported increase seen in long-term absences due to injury/fracture in October, the November data indicates that long-term absence for this reason has now returned to average levels.

• An article is being developed for the Prospect Times (newsletter) to raise the profile of the work that is being done to tackle sickness on the wards, which will also link to broader information regarding sources of health and wellbeing support, including the early intervention physiotherapy service and employee counselling service.

Recruitment

• Twelve community nursing recruitment hubs have been scheduled between January and June 2018, covering posts at Bands 4, 5 and 6. An associated media campaign has now been finalised for the same time period with staggered advertising in local and national press, radio and social media. In addition, a community nursing brand

has been developed and a promotional film will be produced early this year which will be used for this campaign, and more generally as an attraction tool.

• A community nursing candidate pack is also under development which will be used as an attraction tool at job fairs.

• A training programme has been developed for non-UK qualified nurses and will start early this year.

Turnover

• The Trust-wide turnover rate in December has decreased for the third consecutive month to 16.54% and remains the lowest rate seen in the last 12 months. The turnover rate in Oxford Health (October 2017) was 18.69%.

• The rolling annual turnover rate for Prospect Park has decreased further in December to 16.41%, and is now lower than the Trust-wide turnover rate.

• Work continues in the localities to improve the quality of feedback from leavers, with exit interviews (rather than the survey monkey questionnaire) being used more routinely to obtain feedback from leavers in hot spot areas. In East Community Adult Services, this approach is also being used where the leaving reason relates to work life balance, which is consistently the most common reason for leaving in the locality. This allows for more in-depth questioning of the underlying reason for leaving, and one early theme identified is a culture within community nursing of working late and not taking rest breaks during the day. This and other trends identified will be used to inform the locality turnover action plan, and will also link with on-going work on health and wellbeing.

Statutory and Mandatory Training

Statutory Training – Fire Training remains at 94% with only, Slough, Mental Health Inpatients and Reading above target. Services have been asked to ensure compliance by the end of December 2017. Weekly reports are still being sent to Locality Directors and for Corporate staff reports on non-compliance have been sent to the relevant Heads of Service/Directors. The Head of Training and Organisational Development has also been sending emails to staff who are non-compliant. The largest area of non-compliance is Estates and Facilities team who are being offered training with a paper based test. Manual Handling is at the target of 85%.

Mandatory Training - Information Governance has reduced to 88% and remains below target for compliance. Services need to ensure staff compliance by 31st March 2018. For Information Governance, the reporting has changed to reflect the requirement for annual 'refresher' training for all staff. Weekly reports are being sent to Locality Directors and for Corporate staff reports on non-compliance have been sent to the relevant Director/Heads of Service. Estates and Facilities staff and Medics are amongst the highest number of non-compliant staff. Within the IG Toolkit we achieved 96%, as the metric was updated by HSCIC to include everyone who had completed the training between 1st April 2015 and 31st March 2017 based on our current staff list. The PAF indicator is staff who have been trained or refreshed within the last 12 months, which places us at 88%.

PDP - Target for June 2017 has been achieved.

People Exception Report Month 9 2017/18

KPI	Target	Dec-17	Trend	Context/Reasons	Commentary of Trend
Staff Turnover (% YTD): Percent	**<15.2%**	**16.68%**		Increase in turnover target from September 2016. This remains a challenging stretch target for the Trust; however annual turnover is at its lowest level since October 2014.	This includes end of fixed-term contracts, retirements as well as voluntary resignations.
Gross vacancies (% WTE): Percent	**<10%**	**11.80%**		This figure includes areas where there has been difficulty recruiting such as CHS inpatients and nursing, LD and MH inpatients, Community Mental Health teams, Children's and Young Persons Integrated Therapies and Crisis Services.	Recruitment and Retention group established to look at priority areas.

KPI	Target	Nov-17	Trend	Context/Reasons	Commentary of Trend
Sickness	**<3.5%**	**3.76%**		The short-term sickness has increased to 1.23%, and the long-term sickness to 2.04%	

Other Key Performance Highlights for this Section

- Staff Turnover has improved from 16.8% in November 2017 to 16.7% in December 2017.
- Sickness has worsened from 3.73% in October to 3.76% in November 2017 (the December confirmed figure is 3.99%).
- Information Governance training has worsened from 89% in November 2017 to 88% in December 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 and CHS Occupancy, Crisis plans, Mental Health Readmissions and New Birth Visits. None are rated as 'Amber', 5 are rated 'Red'; MH Average and Snapshot Length of Stay, Mental Health Acute occupancy by ward and by locality, 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 increased from 4.66% in November 2017 to 4.78% in December 2017 and remains green. Bracknell at 5.44%, WAM 5.74% and West Berkshire at 5.63% are rated as amber. This indicator shows a decreasing trend.

In CPE, the DNA rate increased from 10.91% in November 2017 to 13.33% in December 2017 (76/720).

In Children and Families services, the DNA rates showed a decrease in West Berkshire 12.29% (last month 13.19%) and Reading 7.32% (last month 7.99%). There were increases in Wokingham 5.27% (last month 4.49%) and Bracknell 6.84% (last month 4.69%), CAMHS services DNA rates showed an increase to 8.53% from 7.91% in November 2017.

For Mental Health, there were improvements in the following areas Slough 7.91% (last month 9.25%) and West Berkshire 5.36% (last month 6.04%). Reading 7.77% worsened (7.27% last month), WAM 3.29% (last month 2.68%) and Wokingham 4.20% (last month 3.19%). SMS text messaging can be used for reminders for appointments which take place in clinics provided that a mobile number is collected and entered into RiO in the correct format. In December 2017, 13,291 text messages were sent.

CHS Inpatient Average Length of Stay –decreased to 23 days and is below target, with only West Berkshire remaining above target but having an average length of stay of 32 days (33 days last month). Delayed transfers have an adverse impact on length of stay. All areas have shown some improvements, WAM 13.0% (last month 13.2%), Reading 13.8% (last month 20.9%), Slough 2.4% (last month 6.6%), Wokingham 8.3% (last month 16.2%) and West Berkshire 10.6% (last month 12.2%). A total of 55 patients' discharges were delayed in December 2017, 14 of these are the responsibility of the NHS, and 35 are the responsibility of social care and 6 joint health and social care. The most common reason for a delay was awaiting care package in own home (total 17, 2 NHS responsibility, 6 joint responsibility health and social care and 9 social care). 17 are awaiting either Care home or nursing home placement (2 the responsibility of NHS, 16 Social Care).

CHS Occupancy – This increased to 81%. The CCGs have asked that 10 beds on Highclere ward be repurposed. In addition Donnington ward had noro virus outbreaks. For Donnington ward they were placed on restricted admission/discharge activities between 30th December 2017 and 8th January 2018. For Windsor Ward, the ward was placed on restricted admission/discharge between 26th December 2017 and 2nd January 2018.

Mental Health Acute Occupancy excluding home leave reduced to 92% in December 2017.

The Average Length of Stay for Mental Health remained at 42 days in December 2017 and the acute snapshot length of stay remained at 55 days in December 2017 and

continues to remain above target. Of the 174 clients discharged between October 2017 and December 2017, 46% (93) had lengths of stay below 30 days. 19 clients who were discharged in the period had lengths of stay above 90 days, including 17 above 100 days and 1 at 311 days. There are a number of clients who have accommodation needs for which funding must be obtained and placements sought before they can be discharged from the ward. At 10th January there were a total of 4 clients on acute wards (a reduction from 10 on last month). By locality, there was 1 for Wokingham, 1 for South Buckinghamshire and 1 for Slough. By ward on 10th January 2018, there was 1 delay each on Daisy, Bluebell and Snowdrop wards. In addition one Bracknell client in an out of area placement has been classified as a delay.

There are 5 clients delayed on Campion Unit, all detained under the mental health act, by locality there are 2 for Reading, 1 for WAM, 1 for Newbury and 1 for Slough.

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 and Wokingham are above target.

At the 12th January 2018, there were 6 Out of Area Placements; 2 Acute Adult Mental Health and 4 PICU clients. The national return for December 2017 showed that 4 patients were sent out of area.

Older Adults Mental Health wards length of stay is 81 days for Rowan ward and 67 days for Orchid Ward for clients discharged. CHS Occupancy increased to 81%. The CCGs have asked that 10 beds in Highclere ward be repurposed. In addition Donnington ward had noro virus outbreaks. For Donnington ward they were placed on restricted admission/discharge activities between 30th December 2017 and 8th January 2018. For Windsor Ward, the ward was placed on restricted admission/discharge between 26th December 2017 and 2nd January 2018.

MH Readmission rates remained at 7.5% in December 2017, however Slough, and Wokingham were above target.

Learning Disability – 2016/17 NHS Benchmarking submission was made 17th November 2017.

Community Services benchmarking – NHS Benchmarking reports were published at the end of December 2017, following a period of final validation. These reports were distributed to Locality Directors. A fuller analysis will be available in February/March.

Mental Health Benchmarking –The toolkit which provides more detailed analysis and is due to be published in December 2017, however there are a number of queries regarding its content which have not yet been resolved.

A supplementary audit of a Mental Health services workforce skills mix was launched on 11th October 2017. The Trust including Unitary Authorities made submissions to the deadline.

CAMHS – the final toolkit has been released and circulated with a fuller report due to be reviewed with the service at the end of January 2018.

Clustering –at 87% compliance (reduced from 88.2%) but remains below the 95% target. With the exception of WAM Older Adults (95%), Wokingham 98% and Slough

Older Adults (95.5%), all services are below target. Common Point of Entry 62.7% (69 out of 108 clients clustered) and Eating Disorders at 78.5% (173 out of 221 clients clustered in date), and Neuropsychology has 3/23 (13%) 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 decreased to 40 uses in December 2017 including 2 minors. Of these 40 uses of the place of safety, 17 were admitted following assessment including 14 under Section 2. 5 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. 30 of the 40 assessments were carried out by Berkshire Healthcare NHS Foundation Trust Section 12 Doctors, with a further 8 not recorded. The most common time in December 2017 to be brought to the place of safety was between 3 pm to 6pm, then 6pm to 9pm and midnight to 3am. The most common days for detention in December 2017, was Friday with 9 detentions and then Saturday with 10 detentions.

Crisis plans – This improved at 94% overall with all localities above target.

Health visiting – The Trust attained 96.7% in December 2017 with all areas above target.

System Resilience – Frimley Health NHS Foundation Trust achieved 84.3% for all A&E visits in December 2017.

In the West – the A&E waiting times national return for December 2017 show the Royal Berkshire Hospital achieved 79.4% for Type 1 A&E services and 83.4% compliance for all attendances. Nationally only 77.3% of patients waiting at a Tier 1 A&E service met the target for those discharged, admitted and transferred within 4 hours of arrival, and a national average of 85.1% for all Tier 1-3 attendances was achieved during December 2017.

The Trust's Minor Injuries Unit attained 100% in December 2017.

The system wide report showed no capacity in Wokingham Rapid Access team on 11th January 2018. Reading and West Berkshire Rapid Response teams did have capacity. In terms of inpatients on 11th January 2018, 2 discharges were planned at Oakwood ward but there were 10 patients on a waiting list for a bed. Highclere ward had no capacity and 1 bed was available at Donnington ward and 2 at Windsor Ward, Wokingham.

Service Efficiency And Effectiveness Exception Report Month 9: 2017/18

KPI	Target	Dec-17	Trend	Context/Reasons	Commentary of Trend
Mental Health: Acute Average LoS: Number	**<30 Days**	**42**		Bed optimisation project underway to look at alternatives to admission, productive stay and productive discharge. A number of long stay patients were discharged in the last month that affected length of stay.	Delayed transfers and lack of onward accommodation have impacted on this metric. In the 2016/17 NHS Benchmarking Exercise the Trust was above the national mean with an average length of stay of 30.8 days at 38 days.
MH Acute Length of Stay Snapshot	**<30 Days**	**55**		This is an increase on the preceding month and reflects the acuity of clients.	

KPI	Target	Dec-17	Trend	Context/Reasons	Commentary of Trend
MH Acute Occupancy rate (exc. HL - by Ward/ Locality)	**< 90%**	**92%**		Reading and Wokingham are above target. 5 beds were closed on Bluebell ward during July 2017 and have remained so, reducing capacity from 27 beds to 22 beds and this change is reflected here. New bed management process including gatekeeping of clients.	Increase in the number of patients detained under the mental health act. For 2016/17 there was a 40% increase in detained patients in comparison with 2015/16. Whilst Quarter 2 shows a drop in the number formal admissions, it is still predicted that 2017/18 will show a 17.5% increase on 2016/17.
Clustering within target	**95%**	**87%**		There are frequent reviews required for certain clusters which mean that it is challenging to achieve the target.	Teams with high numbers of outliers are being targeted. Clustering Lead is attending the Locality Managers Business Meeting to ensure that focus is maintained.

Other Key Performance Highlights for this Section

- DNA rates have worsened from 4.66% in November 2017 to 4.78% in December 2017.
- CHS Length of Stay improved from 25 days in November 2017 to 23 days in December 2017.
- Mental Health Snapshot length of stay worsened from 53 days in November 2017 to 55 days in December 2017.

Contractual Performance Commentary

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

• CQUIN 17/18: first submission made 22nd July 2017, CCGs confirmed full attainment for Q1 15/11/2017. However, potential risk about attainment of 75% flu immunisation target (Health and Wellbeing indicator is also being flagged as a risk), internal review in progress to understand level of recovery.

• CPE action plan and funding discussions on-going, Trust sign-off of joint action plan with David Townsend, being monitored monthly at Executive level CCG and BHFT, but demand is not reducing, so additional action has been requested to produce business case for an updated service model. Non-recurrent funding agreed for the East, Q3 West funding agreed and chasing Q4 funding. Joint piece of work with CCG and BHFT on revised CPE model with new wellbeing service model proposed.

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

• Proposal to move AQP activity into the block contract and align service offering to funding; East MSK has been resolved with funding offer.

• 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 additional non recurrent funding offer. Contract variation with BHFT, with some clarification questions on recurrent funding before processing.

• NHSE funding challenges regarding CAMHS Tier 4 inpatient service (Willow House) with on-going review and discussions on baseline contract value and incremental safe staffing costs. NHSE advised planned financial change regarding day care (T4 CAMHS contract funding transferred to CCGs in year); Joint meeting with NHSE, CCGs and BHFT in February to clarify sustainability of T4 CAMHs service.

• Local Authority - Sexual Health (All East) on-going discussions with Unitary Authorities taking place.

• Contracting discussions are continuing with a view to reduce contracting burden in context of integrated care systems, and review of payment mechanisms and risk/reward sharing across the local healthcare system.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13th February 2018
Title	**Key Projects & Strategy Implementation Plan update.**
Purpose	This document updates Trust Board members regarding key schemes within the Trust together with other activity and initiatives within the Strategy Implementation Plan.
Business Area	Programmes and Projects
Author	Neil Murton, Director of Projects
Relevant Strategic Objectives	The current portfolio of programmes and projects addresses all the Trust's goals: • Improving patient safety and experience – to provide safe services, good outcomes and good experience of treatment and care • Supporting our staff – To strengthen our highly skilled and engaged workforce • Money matters – to deliver services that are efficient and financially sustainable. • Working together – understanding and responding to local needs as part of an integrated system
CQC Registration/Patient Care Impacts	As per individual programmes and projects
Resource Impacts	As per individual programmes and projects
Legal Implications	As per individual programmes and projects
Equality and Diversity Implications	As per individual programmes and projects
SUMMARY	This is the first report with use of a revised template for updating members on key Trust initiatives and other elements of the Strategy Implementation Plan, in line with the revised reporting arrangements for the Trust Executive. Members are advised to focus on any schemes rated Amber or Red. In particular, for January 2018, these include Out of Area Placements, Health and Wellbeing and Recruitment and Retention.
ACTION	Members of the Board are advised to review and note the report and are invited to comment on the ratings as described on page 4 of the report.

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Key Projects and Strategy Implementation Plan 2017/18

Progress Report to 31st January 2018

Author: Neil Murton, Director of Projects

Director: Bev Searle, Director of Corporate Affairs

Date: 1st February 2018

Purpose

This document has been prepared to update the Trust Board on progress to deliver the Strategy Implementation Plan 2016/17 and key projects at the end of January 2018.

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

Document Control

Version	Date	Author	Comments
1	01.02.18	(Neil Murton)	Based on the combined Projects & Strategy Implementation Plan Update Report presented to Business and Strategy Executive on 15th January 2018.

Distribution:

All Trust Board Members

Document References

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

CONTENTS

INTRODUCTION

Background

1. The Strategy Implementation Plan 2017/18 captures the key activities required over this financial year and beyond to ensure successful implementation of our strategy, and annual plan. The Board receives a summary exception progress report on the delivery of the plan.
2. A 'Plan on a Page' was published in March 2017 to provide our staff and key stakeholders with an accessible version of the 2017/18 Strategy Implementation Plan and to support staff with their annual Personal Development Plans and Objectives.
3. Since then, reporting arrangements have been amended and this is reflected in the format of this report. The Strategy Implementation Plan was modified to a summary format for reporting into the Trust Board, enabling key risks and issues to be highlighted alongside successes to be acknowledged. In terms of Executive reporting, bi-monthly updates on the Strategy Implementation Plan have been presented to the Business & Strategy Executive along with a monthly summary update on key projects. As part of the Quality Improvement activities and efforts to streamline and simplify processes, these documents have now been replaced by a single monthly reporting template and this report is an abridged version of that document. In addition to reducing the number of reports and simplifying the arrangements to generate them, this brings Board reporting in line with Executive reporting and aligns with True North.

   Note that the rating system has been amended as follows:

   GREEN - The project or work stream is progressing in accordance with planned timescales, resource commitment and quality requirements and there is confidence regarding the realisation of benefits/ achieving savings. Project plans include actions to address the identified risks which mitigate them to acceptable levels

   AMBER - An element of the project is at risk and action is required to bring the project 'back on track'. Examples include:

   - Slippage on the timescale, putting the achievement of a key milestone(s) at risk.
   - Likely delay in realising benefits and/or possible reduction in the scale of the benefits.
   - Resource issues jeopardising either quality, timescale in achieving final capability/ realising benefits
   - Significant risk that the quality of the project's products may be compromised and/or the specification will need to be reduced

   RED - The project or work stream is significantly at risk and major action is required

to remedy this. Examples include:

- A key milestone has been missed or will inevitably be missed.
- A major risk has occurred (i.e. has become an issue) or almost certainly will now occur.
- Major risks to the full realisation of benefits and/or delivery of required savings
- The validity of the project or elements of it may be undermined by changed circumstances.

Feedback regarding this revised reporting template will be welcomed.

Reports to the Board

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

Exception report

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

CHANGES TO ACTIVITIES AND DATES

6. In bringing together the two reports, some of the elements within the Strategy Implementation plan have been excluded here:

    - The Medical Director reports separately to the Quality Executive on the Quality Account and quarterly progress reports are also provided to the Quality Assurance Committee of the Trust Board. As an on-going requirement and not a strategic initiative, it is not considered appropriate for these to be included in this report.
    - Overall reporting on the delivery of CQUINs is not included – reporting for these is via the Quality Executive and contract tracker in the Trust Business Group and the Performance Assurance Framework (PAF) in the Finance and Performance Executive. As the CQUINs are included in the Quality Account, reporting to the Quality Assurance Committee as described above, enables Board oversight. In addition, specific items are highlighted by exception as needed as part of the Executive Report to the Trust Board.

Reporting on Time to Change (Phase 3) is via the Disability Steering Group to the Equality and Diversity Steering Group.

In addition, the following items have been excluded, either due to their requirement

being abandoned or their being replaced by later initiative or reporting arrangements:

- Monitor Annual Plan
- Primary Care Strategy Implementation
- Berkshire East New Vision of Care
- Berkshire East Sustainability and Transformation Plan (Frimley Footprint)
- Berkshire West Frail Elderly Pathway
- Berkshire West Accountable Care System
- Berkshire West Sustainability and Transformation Plan (Thames Valley Footprint)
- Strategy for the Health and Care System 2014-2020

Note that instead of reporting on broad categories for STP and ACS, the specific initiatives with which the Trust is involved are featured. Over-arching updates on system initiatives are included in the Executive Report provided by the Chief Executive.

CHANGES TO ACTIVITIES AND DATES

7. Since the last report to the Trust Board in November, which covered the period up to 30th September 2017, a number of initiatives are now concluded and there are a limited numbers of changes to schemes in progress, as shown below.

8. Within Strategic Goal 1*, "To provide safe services, good outcomes and good experience of treatment and care"*, the following initiatives are highlighted:

- The Quality Improvement programme is progressing well. Its first project – Phase 1 of the delivery of an operational end to end pathway for mental health Cluster 8 patients – is rated Amber, but this is a reflection and acknowledgement of the scale and complexity of creating a new pathway, the number of services involved and the range of views to be considered. Options are due to be presented by end February 2018.

- The rationalisation of the Trust's estate in Reading and specifically the development of the University of Reading as a primary Trust site was previously reported as Amber, but is now Green. The move of IAPT services to the University site is complete and the lease on the Shinfield premises terminated on 20/11/2017. Children Young People & Family (CYPF) services will move in February 2018.

- The Trust is establishing a programme for managing out of area placements, which will adopt a new approach and governance arrangements to address a key financial risk for the organisation, along with quality concerns associated with out of area placements. The programme will include the delivery of a robust pathway for the use of our Mental Health beds and the process for using out of area placements, moving to an exception basis for such usage with regard to Acute

overspill.

- The CAMHS Tier 4 project (re-provision of the Tier 4 facilities at Willow House, Wokingham in modern fit for purpose accommodation at Prospect Park) was previously shown as being on hold. Following the Trust's new strategy deployment process, progress has now been authorised. A decision is currently being sought from commissioners regarding the number of beds that the future facility will provide.
- The Agency and Bank project was previously reported as Amber due to a delay in the plans for partnership working with Royal Berks Hospital Trust (RBHT) to establish a joint staff bank. Following decisions within the respective governance structures of the two organisations, the Joint Temporary Staffing Contract was awarded to NHS Professionals. It is anticipated that there will be a delay of at least one month, allowing the contract terms to be reviewed. The new joint bank is expected to be operating from March 2018.
- Electronic prescribing and medicines administration (EPMA) was reported as Amber due to a delay. The roll out for mental health is due to be completed by end January and roll out to other services in 2018 is currently being planned.

9. Within Strategic Goal 2, *"To strengthen our highly skilled and engaged workforce",* the following are highlighted:

- Attraction & Retention: A business case regarding attracting non-UK qualified nurses based in Berkshire is being developed. Development of the Community Nursing recruitment hub pilots was completed in December as planned. Two events were held in January with a further 10 planned from February to June. Apprenticeships, recruitment fairs and career pathway development are on-going and on track**.**
- Health & Wellbeing: The Red rating relates to a high risk that the Trust will fail to achieve an element of the health and wellbeing CQUIN – specifically, improvement in staff responses to identified questions within the NHS Annual Staff Survey. A mitigation plan is being progressed.
- Target to maintain Top 100 Stonewall work place equality index: This target was narrowly missed – the Trust was ranked 107 out of 430 entrants (previously ranked 122). Feedback is to be provided on 14th February.

10. Within Strategic Goal 3, *"To deliver services that are efficient and financially sustainable"*, the following initiatives are highlighted:

- Implementation of the Information Technology Architecture Strategy (this and the Global Digital Exemplar programme have replaced what was previously reported as the Information Technology Roadmap) is rated at Amber due to a two month delay in implementing the new data network element.

11. Within Strategic Goal 4, *"Understanding and responding to local needs as part of an integrated system",* the following initiatives are highlighted:

- The alterations work to facilitate (as part of our Learning Disability Strategy), the move of the Assessment & Treatment Unit from the Campion Unit to Jasmine Ward at Prospect Park Hospital is likely to be concluded in December 2018 with the service transferring in early 2019. This is reflected in the time-line issued by Project Co, who are now ready to put this work out to tender. The negotiations required to establish the legal framework for the initiative may be a source of delay.
- As yet there is no rating for Global Digital Exemplar, but the establishment of the programme was reported as being slower than originally planned.
- Community Dental Service at BOB STP level – this is one of the system initiatives now added to the report. It relates to an Oxford Health initiative to take on the commissioning of Community Dentistry from NHS England. However, NHS England are considering an extension of the contract with Berkshire Healthcare to 2020.
- Independent Placement Services (IPS) – The Trust is awaiting the issuing of STP tenders for IPS from NHS England.
- Review of Community Nursing – This was previously reported as Amber in the light of delays caused primarily by the absence of project management resource. This is now in place for both the commissioners and the Trust and work is reported to be on track. Weekly meetings are in place with CCG Project lead during February to complete pathways/draft specification for presentation to the Steering Group in February.
- In the previous report in November, it was anticipated that One Public Estate for Berkshire West would not be delivered. However, the initiative is regaining momentum, with potential projects being reviewed at a workshop in January.

SUMMARY OF PROGRESS TO DATE

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

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

- Quality Improvement Programme
- Optimising Estates
- Mental Health Strategy
- Mental Health Pathways
- Prospect Park Staffing (this remains challenging but significant progress has been achieved)
- Suicide Prevention initiative “Zero Suicide”

- Bank and Agency Project
- Workforce Strategy including building our strategic workforce capability
- Equality and Inclusion Strategy
- Integrated IAPT (Talking Therapies)
- Development of our Health Hub.

14. There are some initiatives showing minor slippage (amber ratings – activity is delayed but delivered or will be delivered). These are mostly reflected in the section above showing changes in target dates.
15. There are two initiatives with Red rated activities which are
    - the work to control and reduce use of out of area placements (OAPs) as described above. The Red rating reflects the scale of the financial risk to the organisation and low impact to date of initiatives to address this.
    - the Health & Wellbeing Project, due to the high risk of not achieving part of the CQUIN (see above).
16. There are no instances where the initiatives will be abandoned or which have significant risks judged likely to result in that outcome.
17. The following 2017/18 initiatives have been concluded:
    - CYPF Service Integration – The programme closed in November 2017, but note that the new DXS system that will assist on-line GP referrals to the service will be live by end January 2018.
    - CAMHS Tier 3 investment
    - Implementation of new Community CAMHS Eating Disorders service
    - CAMHS Tier 4 Phase 1
    - Creation of the Berkshire Healthcare staff bank
    - eRostering
    - NHS 111 Clinical Coordination Hub (this was the successful joint partnership tender with SCAS)

CONCLUSION

18. The summary report shows that good progress is being made, with most of the initiatives being delivered to the expected time frames or with minor slippage. Where there have been delays, particularly around our estates and IM&T programmes, progress continues to be made and these are expected to be delivered in revised timeframes. There are no material risks to the delivery of the main elements of the plan. The most challenging initiative is likely to be the new programme to manage out of area placements, which is currently in its initiation phase, following

authorisation in January 2018.

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

ACTION

20. Members of the Trust Board are asked to:

- Review and note the report.
- Provide any comments on the ratings as described on page 4.

COMBINED PROGRAMME/PROJECT & STRATEGY IMPLEMENTATION PLAN STATUS REPORTING **1ST FEBRUARY 2018**

December	January	INITIATIVE	Planned Completion Date	COMMENTARY ON RED/AMBER STATUS (including new Significant Risks & Issues)
Strategic Goal 1: To provide safe services, good outcomes and good experience of treatment and care				
PRIORITIES FOR QUALITY				
		Quality Improvement Programme	To be confirmed	A Two Year Programme Plan is in progress following an Executive planning meeting this month.
		Cluster 8	31/03/2018	This is the first QI project. The rating reflects scale and complexity of creating new pathway and the amount of services that the new pathway will cover. Pathway options to be presented end Feb 2018
		Zero Suicide	On-going	
OPTIMISING ESTATES - Next update due March 2018				
		West Berkshire Community Hospital - New Renal/Cancer Care Unit	31/03/2018	
		Reconfiguration of Prospect Park Hospital	01/04/2020	
		Options for Trust Headquarters	01/04/2018	
		Rationalise Reading Services	2019/20	
		Berkshire East Community Hospital Review	Jan-April 20120	This is lead by CCG and NHS Property Services.
MENTAL HEALTH SERVICE DEVELOPMENT				
		Mental Health Strategy Implementation	31/03/2021	An update was provided to the Trust Board in November 2017.
		Mental Health Pathways	31/03/2019	The Recovery Transition project is making good progress,
		Out of Area Placements (OAP)		A new approach is being adopted to address a key financial risk, along with quality concerns associated with OAPs.
		Effective Management of Adult Inpatient Beds at Prospect Park Hospital		Significant benefits have yet to be realised, but good progress on a range of initiatives. This project is to be incorporated into the revised OAPs Programme.
		Prospect Park Staffing	30/06/2018	There are on-going staffing challenges, but significant progress made in recruiting unqualified staff and reducing staff turnover.
		Prospect Park Centre of Excellence		This work is on hold. Recommendations are to be presented to the Business and Strategy Executive in March 2018
		IAPT Growth Strategy Implementation	31/03/2018	The service is awaiting formal confirmation of business cases to support on-going work in 2018/19.
CHILDREN YOUNG PEOPLE AND FAMILIES (CYPF) SERVICE INTEGRATION:				
✓		**CYPF Service Integration**		The new DXS system enabling on-line GP referrals to CYPF will be live by end January 2018.
CAMHs DEVELOPMENT				
✓		**Tier 3 investment**		This is now business as usual
✓		**Implementation of new Community CAMHs Eating Disorders Service**		This is now business as usual
✓		**Tier 4 Phase 1**		This is now business as usual
		Tier 4 Phase 2 - Transfer of Willow House	30/04/2020	A decision is required from commissioners regarding the bed number requirements. The Executive Lead is seeking NHSE involvement in the development with a view to retaining commissioner support.
AGENCY AND BANK PROJECT				
✓		**Creation of Berkshire Healthcare staff bank**		Well established. Note new joint BHFT/RBH bank due to commence March 2018.
		Use of agency staff from Framework organisations	31/07/2018	Ban for agency use for certain A&C roles implemented from 04/12/2017 and is largely complete.
OTHER				
		Electronic Prescribing and Medicines Administration	31/03/2021	The roll out for mental health completed by end of January. Roll out to other services in 2018 is currently being planned. This is now part of the Global Digital Exemplar Programme (see below)
Strategic Goal 2. To strengthen our highly skilled and engaged workforce				
PEOPLE STRATEGY PROGRAMME				
		Attraction and Retention project	On-going	A business case regarding attracting non-UK qualified nurses based in Berkshire is being developed. Development of the Community Nursing recruitment hub pilots was completed in December as planned. Two events were held in January with a further 10 are planned from February to June. Apprenticeships, Recruitment fairs and career pathway development are on-going and on track.
		Health and Wellbeing project	On-going	There is a significant risk that Trust will not deliver this element of the CQUIN (financial risk £143k) . A mitigation plan is being progressed.

December	January	INITIATIVE	Planned Completion Date	COMMENTARY ON RED/AMBER STATUS (including new Significant Risks & Issues)
		Workforce Planning project	On-going	
		Organisational Development Objectives	On-going	
EMBRACING DIVERSITY				
		Equality Delivery System (EDS) Priorities	On-going	
		Equality and Inclusion Strategy 2016-20	On-going	
		Achieve Top 100 ranking in Stonewall work place equality index	Concluded	This target was narrowly missed. The Trust was placed 107 out of 430 entrants. There is to be a debrief on 14/02/2018.
		Implementation of the Workforce Race Equality Standard and EDS 2 objectives	On-going	
Strategic Goal 3. To deliver services that are efficient and financially sustainable				
EFFICIENCY THROUGH BUSINESS TECHNOLOGY				
✓		**E-Rostering**		This is now business as usual,
INFORMATION MANAGEMENT - Next updates due March 2018				
		Information Technology Architecture Strategy	31/03/2020	Amber due to a two month delay in implementing the new data network element.
Strategic Goal 4: Understanding and responding to local needs as part of an integrated system				
INFORMATION MANAGEMENT - Next updates due March 2018				
		Global Digital Exemplar (including roll out of ePMA)	30/06/2021	There are 19 projects within four GDE initiatives: Direct Patient Access & Communication; Digital Wards & Services; Digital workforce and Research & Quality improvement. No overall rating declared, but programme establishment is slower than originally planned.
LEARNING DISABILITY (LD) STRATEGY				
		LD Service Optimisation and Redesign	01/04/2018 (IST) 31/03/2019 (Jasmine)	Continued progress in recruitment to the Intensive Support Team (IST)with additional staff now starting their induction and training. An update report was submitted to commissioners in January 2018.
HEALTH AND SOCIAL CARE SYSTEMS INITIATIVES				
		Community Dental Service at BOB level	(current contract ends 03/2019)	This is an Oxford Health initiative to take on the commissioning of Community Dentistry from NHS England. NHS England are now considering an extension of the contract with Berkshire Healthcare to 2020.
		ASC Integrated MSK/Physio Service (Berkshire West)	01/10/2018	Integration of primary and secondary care MSK services. Prime contract to let to RBH in April 2018. A community group has been established to develop community pathways.
		Frimley STP Integrated Neurology Pathway	01/04/2018	A new hub and spoke model is being developed which includes consideration of elements of the Berkshire Healthcare provision and geographical coverage.
		Independent Placement Services - IPS (employment support services)	01/03/2021	STP tenders for IPS are due to be released by NHS England imminently.
		One Public Estate	N/A	Potential projects for Berkshire West were reviewed at a workshop in January 2018
		Development of the Health Hub	On-going	Hub Development Board to meet 17th Jan. It covers both strategy and operational matters.
✓		**NHS111 Clinical Coordinator Hub**		Joint partnership tender with SCAS. Complete
		Review of Community Nursing (note also SDIP)		Was Amber due to lack of project management resource. Resources are now in place and work is now on track.
		Better Care Funds (BCF) - Delivery of BCF funded Berkshire Healthcare initiatives		This will relate to Street Triage (Berkshire West). This will commence from April 2018 in accordance with Better Care Funding allocations.
PATIENT AND CARER ENGAGEMENT				
		Carers' Strategy	On-going	
SUSTAINABLE DEVELOPMENT				
		Sustainable Development Management Plan		Plans signed off and also the Green Transport Plan.

Key:

✓ Project Closed

Berkshire Healthcare NHS
NHS Foundation Trust

TRUST BOARD PAPER

Board Meeting Date	13 February 2018
Title	Equality & Inclusion Strategy Report
Purpose	This paper is the six month progress update on implementation of the Trust's Equality Strategy 2016 – 2020 and provides an update on forthcoming equality regulations affecting the NHS.
Business Area	Corporate Affairs
Author	Stef Abrar
Relevant Strategic Objectives	▪ Improving patient safety and experience – to provide safe services, good outcomes and good experience of treatment and care ▪ Supporting our staff – to strengthen our highly skilled and engaged workforce ▪ Working together – understanding and responding to local need as part of an integrated system
CQC Registration/Patient Care Impacts	Compliance with the Equality Delivery System CQC 'Is the organisation well-led?' Delivery of the Workforce Race Equality Standard.
Resource Impacts	N/A
Equality and Diversity Implications	This paper supports the action required to enable compliance with the Equality Delivery System for the NHS.
SUMMARY	The paper summarises progress against the 7 Goals of our Equality Strategy 2016-20. Highlights are: • improvement in ethnic diversity of the workforce at Band 7 and 8a • greater equity in access to external learning and development opportunities by BME staff across all bands, with the exception of bands 8c and 8d. • a downward trend in harassment and bullying complaints. Progress in workforce metrics will be reviewed

	following release of the latest NHS staff survey results February. The paper presents metrics required by the NHS Disability Standard (workforce) which will be launched in Autumn 2018, with formal data returns forming part of the standard contract for the financial year 2018/19 to be published in June 2019. The results of the Stonewall Workplace Index are outlined, with Berkshire Healthcare Trust ranking 107 - an improvement of 15 places compared to last year. The paper details the successful launch of the 'Making It Right' programme with a cohort of 20 BME staff in October 2017, as well as the launch of the Purple Network for disabled staff, those with long-term conditions, carers, and champions on 23 January 2018. The successful embedding of a local equality implementation plan model with local equality leads supported by corporate Equality managers and staff networks is outlined. Priority actions for 2018 are set out in light of progress to date, which will be overseen by the Diversity Steering Group.
ACTION	For the Trust Board to note: a) Progress on KPIs for the equality strategy b) Board members are invited to join staff at the local Diversity Road show events between April-September 2018 (time-table to be announced shortly). c) Requirements of the Disability Equality Standard to be launched in 2018 – including the requirement for Trust Board members to declare whether they are disabled. d) Priorities identified for 2018.

EQUALITY AND INCLUSION STRATEGY UPDATE 2018

1. PURPOSE

This report is the mid-year report to the Board on the progress of the Trust's Equality Strategy 2016-20. It presents the most up to date data currently available. The Annual Equality report to the Board in June will report performance for the financial year, including the results for our most recent staff survey, due out later this month. This report includes our ranking in the Stonewall Workplace Equality Index 2018 and forthcoming requirements regarding equality regulations affecting the NHS.

2. EQUALITY STRATEGY: CURRENT PERFORMANCE SUMMARY

Key Performance Indicators below include staff survey data which will be added to the dashboard when available.

EQUALITY STRATEGY GOAL	Progress/KPIs
1) Increased representation of black and minority ethnic (BME) staff in (Agenda for Change) bands 7 and 8a-d, aiming for 20% representation at each of these grades. This reflects the Berkshire population	Trend: increased representation of BME staff in bands 7/8 except 8c Band Jan 18 % change from 2016 Band 7 19.1% +6.5% Band 8a 14.1% +1.5% Band 8b 11.1% +1.5% Band 8c 8.3% - 5.9% Band 8d 6.9% +4.7%
2) No difference in perceptions of equal opportunity in career progression between white and BME staff (as measured by our annual staff survey)	Staff survey results for this indicator will be available in Feb 2018 Current data on learning and development shows broad parity between BME and White staff's access external learning and development opportunities over the 12 month period (Sept 2016 - September 2017) with the exception of 8c and 8d.
3) A reduction of harassment and bullying as reported in the annual staff survey, in particular by BME staff. We are aiming to reduce experiences of harassment and bullying to lowest quartile rankings compared with other mental health Trusts in the NHS staff survey index. We also wish to achieve equity in reporting between BME and white staff.	Staff survey results for this indicator will be available in Feb 2018

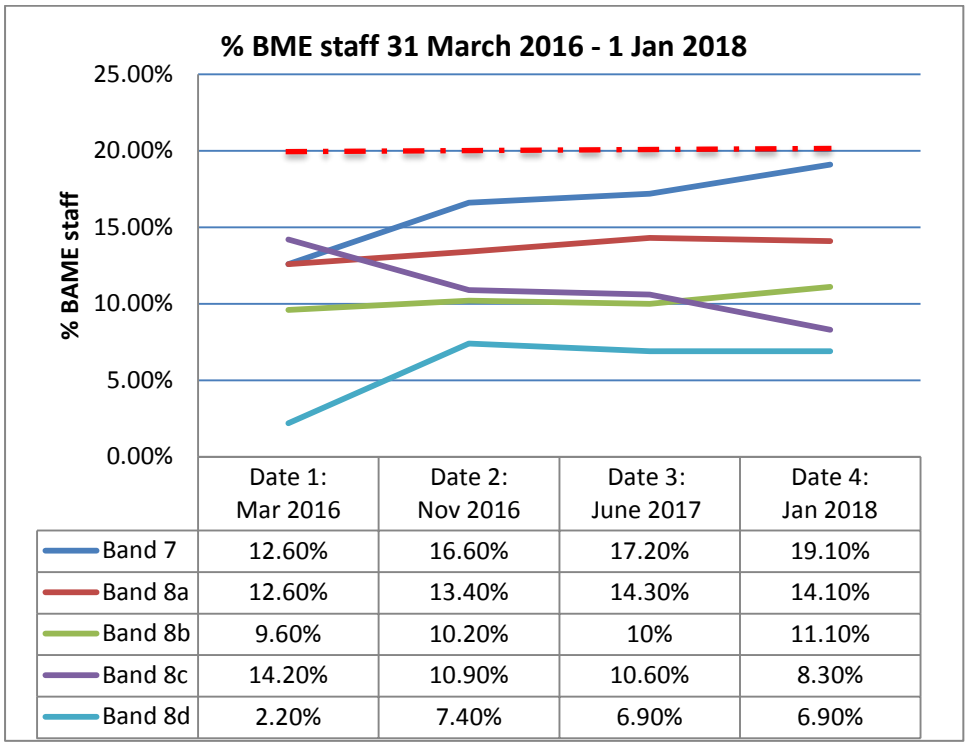
EQUALITY STRATEGY GOAL	Progress/KPIs
4) A significant improvement the well-being of disabled staff and a reduction in the proportion of the workforce as a whole experiencing stress related illness	Disabled staff wellbeing indicators from the staff survey will be available in Feb 2018 There appears to be a very small increase (0.5%) in stress related sickness absence as a proportion of overall sickness absence for the period 1st April 2016 to 31st Dec 2016 – 22.7% 1st April 2017 to 31st Dec 2017 – 22.9%
5) A more robust approach to making reasonable adjustments for disabled people – in particular implementation of the NHS Accessible Information Standard	Staff survey data results will be available February 2018 Records showing accessible information fields have been filled out: [awaiting data]
6) That we maintain Top 100 Workplace Equality Index Employer status with a ranking in the top five health and social care providers	Our ranking in the Workplace Equality Index improved by 15 places in 2018 to position 107. Only 7 health and social care providers in England and Wales featured in the Top 100 this year.
7) We want to engage with diverse groups in particular BME, LGBT and disabled people to inform our understanding of their needs, with a view to ensuring good patient experience and equity of access in both mental and community health. (This is part of our commitment to the NHS Equality Delivery System).	The East Equality Delivery System Engagement event on transitions took place in December 2016 The West Equality Delivery System engagement event will take place on 7 February 2017; events are on-going throughout the year.

3. TOP THREE STRATEGY GOALS - HIGHLIGHTS

3.1. Workforce diversity

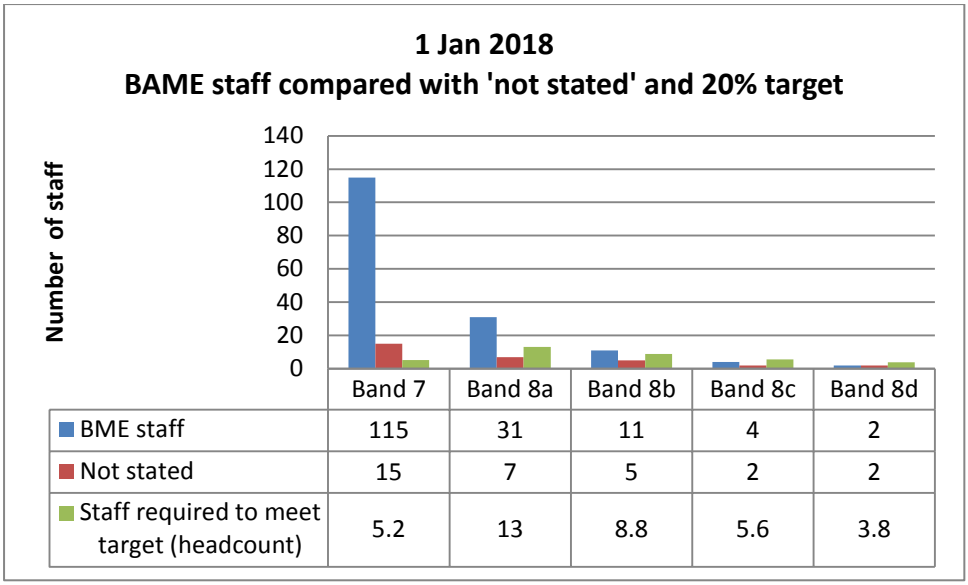
Progress in shifting workforce diversity has been positive particularly in band 7 and 8a as of Jan 2018. This is very pleasing, given the larger numbers of staff employed at band 7 compared to the other bands we are targeting. The picture is more challenging with regard to 8b, 8c and 8d – in particular band 8c where there has been a decline from 14.2% to 8.3% BME staff. BME staff turnover and recruitment present challenges in band 8. Whilst only 5 additional BME staff are required to reach our aspirational target of 20% for band 7, 13 additional band 8as, 9 band 8bs and 6 band 8cs would be required for the Trust to reflect the ethnic diversity of the Berkshire population.

In September 2016, the Trust rolled out unconscious bias training for all managers and recruiters. Our Making it Right pilot programme, the Trust's positive action initiative, launched in October 2017. It has trained and mentored a cohort of 20 BME staff at bands 5 – 7. This is being evaluated prior to larger scale roll-out. The next stage of development includes diverse recruitment panels at Band 7 and 8 with the support of the Trust's BME network. Further work is needed on turnover and career development staff at Bands 8b, 8c and 8d. The Trust has supported three staff to attend the national Leadership Academy's 'Ready Now' programme aimed at band 8 staff in 2016 – 18.



	Date 1: Mar 2016	Date 2: Nov 2016	Date 3: June 2017	Date 4: Jan 2018
Band 7	12.60%	16.60%	17.20%	19.10%
Band 8a	12.60%	13.40%	14.30%	14.10%
Band 8b	9.60%	10.20%	10%	11.10%
Band 8c	14.20%	10.90%	10.60%	8.30%
Band 8d	2.20%	7.40%	6.90%	6.90%

The graph below shows the number of additional BME staff required to meet the 20% target set in our strategy.



3.2. Perceptions of equal opportunity in career development

Although perceptions of equal opportunities in career development opportunities had not changed among BME staff as of October 2016, the picture of unequal access to learning and development has shifted positively over the last 12 months. BME and white staff are now accessing external learning and development at broadly the same rates. The rates of access by BME staff are slightly above that of white staff at all bands apart from band 5, band 8c and 8d. Of the six BME staff at Band 8c/d, none accessed external training. Of the 67 White staff at a similar level, 16 accessed external training.

This data relates to external learning and development opportunities, therefore does not include medical training; internal courses; training that is free or funded elsewhere and other development opportunities e.g. shadowing / tutorials / acting up etc. all of which contribute to development.

Further work will be undertaken to enable greater understanding of the results for these bands.

3.3. Harassment and bullying

In the 12 month period 1 April 2016 to 31 March 2017, there were six formal complaints brought under the Dignity at Work policy. All six were brought by white staff. In the 9 month period 1 April 2017 to 31 December 2017 there were 2 complaints under the Dignity at Work policy – none by BME staff. The Making it Right programme will include dealing with and reporting harassment and bullying – emphasising the importance of addressing concerns early. Excellent work has been undertaken in the Reading locality with local training and bullying advisers in place, and other localities are considering adopting the programme. Further action will be taken through local equality improvement plans, informed by detailed analysis of our 2017 the next staff survey.

4 EQUALITY & INCLUSION IMPLEMENTATION PLANS

4.1. Most divisions have an equality improvement plan in place with local key performance indicators and have produced a summary Equality Plan on a Page to communicate with staff.

4.2. The internally constructed interactive Tableau Equality Dashboard has proved extremely useful in establishing current performance. From Spring 2018, we will have the capability to provide historical reporting against the baseline for staff survey responses – giving us a three year view. The Tableau Equality Dashboard also enables us to undertake detailed analysis of service performance and focus on those teams scoring less than average on the staff survey. We will also be able to highlight good practice in areas scoring well above average, and enable this to be shared. This is particularly useful in tackling perceptions of equal opportunities in career development, harassment & bullying, and experiences of stress which vary considerably by team.

4.3. Equality leads are in post for all divisions and meet every two months. The East equality leads held a Listening into Action equality event on 5 December 2017 attended by around 60 staff with a number of key recommendations around inclusive leadership and awareness raising. Equality leads across the Trust are in the process of creating teams drawn from staff network representatives and will be participating in the Trust's Diversity Roadshow from April – September 2018 which aims to engage with staff at all levels across the Trust.

5. PROGRESS ON THE THREE THEMES OF THE STRATEGY

5.1 RACE EQUALITY

5.1.1. The Making It Right (MIR) programme launched in October 2016. To date, one programme cohort of 20 entrants has completed the three month programme. This consists of three career/skill development workshops and a mentoring relationship. Currently 2 members of staff are completing the NHS Leadership Academy Ready Now Programme aimed at senior band 8 staff and 1 further member of staff has been accepted onto the new cohort starting in spring 2018.

5.1.2. The Trust's BAME staff network membership now stands at over 200 members following the combined Black History Month and MIR conference (October 2017). The network is in the process of training members to sit on interview panels for a selection of Band 7 & 8 jobs to fulfil our commitment to improving the diversity of job interview panels. This is an evidence based intervention for improving staff diversity. Members have also attended mediation training sessions with a view to supporting BME staff in the disciplinary and grievance process. BME staff remain over-represented in formal disciplinary processes.

5.1.3. A project to better understand the over-representation of patients from a black heritage in Prospect Park Hospital is underway led by Reading locality. Following quantitative data analysis and case review, a focus group with former patients and carers took place on 26 January 2018.

5.2 DISABILITY

5.2.1. In Autumn 2017, a position paper was put together by the Disability Steering Group which led to plans for a comprehensive guide to policies/reasonable adjustment processes and a tool-kit for managers which will be completed later this spring. A disabled staff network was created during December and January called the Purple Network. The Purple Network comprises disabled staff, staff with long-term conditions and carers. The first meeting was attended by over 40 staff and was facilitated by Kate Nash (OBE) from PurpleSpace a staff

network specialist. Alex Gild, our Chief Finance Officer and network sponsor is currently putting a team of staff volunteers together to take the network forward.

5.2.2. A small working group reviewing accessibility in service provision is being established in February 2018 following feedback and will take action in response to a small number of complaints around service accessibility for people with sensory impairment.

5.3 SEXUAL ORIENTATION AND TRANSGENDER

5.3.1. The Trust was ranked 107 in the 2018 Stonewall Workplace Index Ranking of 434 UK employers. This compared to position 122 out of 440 entrants in 2017. It was the first year that transgender was scored officially. Our submission achieved a mark of 111 - only 1.5 marks lower than the threshold for entry into the Top 100 Index. Only 7 health and social care Trusts featured in the Top 100 this year – the highest scoring provider was North East Ambulance Service NHS Foundation Trust at position 46. We will be receiving detailed feedback on our submission from our link Stonewall Manager on 14 February, and will use this to inform prioritisation proposals for 2018, in liaison with our LGBT network.

The LGBT network held an Away Day on 16 August 2017 to revive network attendance and a celebration event on October 2017 to thank Pride supporters. Reading Pride ran successfully in September with good engagement activity and health checks. Partnership working with Support U is commencing. The Trust continues to provide co-ordination for the Thames Valley LGBT+ Employers workplace network.

6. FORTHCOMING REGULATIONS ON DISABILITY REPORTING

6.1 Across the NHS and in our Trust, information from the annual staff survey shows that disabled staff wellbeing is poorer in a number of domains compared to that of non-disabled counterparts. 18% (330) of Trust staff declared themselves to be disabled or with a long-term condition in the 2016 staff survey. However, staff declaration of a disability on our staff electronic record system (ESR) is 4.7% (201). Of these, 74% are in clinical roles and 26% are in non-clinical roles.

6.2 A new NHS Disability Equality Standard is being launched this year. This includes metrics to track disabled staff experience at work. This standard will be launched in August 2018 and data submission will be required annually as of June 2019, a similar process to the Workplace Race Equality Standard. The domains are set out below and will include the percentage of disabled people who are members of the Trust Board.

Metric (disabled v. non-disabled staff)
1. Percentage of disabled staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.
2. Q15 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months - managers - colleagues

Metric (disabled v. non-disabled staff)
3. Q9d In the last 3 months have you ever come to work despite not feeling well enough to perform your duties? e) Have you felt pressure from your manager to come to work?
4. Q16 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.
5. Q5f: How satisfied are you with each of the following aspects of your job: f) The extent to which my organisation values my work.
6. Q20f (Appraisal): Were any training, learning or development needs identified?
7. Q20g (Appraisal): Did your manager support you to receive this learning and development?
8 Q20a Did your appraisal help you improve how you did your job?
9 Q27b (Reasonable adjustment): Has your employer made adequate adjustments to enable you to carry out your work? (For reporting year)
10. Does the board meet the requirement on Board membership (referred to in the Race Equality Standard) that '*Boards are expected to be broadly representative of the staff and population they serve'?*
Analysis of disabled staff response only
11. Q17 % saying they had experienced discrimination on the grounds of: c) Disability

7. CONCLUSIONS AND PRIORITIES FOR 2018

7.1. This report highlights a number of areas of good progress – but we know that our work on equality and inclusion requires long term commitment, which we will continue to ensure through the leadership of the Trust Board and our Diversity Steering Group. We will focus our efforts on the following areas over the coming year:

7.1.1 Build on progress achieved in growing the number of BAME staff employed at band 7 to achieve our target and impact higher bands.

7.1.2 Communicate our progress, as well as the evidence of staff accessing external training in largely equitable proportions, while continuing to build our understanding.

7.1.3 Use the 2017 staff survey data to inform targeted work on bullying and harassment and stress –related illness.

7.1.4 Evaluate of our Making it Right programme to inform future work.

7.1.5 Analysis of our Stonewall Workplace Equality Index feedback with our LGBT Network, to produce recommendations for priorities for 2018.

7.1.6 Continued engagement at locality level with Equality Implementation Plans being locally owned and enacted.

7.1.7 Supporting the newly established Purple Network and preparation for the Disability Equality Standard to be introduced in 2018.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13 February 2018
Title	Health & Safety Annual Report 2017
Purpose	To provide the Board with the annual Health & Safety report for 2017
Business Area	Operations
Author	Chief Operating Officer
Relevant Strategic Objectives	To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Outcome 14 – Supporting Workers
Resource Impacts	None
Legal Implications	Report seeks to provide assurance of Trust's adherence to relevant legislation
SUMMARY	The attached paper provides the Board with the Trust's annual Health & Safety report, highlighting key areas of performance and providing assurance on relevant internal processes.
ACTION REQUIRED	To note the report and seek any clarification.

Berkshire Healthcare NHS
NHS Foundation Trust

BHFT Health & Safety Annual Report 2017

Executive Summary

This report provides an update to the Board on Health and Safety for the calendar year 2017.

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

- The Trust did not receive any improvement or enforcement actions due to major adverse health and safety events during 2017.
- There were 7 incidents reported under the RIDDOR regulations in the year 2017, down from 23 in the previous annual period. As in the previous year, most related to slips, trips and falls, manual handling and assaults.
- For the year 2017, the Trust reported 510 physical assaults. This is a reduction of 8 compared to 2016**.**
- One fire was reported during 2017 involving a patient at Prospect Park Hospital (PPH) who lit paper and damaged a mattress.
- During 2017 the Royal Berkshire Fire and Rescue Service undertook, two fire safety visits, several site specific risk assessment visits at PPH for the purpose of updating their own records, checks at all inpatient sites with cladding and a joint training exercise with BHFT at Jasmine Ward PPH.
- Following the fire at Grenfell Tower in June a full review of all sites was carried out and information provided to NHSi. No buildings were confirmed to have the type of cladding identified.
- There has been a decrease in the number of days lost through sickness; this now stands at 13.5 per FTE compared to 14.9 in 2016. The main reasons for absence are similar to 2016 with S10 Anxiety/stress/depression/other psychiatric illnesses being the highest reason this year at 22.8% compared with 22.6% last year.
- Compliancy in statutory training, against a target of 90%, was on or above target for all months except October and November when it dipped to 89%.

1. Key National Annual Figures

The most recent data from the Health and Safety Executive highlights the following issues:

- **1.3 million** working people suffered from a work-related illness (**no change** from 15/16).
- **137** workers killed at work (**down** from 144 in 2015/16).
- **70,116** other injuries to employees reported under RIDDOR (**down** from 72,702 in 2015/16).
- **609,000** injuries occurred at work according to the Labour Force Survey (**down** from 621,00)
- **31. 2 million** working days lost due to work-related illness and workplace injury (**up** from 30.04 million).
- **£14.9 billion** estimated cost of injuries and ill health from current working conditions (2015/16)

2. Enforcement

The Trust did not receive any improvement or enforcement action from the Health and Safety Executive during 2017.

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

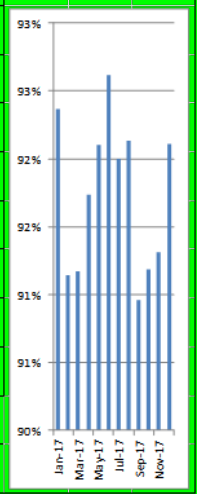
The yearly reported incidents fell into the following categories by descending order:

Incident Type	2017	2016
Manual Handling	1	9
Assault	3	7
Slip, Trip or Fall	2	3
Sharps Injury	1	2
Collision	0	1
Person not at work taken to hospital	0	1
Total	7	23

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

All staff undergoes statutory and mandatory training in health & safety every 5 years The number of staff trained throughout 2017 has averaged 91%.

Mandatory Training Health and Safety Green > 85%, Amber 80 - 85%, Red < 80%														
Sector	Average	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Trend
Total	92%	92%	91%	91%	92%	92%	93%	92%	92%	91%	91%	91%	92%	
371 Bracknell Community Adult Physical Health Services - Eas	92%	90%	90%	88%	91%	91%	92%	93%	92%	94%	93%	93%	94%	
371 Community West Newbury Services	89%	90%	87%	85%	87%	88%	89%	88%	89%	89%	90%	92%	93%	
371 Community West Reading Services	91%	83%	90%	92%	92%	93%	92%	91%	92%	91%	90%	91%	92%	
371 Community West Wokingham Services	93%	90%	94%	94%	93%	95%	95%	95%	95%	91%	92%	92%	92%	
371 Corporate Services	92%	92%	92%	92%	92%	92%	92%	91%	91%	92%	92%	92%	93%	
371 Head of Inpatient (MH) Service	88%	86%	86%	90%	89%	89%	91%	87%	95%	85%	84%	86%	87%	
371 Other Health Services Service	87%	76%	91%	92%	91%	89%	90%	89%	88%	88%	87%	81%	84%	
371 Slough Mental Health Services - East	91%	75%	96%	93%	93%	95%	95%	93%	95%	89%	92%	89%	90%	
371 Windsor Ascot & Maidenhead Children's Services	93%	87%	91%	92%	94%	94%	95%	94%	95%	93%	93%	94%	94%	



4. Violence and Aggression

With the demise of NHS Protect in April 2017, there is no longer a central body that collects and disseminates national data on physical assaults which means the Trust is no longer able to benchmark against other Trusts on levels of violence and aggression. It is hoped that in the near future NHS England or similar will step in to fill the gap left for security management within the NHS. Therefore the only data the Trust has is from what is reported on Datix by Trust staff.

The Trust reported 528 physical assaults for FY 2016/17 compared to 589 for 2015/16. This is a reduction of 61 physical assaults.

Calendar Year 2017:

- 510 physical assaults took place in 2017, which is a reduction of 8 compared to 2016.
- 168 of those took place in the learning disability service. This is a reduction of 42 incidents from last year.
- 208 assaults took place on the mental health adult admission wards, PICU and older persons MH wards compared to 217 in 2016 which is a decrease of 9 assaults.
- The reduction of assaults within LD is due to some long term and challenging patients no longer being treated by the service

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

As part of the Quality Improvement initiative, Campion, Daisy and Sorrell Wards have been asked to focus on the reduction of physical assaults on staff. The Security Management Specialists are supporting the staff through this process and will input where necessary.

As well as physical assaults, for 2017 there were 364 reported cases of non-physical assault against staff. This is a decrease of 81 incidents reported from the previous year. This includes verbal abuse, threatening behavior, harassment etc.

Compared to the total number of reported physical assaults for 2017, it is assumed that non-physical assaults are under reported. Awareness of the importance of reporting non-physical assaults is reinforced by the Security Management Specialists at staff training, team meetings, communications etc.

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

5. Personal Safety and Lone Working

The Trust has an ongoing contract with Skyguard for the provision of lone worker devices. In January 2018, the Trust had 1,250 devices with 1,352 staff registered on the web portal as users. Statistics show that approximately 23% of these devices are used within any 1 month.

All Services that use lone worker devices have the ability to generate their own reports on usage/non-usage and thus monitor compliance to the Lone Worker Policy. The current contract with Skyguard expires in summer 2018 and the Security Management Specialists are exploring other types of technology that might further assist Lone Workers. In line with that we are reviewing which services might warrant the use of lone worker devices within any future contract and thus determine the size of that contract.

The Security Management Specialists have been working with the communications team to promote and encourage usage in the form of screen savers, posters, text messages, e-mails and sections in Team brief and Newsline newsletter.

6. Fire Safety

Royal Berkshire Fire and Rescue Service (RBFRS) undertook two fire safety visits to ensure the Trust is compliant with the Regulatory Reform (Fire Safety) Order 2005 during 2017. At Skimped Hill Health Centre on 5th January which resulted in no further action and at King Edward VII Hospital on 16th November which resulted in a letter to say that a reasonable standard of fire safety was evident and that the premises are not a high risk.

RBFRS has also carried out several Site Specific Risk Assessment visits at Prospect Park Hospital. These were visits by fire crews for the purpose of updating their own risk records. They also carried out a joint training exercise with BHFT staff using Jasmine ward to simulate a ward fire.

Following the fire at Grenfell Tower in June RBFRS carried out checks at all inpatient sites with cladding. This resulted in remedial works being carried out at Upton Hospital and at Wokingham Community Hospital on Windsor and Ascot wards. The majority of this work was around the effectiveness of fire resisting doors and has been completed. There is still outstanding work at Wokingham regarding the refuse chutes from the wards to exterior wooden wheelie-bin stores. This work has funding in place and is being tendered.

7. Fire Incidents

There has been a sharp increase in False Alarm Malicious incidents –all 5 of these were patients with capacity at PPH setting off the fire alarm either by using the call point or by deliberately spraying aerosol into a detector. There is also an increase in damage to equipment, again mainly at PPH by patients

There is one fire to report which was a patient on Snowdrop who lit paper and damaged a mattress. False Alarm Others includes staff putting inappropriate items in microwaves, smoke from a toaster and more than one case of a routine test not going as it should resulting in a call to the fire brigade.

Fire Related Incidents by Service

Services	2013	2014	2015	2016	2017	Total
Mental Health	26	10	15	27	21	99
Community West	21	13	10	13	7	64
Estates & Facilities	10	8	9	13	9	49
Community East	2	2	0	4	5	13
Totals:	**59**	**33**	**34**	**57**	**42**	**225**

Fire related incidents by type

Sub-category	2013	2014	2015	2016	2017	Total
Fire Accidental	12	6	3	6	0	27
Fire Arson	2	6	4	2	1	15
False Alarm Accidental	3	2	1	1	2	9
False Alarm Malicious	3	1	0	1	5	10
False Alarm Other	29	13	21	35	10	108
Fire Equipment Damaged	0	0	2	1	4	7
Fire Equipment Failure	9	2	0	6	0	17
Planned Fire Evacuation Drill	1	1	1	2	0	5
Risk of Fire Identified	0	2	1	2	10	15
Other	0	0	1	1	10	12
Grand Total	**59**	**33**	**34**	**57**	**42**	**225**

Smoking Related Incident

	2015	2016	2017	Total
Mental Health	182	196	206	584
Berkshire Healthcare Community East	5	4	3	12
Berkshire Healthcare Community West	6	5	2	13
Estates, Facilities & Support Services	12	0	6	18
Total	205	205	217	627

8. Fire Safety Improvements:

The following works have been completed in 2017on BHFT properties

Location	Action required	Actions completed
Wokingham	Improve emergency egress from the under-croft below the wards	Completed
Upton	Upgrade fire doors	Completed
Upton	Fire alarm panel added in ward, door release devices fitted 2nd floor	Completed
St Marks	Fire door upgrade	Completed
PPH	High Risk bedrooms	Nearing completion

9. Fire Training

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

2017 has seen an improvement from 85% to 93.6% very narrowly missing the Trust target of 95% compliance by the end of 2017. See table below:

2017 Fire Safety Training Compliance levels by month	Jan 2017	Feb 2017	Mar 2017	April 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Trust Total	85.43%	86.91%	82.94	90.32%	90.09%	90.20%	91.23%	92.27%	92.67%	93.16%	93.02%	93.62%
371 Bracknell Community Adult Physical Health Services - East	92.27%	88.21%	87.94%	91.60%	93.36%	94.04%	95.15%	95.18%	93.73%	95.35%	92.77%	93.21%
371 Community West Newbury Services	90.96%	91.18%	87.53%	96.08%	94.22%	94.19%	93.54%	92.05%	93.30%	95.29%	94.37%	93.77%
371 Community West Reading Services	83.33%	84.37%	82.15%	92.88%	90.77%	90.16%	90.77%	91.81%	92.71%	94.33%	94.18%	95.25%
371 Community West Wokingham Services	89.66%	90.90%	82.75%	91.19%	92.17%	92.11%	90.97%	94.52%	93.04%	91.82%	91.54%	92.07%
371 Corporate Services	77.23%	85.15%	82.09%	86.56%	84.58%	84.11%	88.60%	89.86%	89.71%	91.45%	93.59%	92.24%
371 Head of Inpatient (MH) Service	86.49%	88.89%	89.78%	92.39%	91.92%	91.08%	95.43%	95.54%	96.06%	94.53%	96.38%	97.81%
371 Other Health Services Service	75.76%	74.75%	64.62%	80.79%	75.73%	76.67%	76.59%	80.66%	85.00%	86.81%	82.10%	88.13%
371 Slough Mental Health Services - East	74.69%	88.24%	88.82%	95.24%	95.18%	96.51%	96.30%	95.76%	97.50%	94.90%	92.98%	96.02%
371 Windsor Ascot & Maidenhead Children's Services	86.72%	85.76%	79.56%	87.39%	89.76%	90.27%	91.40%	91.57%	93.45%	92.72%	94.11%	94.51%

10. Days Lost through Sickness

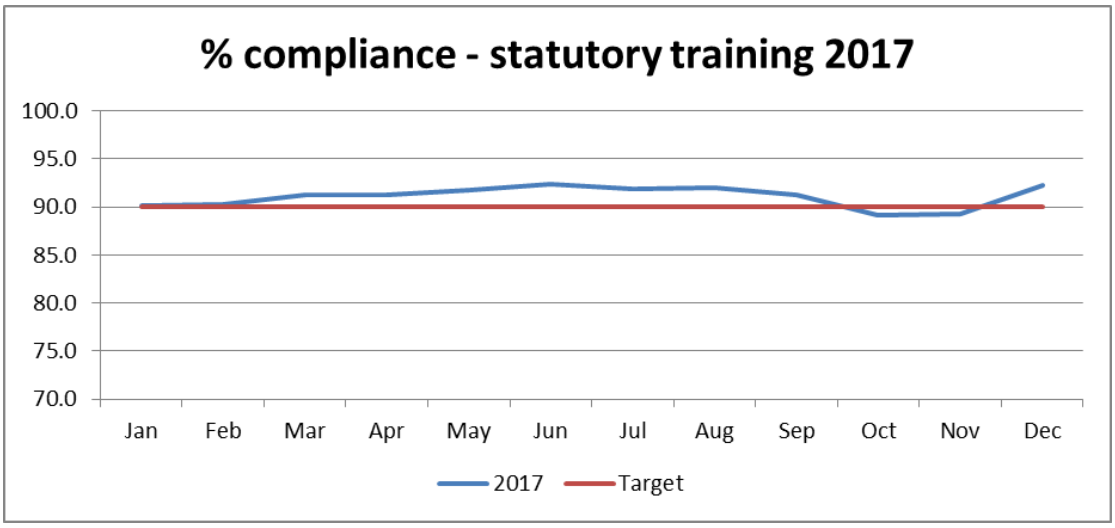
The information on the number of days lost through sickness is reported for the calendar year January 2017 to December 2017. The table below shows the number of days lost per FTE by sickness reason.

Absence Reason	Grand Total	Percentage by Reason	Days Lost Per FTE
S10 Anxiety/stress/depression/other psychiatric illnesses	**11,160**	**22.8%**	**3.1**
S11 Back Problems	**3,360**	**6.9%**	**0.9**
S12 Other musculoskeletal problems	**7,176**	**14.7%**	**2.0**
S13 Cold, Cough, Flu - Influenza	**4,776**	**9.8%**	**1.3**
S14 Asthma	**71**	**0.1%**	**0.0**
S15 Chest & respiratory problems	**2,390**	**4.9%**	**0.7**
S16 Headache / migraine	**1,127**	**2.3%**	**0.3**
S17 Benign and malignant tumours, cancers	**1,697**	**3.5%**	**0.5**
S18 Blood disorders	**71**	**0.1%**	**0.0**
S19 Heart, cardiac & circulatory problems	**832**	**1.7%**	**0.2**
S20 Burns, poisoning, frostbite, hypothermia	**42**	**0.1%**	**0.0**
S21 Ear, nose, throat (ENT)	**1,350**	**2.8%**	**0.4**
S22 Dental and oral problems	**321**	**0.7%**	**0.1**
S23 Eye problems	**526**	**1.1%**	**0.1**
S24 Endocrine / glandular problems	**144**	**0.3%**	**0.0**
S25 Gastrointestinal problems	**4,951**	**10.1%**	**1.4**
S26 Genitourinary & gynaecological disorders	**1,647**	**3.4%**	**0.5**
S27 Infectious diseases	**319**	**0.7%**	**0.1**
S28 Injury, fracture	**3,408**	**7.0%**	**0.9**
S29 Nervous system disorders	**328**	**0.7%**	**0.1**
S30 Pregnancy related disorders	**1,022**	**2.1%**	**0.3**
S31 Skin disorders	**266**	**0.5%**	**0.1**
S98 Other known causes - not elsewhere classified	**1,311**	**2.7%**	**0.4**
S99 Unknown causes / Not specified	**625**	**1.3%**	**0.2**
Total	**48,922**	**100.0%**	**13.5**

There is a decrease in the number of days lost per FTE – 13.5 per FTE in 2017 compared to 14.9 per FTE in 2016. The continuation of Manager Self-Service across the trust has helped maintain the accuracy and recording of reasons for absence. The main reasons for absence are similar to 2016 with stress/anxiety related illness being the highest reason this year at 22.8% compared with 22.6% last year. The second highest reason was for other musculoskeletal conditions at 14.7% (compared to 11.5%).

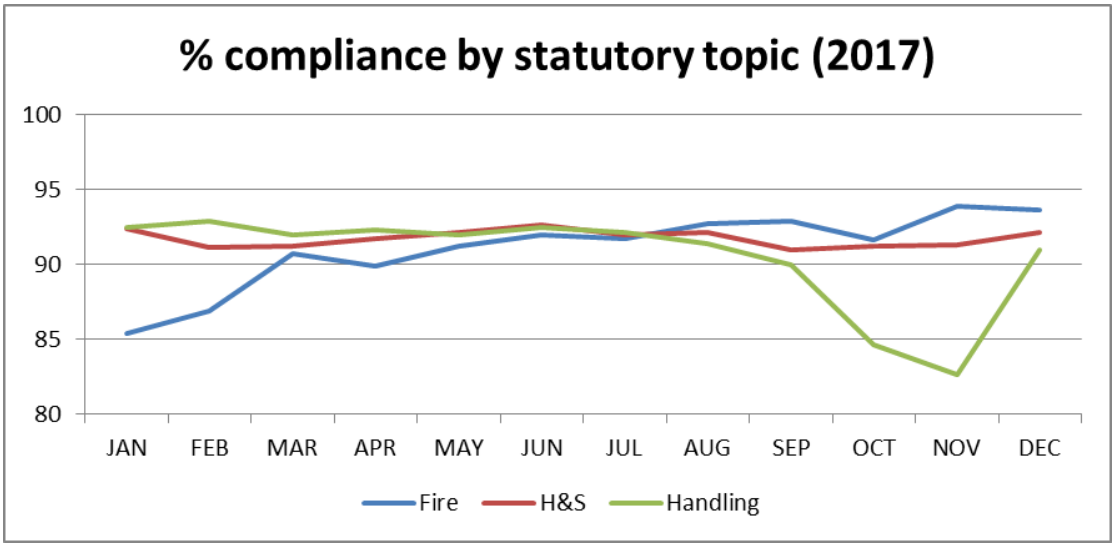
11. Statutory Training compliance

The graph below shows the percentage of staff compliance with statutory training throughout 2017 against an overall Trust target of 90%. A slight dip to 89% is noted in the autumn which is discussed below.



The data above is an average of three topics: Fire Safety, Health & Safety and Manual Handling. When viewed separately (below), Fire Safety has improved significantly across the year and Health & Safety has remained stable. Manual Handling showed some fluctuation in October/November which recovered to normal levels in December but caused the overall decline to 89% in the combined figures for two months.

This centred on a large number of staff requiring Medium and High risk training expiring at the same time. This is being analysed further for predictive value regarding the same period in 2018.



Throughout 2017, particular focus was been placed on Fire Safety against a new aspirational target of 95%. This has involved a number of workstreams including targeting hotspots; streamlining access to training; cleansing data reports; and setting an expectation of managers as role models. As a result, good progress has been made from 85% to 94%. This has formed part of a wider project, known as 'Amber to Green', the aim of which is for staff to be enabled and expected to renew all their statutory and mandatory training whilst amber, rather than waiting until they have expired. This project continues into 2018.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13 February 2018
Title	**Use of Trust Seal**
Purpose	This paper notifies the Board of use of the Trust Seal
Business Area	Corporate
Author	Chief Financial Officer
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Compliance with Standing Orders
Equalities and Diversity Implications	N/A
SUMMARY	The Trust's Seal was affixed to the following documents: • Newbury and Thatcham PFI – Renal Dialysis Unit – Lease and Licence for alterations and side letter.
ACTION	To note the update.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13 February 2018
Title	**Audit Committee – 31 January 2018**
Purpose	To receive the unconfirmed minutes of the meeting of the Audit Committee of 31 January 2018. The Annual Internal Audit Plan is attached at appendix A for information.
Business Area	Corporate
Author	Company Secretary for Chris Fisher, Audit Committee Chair
Relevant Strategic Objectives	2. - Strategic Goal: deliver sustainable services based on sound financial management
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
Equality and Diversity Implications	N//A
SUMMARY	The unconfirmed minutes of the Audit Committee meeting held on 31 January 2018 and the Internal Audit Plan for 2018-19 are provided for information.
ACTION REQUIRED	The Trust Board is asked to: a) To receive the minutes and to seek any clarification on issues covered. b) To note the Internal Audit Plan for 2018-19

Berkshire Healthcare NHS
NHS Foundation Trust

Minutes of the Audit Committee Meeting held on

Wednesday, 31 January 2018, Fitzwilliam House, Bracknell

Present:	Chris Fisher, Non-Executive Director, Committee Chair Naomi Coxwell, Non-Executive Director Mehmuda Mian, Non-Executive Director
In attendance:	Alex Gild, Chief Financial Officer Clive Makombera, Internal Auditors, RSM Amanda Mollett, Head of Clinical Effectiveness and Audit Minoo Irani, Medical Director Debbie Fulton, Deputy Director of Nursing Laura Rogers, Deloittes, External Auditors Julie Hill, Company Secretary Mark Davison, Director of IM&T (present for items 6 and 12)

Item	Title	Action
1.A	**Chair's Welcome and Opening Remarks**	
	Chris Fisher, Chair welcomed everyone to the meeting and said that the key items of business for discussion were: the Board Assurance Framework; the Cyber Security Annual Report; and the report about implementing the General Data Protection Regulations.	
1.B	**Apologies for Absence**	
	Apologies were received from: • Ben Sheriff, Deloittes, External Auditors • Debbie Kinch, Counter Fraud, TIAA	
2.	**Declaration of Interests**	
	There were no declarations of interest.	
3.	**Minutes of the Previous Meeting held on 25 October 2017**	
	The Minutes of the meeting held on 25 October 2017 were approved as a correct record.	
4.	**Action Log and Matters Arising**	
	The action log had been circulated. The following items were discussed further: **Corporate Risk Register** The Chair said that he had not discussed how to streamline the risks on the Corporate Risk Register because the Company Secretary's work to improve the format of the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR) had resulted in there being a clear distinction between the	

	strategic risks (BAF) and the Trust-wide operational risks (CRR). The action was therefore closed. Naomi Coxwell, Non-Executive Director asked which of the Executive Committees was responsible for reviewing the Corporate Risk Register. The Chief Financial Officer confirmed that the Finance, Performance and Risk Committee reviewed both the Board Assurance Framework and the Corporate Risk Register quarterly. **Revised Standards of Business Conduct Policy** The Chief Financial Officer reported that the Trust's revised Standards of Business Conduct Policy was currently going through the Trust's internal policy review processes and agreed to inform the Committee of any material changes to the policy. The Committee noted the Action Log.	
5.A	**Board Assurance Framework – Evidence for Assurance**	
	The Chair said that the evidence for assurance paper was part of a series of papers designed to provide assurance that the Trust was proactively managing and mitigating the key risks to achieving its strategic objectives. In this paper, the Executive Director risk owners had been asked to provide the evidence to demonstrate that the controls and mitigation actions were effective. The Committee reviewed each risk and during the discussion the following points were made: **Risk 1 – Workforce** The Chair pointed out that workforce was the Trust's top risk to achieving its strategic objectives and queried whether the Director of Human Resources should be represented on the Trust Board. The Chair asked whether the structure of the leadership team needs to better reflect the main challenges that the business currently faces as outlined on the BAF. He proposed that a significant mitigation for the workforce risks faced could be to recruit an experienced Board level Human Resources Director. The Chief Financial Officer informed the committee that a vacancy for the current most senior post within Human Resources existed. The Chair said it was important that the Trust was proactive in identifying any future "hot spots" where it was likely that it would be hard to recruit particular staff groups so that plans could be put in place ahead of time to mitigate the risk. The Deputy Director of Nursing said that in response to the national shortage of registered nurses, the Trust was actively reviewing the skills mix by creatively utilising the skills of other staff groups such as Occupational Therapists who were able to provide support to the nursing staff on the wards. The Deputy Director of Nursing said that the Trust was also developing its Apprenticeships programme as part of its commitment to "growing your own staff". The Chief Financial Officer thanked the Committee for their comments and said that there were regular update reports on the implementation of the Trust's workforce strategy at the Trust Board and that this would provide a	

	further opportunity for members of the Committee to discuss their views on how best to tackle workforce challenges. **Risk 2 – Clinical and Patient Involvement** The Chair said that it would have been helpful if the report had included positive examples of clinical and patient involvement in the development of pathways. The Deputy Director of Nursing said the Quality Improvement project around developing a new pathway for people with personality disorder was a good example of co-production between clinicians and patients. **Risk 3 – National Efficiency Benchmarks** Naomi Coxwell, Non-Executive Director reported that the Finance, Investment and Performance Committee meeting this morning had discussed the contribution of each contract to the Trust's finances. **Risk 4 – Sustainability and Transformation Plans** The Chair asked whether Accountable Care Systems were working towards developing financial plans beyond a two year horizon. The Chief Financial Officer said that this had been done at a high level and that this would be refined over the course of the next financial year. **Risk 5 – Clinical Standards** The Chair reported that he would be attending the Quality Assurance Committee as an observer to gain a better understanding of the Committee's work and expanding remit. The Company Secretary reported that the Quality Concerns which were reported to the Quality Assurance Committee would now also be presented to the Trust Board to ensure that the whole Board was sighted on the Trust's key quality risks. **Risk 6 – Risk of other providers acquiring the Trust's services** The Chair asked whether the Trust would be reviewing the impact of losing the Slough Health Visitor contract. The Chief Financial Officer confirmed that this was the case. **Risk 7 – Failure to Develop Collaborative Relationships** The Chair asked when the outcome of the Stakeholder Strategy would be disseminated. The Chief Financial Officer said that the results of the survey should be collated in around four weeks' time. **Risk 8 – Other Providers not delivering the required standard** The Chair commented that as the Secretary of State for Health's portfolio now included Social Care, he hoped that there would be opportunities to pilot integrated health and social care pathways. The Chair thanked the Company Secretary for her work in developing the Board Assurance Framework. The Committee noted the report.	
5.B	**Board Assurance Framework 2017-18**	
	The full Board Assurance Framework had been circulated. Updates since the last Audit Committee were highlighted in red type. It was noted that the Finance, Investment and Performance Committee had reviewed the financial	

	and strategic risks at their meeting earlier today. The Chair said that as highlighted in the Internal Audit Report, the next stage in the development of the Board Assurance Framework would be for the Executive Director lead for each risk to be more systematic in reviewing the initial, current and target risk scores and setting indicative target dates. The Committee noted the Board Assurance Framework.	**AG/JH**
5C.	**Corporate Risk Register**	
	The Corporate Risk Register had been circulated. The Company Secretary reported that she had changed the format of the Corporate Risk Register to make it easier to read. It was noted that the Finance, Performance and Risk Committee reviewed the Corporate Risk Register quarterly and that in addition to the Audit Committee's quarterly reviews, the Corporate Risk Register was presented to the Trust Board annually. The Committee requested that the risk scores for each of the risk be reviewed by the Executive lead responsible for the risk to ensure that they reflected the current situation. Naomi Coxwell, Non-Executive Director said that it would be helpful if the Service User Suicide and Mental Health Act Office risks included a short description of the nature of the risk. The Committee noted the report and approved the revised risk scores in relation to the Agency Spend risk (current risk score was now 6 – down from 12) and the Mental Health Act Office (current risk score was now 9 down from 12). The Committee also approved the closure of the Ligature Risk. A new Ligature Risk which described the latest area of ligature risk would be added to the Corporate Risk Register.	**AG/JH** **DF/JH**
6.	**Cyber Security Annual Report**	
	The Chair welcomed the Director of IM&T to the meeting and asked him to forward the Committee's thanks to the IT and Audit Compliance Manager for producing an informative annual report. The Director of IM&T presented the report and highlighted the following key points: • The Trust's network was protected by firewalls, email filters and internet filters to mitigate the risks of unauthorised access to the network. In addition, software was regularly updated to prevent the exploitation of in-built vulnerabilities. • Regular audits were carried out by external organisations to provide assurance that the measures in place were effective and to signpost any improvements. • The Trust had not been affected by the WannaCry attack. • Given the number of patient information transactions each year, the number of information governance breaches was low. The main source of Information Governance incidents was information disclosed in error and this included letters posted to the wrong address, misdirected email	

	and social media posts etc. Naomi Coxwell, Non-Executive Director asked whether the Trust's IT systems were externally assessed in terms of cyber security. Clive Makombera, RSM confirmed that the Internal Auditors had reviewed the Trust's Cyber Security systems and processes. The Director of IM&T reported that the Trust used a third party security company to conduct penetration testing to ensure that the network was secure against cyber threat and that any new systems would first be tested to ensure that they had sufficient security controls. The Director of IM&T reported that the Trust was part of a network of Cyber aware organisations spearheaded by the National Cyber Security Centre and NHS Digital to speed up the dissemination of information about attacks, vulnerabilities and mitigations. Mehmuda Mian, Non-Executive Director referred to page 73 of the agenda pack and said that she was surprised that a dismissed member of staff had retained their network account for a short period of time after leaving the Trust's employment. It was noted that there was no evidence that clinical data (either on Rio or the shared drive was accessed). The Director of IM&T reported that the incident had been investigated and lessons had been learnt. The Chair referred to the appendix B which set out the top 20 most blocked internet sites and asked whether there were any consequences for the staff who had tried to access these sites. The Director of IM&T confirmed that an automatic message popped up on the computer screen informing the member of staff that this was a restricted site. The Chief Financial Officer agreed to review the message to see if the wording should be changed to make staff aware that the Trust monitored access to the internet. Clive Makombera, RSM, Internal Auditors said that it was a very comprehensive report and addressed the right issues and provided appropriate assurance to the Trust Board. Laura Rogers, Deloittes, External Auditors echoed Mr Makombera's comments and said that the report highlighted the Trust's pragmatic approach to Cyber Security and emphasised the importance of keeping Cyber Security systems and processes under constant review to mitigate the risk of an attack. Naomi Coxwell, Non-Executive Director said that it was an excellent report and suggested that it would be helpful if future reports included a "horizon scanning" section to set out a forward view of Cyber Security. The Committee noted the Annual Cyber Security Report and agreed to inform the Trust Board that the Committee was assured that the Trust had appropriate cyber security systems and processes in place to mitigate the cyber security risk.	**AG** **MD/AG**
7.	**Single Waiver Tenders Report**	
	A paper setting out the single waivers approved between October 2017 and	

	December 2017 had been circulated. The Committee approved the single waivers as set out in the report.	
8.	**Information Assurance Framework Update Report**	
	The Chief Financial Officer presented the report and highlighted the following points: • A total of 3 indictors were audited during Quarter 3 as well as a re-visit of the red indicators from Quarter 2. • The Trust had received positive overall assurance on the Internal Data Quality elements of the 2016/17 Quality Accounts as part of the external audit review. • With the 2017-19 Contract in place, the Data Quality Improvement Plan required increased scrutiny of the data quality of datasets, therefore additional data quality audits would be carried out in line with contract requirements. These audits would be factored in alongside the Information Assurance Framework audit schedule. The Chair referred to the section on red and amber indicators and said that it would be helpful if future reports explained why the indicators had been RAG rated red or amber as this was not clear from the commentary. The Chair referred to the Audit Schedule for Quarter 4 and commented that there were a large number of audits planned. The Chief Financial Officer said that he would work with the Assistant Director of Information and Performance to prioritise the audits. The Head of Clinical Audit and Effectiveness pointed out that Deloittes would be reviewing the IAPT indicator as part of their external audit work on the Quality Accounts 2017-18 (the Council of Governors had selected IAPT as the local Quality Accounts indicator for external audit). The Committee noted the report.	**AG** **AG**
9.	**Losses and Special Payments Report**	
	The Chief Financial Officer reported that the total net value of losses reported between October 2017 to December 2017 was £41,034. All the losses were included in the outturn position for the Trust up to the end of quarter 3 2017/18. Mehmuda Mian, Non-Executive Director asked what steps the Trust took to safeguard patients' personal effects whilst they were on the wards. The Chief Financial Officer said that patients were encouraged to keep their personal effects in lockers. The Committee approved the losses and special payments.	
10.	**Clinical Audit Progress Report**	
	The Head of Clinical Audit and Effectiveness presented the report and highlighted the following points: • The progress against the annual clinical audit plan for 2017-18 was summarised in table 1 of the report. In total there were 23 national quality account reportable projects, 4 national projects with the majority linked to CQUINs and 1 project requested by the Quality Assurance	

	Committee. • All national timescales had been met. There were currently no risks identified with the implementation of the clinical audit programme 2017-18. The Chair said that he was surprised that the Executive had not requested any clinical audits. The Head of Clinical Audit and Effectiveness explained that requests for additional clinical audits were usually submitted via the Quality Assurance Committee (which comprised of both Executive Directors and Non-Executive Directors). The Chair asked the Head of Clinical Audit and Effectiveness whether her team had the resources to deliver the Clinical Audit Programme. The Head of Clinical Audit and Effectiveness said that it would be challenging especially as a number of the national audits had been delayed. The Medical Director reported that the scale and size of the national clinical audits was increasing and in addition, the Clinical Audit Team was now playing a more proactive role in ensuring that action plans were implemented. The Committee noted the report.	
11.	**Clinical Claims and Litigation Report (Six Monthly Report)**	
	The Deputy Director of Nursing presented the paper and said that it was the first time this report had been produced for the Committee. The Chair thanked the Deputy Director of Nursing and said that the report was very informative. The Director of Nursing and Governance pointed out that because clinical claims could take several years to resolve, some of the learning identified at the time was now out of date. The Chair referred to the employers liability claim submitted by a member of staff for a back injury which was rejected and asked what steps the Trust took to ensure that staff were informed about what constituted a claim for injury. The Deputy Director of Nursing agreed to look report back to the Committee. The Committee noted the report	**DF**
12.	**Implementing the General Data Protection Regulations Report**	
	The Director of IM&T presented the report and highlighted the following points: • The General Data Protection Regulations (GDPR) came into force in May 2016 and became law in May 2018 when it would supersede the UK Data Protection Act 1998. • The GDPR expanded the rights of individuals to control how their personal information was collected and processed and placed a range of new obligations on organisations to be more accountable for data protection. • The Trust had developed an action plan (page 119 of the agenda pack) for the implementation of the new data requirements. Clive Makombera, RSM, Internal Auditors reported that the implementation of the GDPR had been added to the Internal Audit Plan for 2018-19. Mehmuda Mian, Non-Executive Director asked whether the “Right to be	

	Forgotten" campaign had implications for the Trust. The Director of IM&T said that patients did not have the right to delete their medical records. The Committee reviewed the Action Plan and agreed that there was a high degree of preparedness for the implementation of the GDPR requirements with the exception of children's data because national guidance had not yet been issued around processing children's information and consent. The Committee noted the report.	
13.	**Internal Audit**	
	A) Internal Audit Progress Report Clive Makombera, Internal Auditors, RSM, presented the Internal Audit Progress Report and reported that : • Seven internal audit reports had been finalised; • One draft report was out for management review (Key Financial Controls – Ledger and Payroll); • The fieldwork for two reviews had been completed and reports were currently being drafted (Workforce – Recruitment and Retention and Workforce – Temporary Staffing and Rostering); • The start date for the remaining review on the Information Governance Toolkit had been agreed and all work was planned to be completed before the end of the financial year. • The full reports on the Board Assurance Framework and Risk Management (reasonable assurance) and Audit of Mortality Review Processes and Learning from Deaths (Substantial assurance) had been circulated. • RSM was working closely with the Chief Financial Officer to ensure that there was a system in place to escalate any overdue actions ahead of the Committee report deadline. **B) Internal Audit Plan** Clive Makombera presented the draft Internal Audit Plan for 2018-19 which had been developed in consultation with the Executive Team. The Chair said that he was pleased to see the inclusion of Workforce Planning. Naomi Coxwell, Non-Executive Director commented that she particularly liked the fact that the Internal Audit Plan referenced the relevant risk on the Board Assurance Framework. Mr Makombera said that there was scope to amend the Internal Audit Plan if other more pressing topics were identified. The Chair invited Laura Rogers, Deloittes, External Auditors for her views. Ms Rogers echoed Ms Coxwell's comments and said that it was the first time she had seen an Internal Audit Plan which linked the audits to the BAF risks and confirmed that she thought the Internal Audit Plan was very sensible in its selection of topics. The Committee approved the Internal Audit Plan for 2018-19. **C) Mortality Review Process Internal Audit** Clive Makombera confirmed that there was significant assurance in respect of	

	the Internal Audit Review of the Trust's Mortality Review and Learning from Deaths systems and processes. **D) Health Matters Report** The Health Matters Report had been circulated for information. The Chair referred to page 207 of the agenda pack and asked whether the Trust had reviewed pay in the light of the gender pay gap reporting requirement. The Chief Financial Officer reported that over 90% of staff were employed on national terms and conditions (for example, Agenda for Change). The Chief Financial Officer agreed to seek assurance from the Director of Human Resources that there was pay equality between men and women. The Committee noted the report.	**AG/LJ**
14.	**Counter Fraud Progress Report**	
	A) Counter Fraud Progress Report The Counter Fraud Progress Report had been circulated. The Committee noted the report. **B) Single Waivers Thematic Review** The Chair referred to page 231 of the report and said that it would be helpful if the graph showed the Trust's position in terms of the number of single waiver tenders. The Company Secretary agreed to contact the Counter Fraud Specialist to find the information. The Committee noted the report.	**JH**
15.	**External Audit Report**	
	Laura Rogers, Deloittes presented the paper which had been circulated for information. Ms Rogers reported that NHS Improvement was now expected not to finalise the Quality Accounts Guidance in relation to the indicators which would be externally audited until 23 February 2018. It was noted that it was likely that the indicators would be the same as those in the draft guidance but there was a small risk that these would be changed. Ms Rogers said that ideally the External Auditors would like to start their external audit of the Quality Accounts as soon as possible and if they waited until after 23 February 2018 this would not allow much time before the Quality Accounts had to be submitted. The Committee agreed that the External Auditors should start their external audit work on the Quality Accounts and in the event of NHS Improvement changing the indicators, the Trust would cover the cost of any additional audit work. The Chair referred to page 247 of the agenda pack and asked the Medical Director whether the NHS Providers and the Faculty of Medical Leadership and Management's work around improving the working environment for junior doctors had any implications for the Trust. The Medical Director said that he would review the list of actions set out in the report and pointed out that the annual junior doctor survey demonstrated that	

	there was a high degree of satisfaction from the Trust's junior doctors. Laura Rogers reported that the Care Quality Commission was proposing that the rating of Trusts would reflect both quality and use of resources assessments. The Chair said that the section benchmarking the Trust's performance against 36 other Trusts which Deloittes audited provided useful information. The Committee noted the report.	
16.	**Minutes of the Finance, Investment and Performance Committee held on 25 October 2017 and 29 November 2017**	
	The minutes of the Finance, Investment & Performance Committee meetings of 25 October 2017 and 29 November 2017 were received and noted.	
17.	**Minutes of the Quality Assurance Committee held on 21 November 2017**	
	The minutes of the Quality Assurance Committee meeting of 21 November 2017 were received and noted. Mehmuda Mian, Non-Executive Director asked whether the ten beds at West Berkshire Community Hospital remained closed. The Deputy Director of Nursing confirmed that this was the case.	
18.	**Minutes of the Quality Executive Committee held on 9 October 2017, 13 November 2017 and 11 December 2017**	
	The minutes of the Quality Executive meetings of 9 October 2017, 13 November 2017 and 11 December 2017 were received and noted.	
19.	**Annual Work Plan**	
	The Work Plan was updated to show that the Internal Audit Plan had been agreed at this meeting. It was agreed that another in depth review of the Board Assurance Framework Risks would not be needed until the Autumn. The Committee would continue to receive the quarterly reports.	**JH**
20.	**Any Other Business**	
	The Committee noted that no other business was raised.	
21.	**Date of Next Meeting**	
	25 April 2018 2pm	

These minutes are an accurate record of the Audit Committee meeting held on 31 January 2018.

Signed:- _____

Date: - 25 April 2018 _____

Internal Audit Plan 2018-19

Audit	Objective of the Review	Audit Approach
Workforce Planning	We will agree with management (Director of Corporate Affairs) a workforce area/project to review and provide assurance on whether there are robust arrangements in place over delivery, monitoring and escalation of issues. ***BAF: Risk 1*** *– Failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost could impact on our ability to meet our commitment to providing safe, compassionate, high quality care to our service users* ***Strategic Goal****: To strengthen our highly skilled and engaged workforce*	Assurance
CIP Benefits Realisation	We will focus on the whether benefits from CIP schemes are being realised as planned. The exact scope of the review will be considered with input from the Chief Financial Officer. ***BAF: Risk 3:*** *Failure to achieve national efficiency benchmarks could impact on the Trust's future sustainability and lead to increased regulatory scrutiny* ***Strategic Goal:*** *To deliver services that are efficient and financially sustainable*	Assurance
Supplier Contract Management	We will review the contract management arrangements at the Trust. Our review will cover four broad areas of contract management as follows: • Supplier performance. • Contract administration and change. • Contractual agreements. • Contract governance. This will consider the Trusts material contracts, and will consider both a clinical and procurement aspect for contract management. Further input to be provided by the Chief Financial Officer and Chief Operating Officer. ***BAF: Risk 7:*** *Failure to develop collaborative working relationships with key strategic partners could result in the Trust losing influence in key decisions leading to less effective services for local people.* ***Strategic Goal:*** *Understanding and responding to local needs as part of an integrated system.*	Assurance

Audit	Objective of the Review	Audit Approach
Conflict of Interest	Revised guidance from NHS England says there should be an annual internal audit of Conflicts of Interest. This review will examine how the Trust manages conflicts of interest, as outlined in the new Managing Conflicts of Interest: Revised Statutory Guidance. The audit will focus on: • The introduction of a conflicts of interest guardian. • The robustness of the process for managing any breaches within conflict of interest policy; • The robustness of the decision- making process for when a conflict of interest arises; • The timeliness of conflict of interest declarations and the availability of publicly accessible register of interests, gifts and hospitality; • Conflicts have been suitably considered in actual procurement; • Working closely with LCFS; and • Training being provided to Staff, Executive and Lay Members. ***BAF: Risk 1*** *– Failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost could impact on our ability to meet our commitment to providing safe, compassionate, high quality care to our service users* ***Strategic Goal****: To strengthen our highly skilled and engaged workforce*	Compliance
Fit and Proper	This review will consider how the trust complies with the latest CQC guidance in relation to Regulation 5: Fit and Proper persons: Directors. • The officer responsible for completing the declaration annually and retaining supporting documentation in the event of inspection. • Directors have the qualifications, competence, skills and experience to carry out their role. ***BAF: Risk 1*** *– Failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost could impact on our ability to meet our commitment to providing safe, compassionate, high quality care to our service users* ***Strategic Goal****: To strengthen our highly skilled and engaged workforce*	Compliance
Clinical Audit / Effectiveness Follow Up review	In agreement with the Medical Director, RSM will complete a follow up of a Clinical Audit completed by the Trust Clinical Audit Team to ensure that actions derived from the reviews have been implemented as agreed.	

Audit	Objective of the Review	Audit Approach
	BAF: Risk 5: *Failure to maintain clinical standards could put patients at risk of poor quality care and could lead to reputational damage and a loss of commissioner and public confidence in the quality of the Trust's services.* ***Strategic Goal:*** *Improving patient safety and experience*	Follow up
Risk Management	We will review the effectiveness of the risk management processes below the BAF and Corporate Risk Registers and the systems used to capture this data. We will select a sample of areas to focus on and test the use and maintenance of risks registers within these locations.	Assurance
GDPR	GDPR comes into force on 25th May 2018 and it will be directly applicable as law in the UK. It is expected that the provisions of the GDPR will remain in force post-Brexit, and for the foreseeable future. The exact scope of the review with be agreed with management.	Advisory
Board Assurance Framework	Focus to provide Head of IA Opinion. We will review the timeliness of the delivery of actions on the BAF and the impact these have on residua risk scores. We will review a sample of actions over a 12 month period.	Assurance
Key Financial Controls	To ensure that the Trust's key financial controls continue to operate as intended	Key Control
Data Quality	We will pick a sample of KPIs and test the process for collecting, validating and reporting on the data. This will include identifying 'the true north' for the Trusts KPI's as indicated within Datix and the Performance Assurance Framework. ***BAF: Risk 5:*** *Failure to maintain clinical standards could put patients at risk of poor quality care and could lead to reputational damage and a loss of commissioner and public confidence in the quality of the Trust's services* ***Strategic Goal:*** *To provide safe services, good outcomes and good experience of treatment and care*	Assurance
Follow up	To meet internal auditing standards, and to provide assurance on action taken to address recommendations previously agreed by management.	Follow up
Management	This will include: • Annual planning • Preparation for, and attendance at, Audit	

Audit	Objective of the Review	Audit Approach
	Committee • Regular liaison and progress updates • Liaison with external audit and other assurance providers • Preparation of the annual opinion	N/a

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13 February 2018
Title	Trust Board Declarations of Interests and Fit and Proper Persons Assurance Report
Purpose	The purpose of the agenda item is to receive the Trust Board members individual declarations of interests and to provide assurance that the Trust has taken reasonable steps to provide on-going assurance that all members of the Trust Board (and staff on Very Senior Manager contracts) meet the requirements of the Fit and Proper Persons Test.
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	All strategic objectives are relevant
CQC Registration/Patient Care Impacts	Supports the Well-Led Domain
Resource Impacts	None
Legal Implications	N/A
Equalities and Diversity implications	N/A
SUMMARY	The current schedule of Directors declarations of interest is provided for review and update as appropriate.
ACTION REQUIRED	The Trust Board is asked to: a) Note the Register of Individual Directors' Interests; b) Note the assurance provided that all Directors (and staff on Very Senior Manager contracts) are and remain "Fit and Proper Persons" as defined in regulation 5 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014) and no not meet the grounds of unfitness specified in Part 1 of Schedule 4 to the Registered Activities Regulations.

Board of Directors Register of Interests and Fit and Proper Person Assurance Report

Section A

1. Declarations of Interests

NHS England issued new guidance in February 2017 on Managing Conflicts of Interests. The Trust's Standards of Business Conduct Policy has been updated to reflect the new requirements.

NHS England defines a conflict of interest as: "a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."

Interests fall into the following categories:

Financial interests	Non-financial professional interests	Non-financial personal interests	Indirect interests
Where an individual may get direct financial benefit from the consequences of a decision they are involved in making	Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career	Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career	Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making

2. Compliance with the Regulations

Upon appointment, all Board members are required to complete a declaration of interests form. Any declared interests are entered onto the Register of Board Member Interests maintained by the Company Secretary. In addition, there is a standing item on declarations of interest on every Board and Sub-Board meeting agendas. This provides a prompt for members to consider whether they have a potential or perceived conflict of interest in any of the matters under discussion.

The Company Secretary writes to all members of the Board in January each year with a request that individuals confirm or amend their interests on the Register. As required by NHS England, the Trust Board Register of Interests is published on the Trust's website at: https://www.berkshirehealthcare.nhs.uk/media/168636/declarations-of-director-interest-2018.pdf

The current Register of Board Interests in attached at Appendix 1.

Section B

1. Fit and Proper Persons Test

Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (set out at appendix 2) was introduced as a direct response to the Francis Report into the failings at Mid Staffordshire NHS Foundation Trust. The Regulation aims to ensure that all Board level appointments of NHS provider organisations are fit and proper to carry out their roles.

It is ultimately the responsibility of the Chairman to discharge the requirement to ensure that individual members of the Board meet the fit and proper persons test and do not meet any of the "unfit" criteria.

During an inspection, the Care Quality Commission will consider compliance with the Fit and Proper Persons Regulations as part of the Well-Led domain (CQC key line of enquiry W1: Is there the leadership capacity and capability to deliver high quality, sustainable care? Specifically, one line of enquiry is to check whether leaders have the skills, knowledge, experience and integrity they need – both when they were appointed and on an going basis.

The Regulations came into force on 1 April 2015. The Trust conducted a retrospective review of all Board appointments (and directors on Very Senior Managers contracts). The then Chair confirmed that all current appointments met the requirements of the Fit and Proper Persons test.

Board level (and Very Senior Manager) appointments made after 1 April 2015 were subject to the Fit and Proper Persons Test requirements prior to appointment and were made in accordance with the Trust's Fit and Proper Persons Policy.

2. On-going Compliance with the Fit and Proper Persons Test Requirements

The purpose of this report is to provide assurance that all Board members (and staff appointed on Very Senior Manager contracts) remain fit and proper persons. The assurance is provided by:

a) The outcome of the annual appraisals process as set out below:

Appraisee	Appraiser	Fit and Proper Person Test Assurance
Chair	Senior Independent Director	The Senior Independent Director canvassed views on the Chair's performance from the Non-Executive Directors, Chief Executive and the Governors. The Senior Independent Director confirmed that there were no Fit and Proper Person Test issues. The Senior Independent Director attended a meeting of the Council of Governors Appointments and Remuneration Committee and presented the outcome of the Chair's appraisal. The Committee in turn provided assurance to the full Council at a private session of the meeting in December 2017.
Non-Executive Directors	Chair	The Chair conducted appraisals with each of the Non-Executive Directors and confirmed that there were no Fit and Proper Person Test

Appraisee	Appraiser	Fit and Proper Person Test Assurance
		issues. The Chair attended a meeting of the Council of Governors Appointments and Remuneration Committee and presented the key points from his appraisals with each of the Non-Executive Directors. The Committee in turn provided assurance to the full Council at a private session of the meeting in December 2017.
Chief Executive	Chair	The Chair conducted the Chief Executive's appraisal and has confirmed that there were no Fit and Proper Person Test issues.
Executive Directors	Chief Executive	The Chief Executive conducted appraisals with each of the Non-Executive Directors and has confirmed that there were no Fit and Proper Person Test issues.
Very Senior Managers		
a) Director of Human Resources	Director of Corporate Affairs	The Director of Corporate Affairs conducted the Director of Human Resources' appraisal and has confirmed that were no Fit and Proper Person Test issues.
b) Director of Finance	Chief Financial Officer	The Chief Financial Officer conducted the Director of Finance's appraisal and has confirmed that were no Fit and Proper Person Test issues.
c) Director of IM&T	Chief Financial Officer	The Chief Financial Officer conducted the Director of IM&T's appraisal and confirmed that were no Fit and Proper Person Test issues.

b) All Board members and staff appointed on Very Senior Manager contracts have made an annual (template attached at Appendix 3) to confirm that they continue to meet the requirements of the Fit and Proper Persons Test and do not meet any of the "unfit" criteria.

c) The Company Secretary has conducted the following on-going checks on each Board member and staff appointed on Very Senior Manager contracts:

i) Disclosure and Barring Service
ii) Individual Insolvency Register
iii) Insolvency Director Disqualification Register
iv) Bankruptcy or Debt Relief Restrictions Register
v) Company House Register of Disqualified Directors
vi) Company House Register of Directorships
vii) Charity Commission's Register of Removed Trustees

The searches did not flag any issues of concern.

d) Members of the Trust Board (and staff on Very Senior Manager Contracts) are required to conduct themselves in accordance with the Directors' Code of Conduct (appendix 4).

Recommendations:

The Trust Board is asked to:

a) Note the Register of Individual Directors' Interests;
b) Note the assurance provided that all Directors (and staff on Very Senior Manager contracts) are and remain "Fit and Proper Persons" as defined in regulation 5 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014) and no not meet the grounds of unfitness specified in Part 1 of Schedule 4 to the Registered Activities Regulations.

Appendix 1

DATE	NAME	POSITION	INTERESTS DECLARED
Non-Executive Directors			
13.12.17	COXWELL Naomi	Non-Executive Director	Trustee Hart Citizen Advice Bureau
01.10.14	FISHER Chris	Non-Executive Director	Chair of the Assurance Committee of Health Education Thames Valley and independent member of HEE South Risk and Assurance Commitee
01.10.13	LYSONS Ruth	Non-Executive Director	Veterinary Consultant, Food & Farming Compliance Consultancy. Non-Executive Director of the British Veterinary Association Trustee, My Cancer, My Choices, charity – 1162165
01.06.15	BUCKLE David	Non-Executive Director	Medical Director and Director of General Practice Development – Herts CCG Director (unpaid) for a medical charity – Society for the Maintenance of Medical Families
01.06.15	MIAN Mehmuda	Non-Executive Director	Board Member - Independent Press Standards Organisation Member of Disciplinary Committee at Royal College of Veterinary Surgeons
01.09.16	DAY Mark	Non-Executive Director	Vice-President of the Institute of Customer Services Member of the Professional Council Global Executive Network
01.12.16	EARWICKER Martin	Chair	Chair, Farnborough College of Technology Vice Chair Dorset County Hospital (resigned following appointment as chair elect) Trustee Hart Citizen Advice Bureau
Executive Directors			
09.09.08	EMMS Julian	Chief Executive	Wife is employed by the Trust as Service Manager of the EIP Service. Brother is Global Marketing Lead of Pfizer
03.09.09	GILD Alex	Chief Financial Officer	President and Chair of Trustee Board: Healthcare Financial Management Association. Director of two subsidiary companies of HFMA: HFMA LTD and HFMA Commercial Services Limited
01.11.15	IRANI Minoo	Medical Director	Member of Invited Review Panel, Royal College of Paediatrics & Child Health.

			Wife is employed by NHS Improvement on a fixed term contract.
20.11.12	MACKENZIE Helen	Director of Nursing & Governance	None
20.11.12	SEARLE Bev	Director of Corporate Affairs	Board Member Social Care Institute for Excellence Cousin, Director of Solutions for Health
26.11.12	TOWNSEND David	Chief Operating Officer	Director – Stanbury Gate Management Ltd.

Appendix 2

Care Quality Commission's Fit and Proper Persons Test Requirements

Regulation 5 of the Regulated Activities Regulations states that the Trust must not appoint or have in place an individual as a director, or performing the functions of or equivalent or similar to the functions of, such a director, if they do not satisfy all the requirements set out in paragraph 3 of that Regulation.

The requirements of paragraph 3 of Regulation 5 of the Regulated Activities Regulations are that:

(a) the individual is of good character;

(b) The individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed;

(c) The individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed;

(d) The individual has not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity; and

(e) None of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

The grounds of unfitness specified in Part 1 of Schedule 4 to the Registered Activities Regulations are:

(f) The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;

(g) The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;

(h) The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;

(i) The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;

(j) The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;

(k) The person is prohibited from holding the relevant office or position, or in the case of an individual carrying on the regulated activity, by or under any enactment.

Under Schedule 4, Part 2 a director will fail the 'good character' test, if they:

1.1. Have been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in an part of the Unity Kingdom, would constitute an offence;

1.2. Have been erased, removed or struck off a register of professionals maintained by a regulator of health or social care.

Appendix 3

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

VERY SENIOR MANAGER / BOARD DECLARATION

The position you have been offered is subject to Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the Regulations") and in particular the requirement that Very Senior Manager level appointments must be "fit and proper persons."

Before you can commence employment with the Trust we need to be satisfied you are a fit and proper person pursuant to the Regulations. In order to assist us with this determination, we ask that you please complete the following declaration.

1. Are you currently bound over, or do you have any current unspent convictions or cautions, or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?

NO ☐

YES ☐ please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.

Please note: you do not need to tell us about parking offences.

2. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?

NO ☐

YES ☐ If **YES**, please include details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body.

You are reminded that, if you are appointed, you have a continued responsibility to inform us immediately where you are charged with any new offence, criminal conviction or fitness to practise proceedings in the United Kingdom or in any other country that might arise in the future.
You do not need to tell us if you are charged with a parking offence.

3. Are you aware of any current or previous investigation being undertaken by the NHS Counter Fraud and Security Management Services (NHS CFSMS) or other body or organisation following allegations made against you in relation to matters of fraud or other financial mismanagement?

NO □

YES □ If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by NHS Counter Fraud and Security Management Services (NHS CFSMS) or other body or organisation.

4. Are you aware of any current or previous investigation that indicates that you, or an organisation for which you held responsibility, has failed to adhere to recognised best practice, guidance or processes regarding care quality?

NO □

YES □ If **YES**, please include details of the nature of the investigation made against you or the organisation, and if known to you, any action to be taken against you or the organisation by the investigatory body.

5. Have you been investigated by the Police, NHS CFSMS or any other investigatory body resulting in a current or past conviction or dismissal from your employment or volunteering position?

NO □

YES □ If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the Investigatory Body.

6. Have you ever been dismissed or disciplined by reason of serious misconduct from any employment, volunteering, office or other position previously held by you?

NO □

YES □ If **YES**, please include details of the employment, office or position held, the date that you were dismissed or had disciplinary action taken against you, including the nature of the action or sanction, and provide details of the nature of allegations of misconduct made against you.

7. Have you been convicted of breaching any health and safety requirements or legislation on the basis of whether you or an organisation for which you have, or have had, responsibility for has organised or managed its activities?

NO □

YES □ If **YES**, please include details of the nature of the health and safety conviction against you or the organisation, and if known to you, any action to be taken.

8. Have you ever been disqualified, erased, removed or struck off from the practise of a

profession, or required to practise subject to specified limitations following fitness to practise proceedings, by a regulatory or licensing body in the United Kingdom or in any other country?

NO ☐

YES ☐ If **YES**, please include details of the nature of the disqualification, erasure, removal, limitation or restriction, the date, and the name and address of the licensing or
regulatory body concerned.

The information required includes being convicted of an offence or removal from the register of a professional health or social care regulator.

9. Are you currently or have you ever been the subject of any investigation or fitness to practise proceedings by any licensing or regulatory body in the United Kingdom or in any other country?

NO ☐

YES ☐ If **YES**, please include details of the reason given for the investigation and/or proceedings undertaken, the date, details of any limitation or restriction to which you are currently subject, and the name and address of the licensing or regulatory body concerned.

10. Have you been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement in the carrying out of any health and social care services and/or any other services that may require registration with the CQC?

NO ☐

YES ☐ If **YES**, please include details.

"Responsible for, contributed to or facilitated" means that there is evidence that you have intentionally, or through neglect, behaved in a manner (whether whilst holding a Very Senior Manager / Board appointment or otherwise) that would be considered to be, or would have led to, serious misconduct or mismanagement.

"Privy to" means that there is evidence to suggest you were aware (whether whilst holding a Very Senior Manager / Board appointment or otherwise) of serious misconduct or mismanagement but did not take appropriate action to

ensure it was addressed.

"Serious misconduct or mismanagement" means behaviour that would constitute a breach of any legislation/enactment that CQC deems relevant. "Serious misconduct" might be expected to include assault, fraud and theft.

"Mismanagement" might be expected to include mismanaging funds and/or not adhering to recognised practice, guidance or processes regarding care quality within which you are required to work.

11. Are you :

- an undischarged bankrupt;
- a person who has had sequestration awarded in respect of your estate which is not discharged;
- subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to the like effect make in Scotland or Northern Ireland;
- a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986; or
- a person who has made a composition arrangement with, or granted a trust deed for, creditors, and not been discharged in respect of it?

NO ☐

YES ☐ If **YES**, please include details.

12. Are you subject to any other prohibition, limitation, or restriction that means we are unable to consider you for the position for which you are applying, for example, you are prohibited from holding the post of director?

NO ☐

YES ☐ If **YES**, please include details.

13. Have you previously been employed in a position that involved work with children or vulnerable adults?

NO ☐

YES ☐ If **YES**, please include details/reasons as to why this position ended.

14. Do you know of any other matters in your background which might cause your reliability or suitability for employment to be called into question?

NO ☐

YES ☐ If **YES**, please include details.

If you have answered 'yes' to any of the questions above, please use this space to provide details. Please indicate clearly the number(s) of the question that you are answering.

You may continue on a separate sheet if necessary and may attach supplementary comments should you wish to do so.

IMPORTANT - DECLARATION

The *Data Protection Act 1998* requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information. The *Data Protection Act 1998* defines 'sensitive personal data' as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, criminal offences, criminal convictions, criminal proceedings, disposal or sentence. Where you are applying for a position which involves regulated activity, this will also include any barring decisions made by the Disclosure and Barring Service (DBS) against the Children's or Adults barred lists under the terms of the *Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012).*

The information that you provide in this declaration form will be processed in accordance with the *Data Protection Act 1998*. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

Once a decision has been made concerning your appointment, Berkshire Healthcare NHS Foundation Trust will not retain this declaration form any longer than necessary. This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the organisation who are authorised to view it as a necessary part of their work.

In signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above.

I consent to the information provided in this declaration form being used by Berkshire Healthcare NHS Foundation Trust for the purpose of assessing my suitability for employment, and for enquiries in relation to the prevention and detection of fraud. I understand that I have an ongoing duty of disclosure and must provide any further relevant information up to the date of commencement of employment.

I confirm that the information that I have provided in this declaration form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my offer of employment being withdrawn, or if I am appointed, in my dismissal, and I may be liable to prosecution.

Please sign and date this form.

SIGNATURE.....

NAME (in block capitals) .....

DATE.....

Please complete and return this Declaration Form in a separate envelope marked 'Confidential'. Forms should be returned to: the Company Secretary

If you wish to withdraw your consent at any time after completing this declaration form or you have any enquiries relating to information required in this form, please contact the HR Department directly. All enquiries will be treated in strict confidence.

Appendix 4

Berkshire Healthcare NHS
NHS Foundation Trust

Board of Directors Code of Conduct

1. Introduction

High standards of corporate and personal conduct are an essential component of public service. The purpose of this Code is to provide clear guidance on the standards of conduct and behaviour expected of all directors.

This Code, with the Code of Conduct for governors and the NHS Constitution, forms part of the framework designed to promote the highest possible standards of conduct and behaviour within the Trust. The Code is intended to operate in conjunction with the Trust's Constitution, Standing Orders and Monitor's (now NHS Improvement) Code of Governance. The Code applies at all times when directors are carrying out the business of the Trust or representing the Trust.

2. Principles of public life

All directors are expected to abide by the Nolan principles of public life:

- **Selflessness -** Holders of public office should act solely in terms of the public interest: they should not do so in order to gain financial or other benefits for themselves, their family or their friends.

- **Integrity -** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

- **Objectivity -** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

- **Accountability -** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

- **Openness -** Holders of public office should be as open as possible about all the decisions and actions they take: they should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

- **Honesty -** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

- **Leadership -** Holders of public office should promote and support these principles by leadership and example.

3. General principles

Boards have a duty to conduct business with probity; to respond to staff, patients and suppliers impartially; to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.

The general duty of the Board, and of each director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public. The Board therefore undertakes to set an example in the conduct of its business and to promote the highest corporate standards of conduct and corporate governance.

4. Trust Vision and Values

Directors are also required to promote the Trust's Vision and to abide by the Trust's Values.

The Trust's Vision is: "to be recognised as the leading community and mental health service provider by our staff, patients and partners".

The Trust's Values are:

- **Caring** for and about you is our top priority
- **Committed** to providing good quality, safe services
- **Working together** with you to provide innovative solutions

5. Confidentiality and Access to Information

Directors must comply with the Trust's confidentiality policies and procedures. Directors must not disclose any confidential information, except in specified lawful circumstances.

Information on decisions made by the Board and information supporting those decisions should be made available in a way that is understandable. Positive responses should be given to reasonable requests for information and in accordance with the Freedom of Information Act 2000 and other applicable legislation, and directors must not seek to prevent a person from gaining access to information to which they are legally entitled.

The Trust has adopted policies and procedures to protect confidentiality of personal information and to ensure compliance with the Data Protection Act, the Freedom of Information Act and other relevant legislation which will be followed at all times by the Board of directors.

6. Media, public speaking and use of social media

Care should be taken about any invitation to speak publicly about the Trust, including speaking to journalists. Particular care must also be taken in the publication of any articles or expression of views about the Trust on social media. In any such instance, the Chairman and/or the Chief Executive should be informed in good time before such an article is proposed to be submitted or views put forward on the Trust's behalf.

Speaking publicly on the Trust's behalf about the Trust's leadership, policy, performance and regulatory relationships is a matter generally reserved to

the Chief Executive and Chairman, or as delegated by them. Appropriate training should have been given to all individuals asked to speak to the media on the Trust's behalf. Speaking to, or providing written statements to the media about the Trust should be undertaken in liaison with the Trust's Marketing and Communications Team. In all cases views should not be expressed on the Trust's behalf that are at variance from agreed Trust policy.

7. Fit and proper person

All directors are required to comply with requirements of the Fit and Proper Person Test. Directors must certify on appointment, and sign an annual declaration that they are/remain a fit and proper person. If circumstances change so that a director can no longer be regarded as a fit and proper person or if it comes to light that a director is not a fit and proper person, they are suspended from being a director with immediate effect pending confirmation and any appeal. Where it is confirmed that a director is no longer a fit and proper person, their Board membership is terminated.

8. Register of interests

Directors are required to register all relevant interests in accordance with the provisions of the Constitution. It is the responsibility of each director to provide an update to their register entry if their interests change. Failure to register a relevant interest in a timely manner may constitute a breach of this Code. The Board's register of interests is published on the Trust's website.

9. Conflicts of interest

Directors have a statutory duty to avoid a situation in which they have (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust. Directors have a further statutory duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.

If a director has, in any way, a direct or indirect interest in a proposed transaction or arrangement with the Trust, the director must declare the nature and extent of that interest to the other directors. If such a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. Any such declaration must be made at the earliest opportunity and before the Trust enters into the transaction or arrangement.

The Chair will advise directors in respect of any conflicts of interest that arise during Board meetings, including whether the interest is such that the director should withdraw from the meeting for the period of the discussion. In the event of disagreement, it is for the Board to decide whether a director must withdraw from the meeting. The Company Secretary will provide advice on any conflicts that arise between meetings.

10. Gifts and hospitality

The Board will set an example in the use of public funds and the need for good value when incurring public expenditure. The use of Trust funds for hospitality and entertainment, including hospitality at conferences or

seminars, will be carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector. The Board is conscious of the fact that expenditure on hospitality or entertainment is the responsibility of management and is open to be challenged by the internal and external auditors and that ill-considered actions can damage the reputation of the Trust in the eyes of the community.

Further information about gifts and hospitality is contained in the Trust's Standards of Business Conduct Policy. Directors must not accept gifts or hospitality other than in compliance with this policy.

11. Personal conduct

Directors are expected to conduct themselves in a manner that reflects positively on the Trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office or the Trust into disrepute.

Specifically directors must:

- act in the best interests of the Trust and adhere to its values and this Code of conduct;
- respect others and treat them with dignity and fairness;
- seek to ensure that no one is unlawfully discriminated against and promote equal opportunities and social inclusion;
- be honest and act with integrity and probity;
- contribute to the workings of the Board in order for it to fulfill its role and functions;
- recognise that the Board is collectively responsible for the exercise of its powers and the performance of the Trust;
- raise concerns and provide appropriate challenge regarding the running of the Trust or a proposed action where appropriate;
- recognise the differing roles of the Chair, Senior Independent Director, Chief Executive, executive directors and non-executive directors;
- make every effort to attend meetings where practicable;
- adhere to good practice in respect of the conduct of meetings and respect the views of others;
- take and consider advice on issues where appropriate;
- Be mindful of the environmental impact of Trust Board decisions;
- acknowledge the responsibility of the council of governors to hold the non-executive directors individually and collectively to account for the performance of the Board; represent the interests of the Trust's members, public and partner organisations in the governance and performance of the Trust; and to have regard to the views of the council of governors;
- not use their position for personal advantage or seek to gain preferential treatment; nor seek improperly to confer an advantage or disadvantage on any other person;
- accept responsibility for their performance, learning and development.

12. Compliance

The members of the Board will satisfy themselves that the actions of the Board and directors in conducting business fully reflect the values, general principles and provisions in this Code and, as far as is reasonably practicable, that concerns expressed by staff or others are fully investigated and acted upon. All directors, on appointment, will be required to give an undertaking to abide by the provisions of this Code.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13 February 2018
Title	**Review and Revision of the Trust's Constitution**
Purpose	This paper seeks Board approval of a revision of the Trust's constitution following a thorough review undertaken by the Trust's Solicitors
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Compliance with Standing Orders and relevant statutory and regulatory requirements
Equalities and Diversity Implications	N/A
SUMMARY	The Trust's constitution sets out the framework for governance of the organisation in conjunction with relevant statutory and regulatory requirements. The constitution largely follows the original 'model' constitution adopted by most NHS Foundation Trusts at authorisation/licence. The constitution was last reviewed in 2015. The Trust's legal advisers, Beachcrofts, were instructed to undertake a complete review of the constitution and to propose changes to bring it in line with best practice and new legislation. Changes to the constitution require approval of both the Board and Council of Governors and accordingly the Board is being invited to approve the revised constitution prior to it being submitted for Governor approval on 21 March 2018. This paper includes a complete tracked changes version of the constitution (but excluding the section on Model Rules for elections to the Council of Governors which the Trust is not permitted to amend) but for ease, a summary paper is also provided highlighting all substantive changes.

ACTION	The Board is invited: 1. To approve the revised constitution.

Revision of Trust Constitution

Introduction

1. The Constitution of the Trust is a key document which frames much of the governance of the organisation, e.g. the standing orders that govern Board and Council meetings. It is a statutory requirement that changes have to be approved by both the Board and Council of Governors.

2. The Trust's legal advisers were requested to undertake a thorough review of the BHFT constitution and to propose changes that:

    - Ensured full statutory and regulatory compliance;
    - Reflected improvements that had developed since the introduction of the FT model;
    - Addressed the Trust's own actual experience of operating with the current constitution
    - Provided clarity in any areas of potential confusion or uncertainty.

3. The constitution is a substantial document, made more so by the inclusion of the Model Rules for Governor Elections. However, as the Trust is not permitted to change the Model Rules, that section is omitted from the document attached which otherwise includes all proposed tracked changes for complete visibility.

4. For ease of identification of key changes, the following Appendix provides a summary of the main elements of the revision.

APPENDIX

Summary of Proposed Key Changes to Trust Constitution – February 2018

Page/Para No.	Section/Area	Proposed Change
Section 8.6	Ceasing to be a member	To add: at the end of the section: "The decision of the Council of Governors shall be final".
Section 11	Tenure of Governors	To add: – "The maximum aggregate period of office for any elected Governor or Appointed Governor is nine years."
Section 12.6	Council of Governors Disqualification and Removal	To add: "The Chairman or if the Chairman has a conflict of interest, the Deputy Chairman…." To add: "Commissioning a fair and independent investigation into the matter, to be conducted by one or more individuals with relevant experience, either from within or outside the Trust". To add: "The Governors shall consider the findings of the investigation and the Governor's response and shall decide by a two-thirds majority of those present and voting, including a majority of Governors who are members of the public constituency, whether to approve a statement setting out the Governor's non-compliance". To add: "Following the outcome of any review, the proposer of the resolution to remove the Governor from office should consider whether or not to withdraw his proposal".
Section 17	Council of Governors - Referral to a Panel	This section has been removed following NHS Improvement's decision to disband the Panel.
Section 18	Council of Governors – conflicts of interests	To add: "If a Governor has a financial, non-financial professional or non-financial personal interest…".
Section 26	Board of Directors – disqualification	To add: "Unless he is or will become a Non-Executive Director of the Trust and the Chairman considers that his position at another NHS Foundation Trust or Health Service Body does not give rise to a conflict of interest".
Standing Orders of the Council of Governors – Section 2.5	Setting the agenda	To add: "The Chairman shall include on the Agenda any matter contained in a request received at least 10 clear days before the meeting".

Standing Orders of the Council of Governors – Section 2.15	Quorum	To read: "No business shall be transacted at a meeting unless at least on third of all Governors are present."
Standing Orders of the Council of Governors – Section 3	Lead Governor and Deputy Lead Governor	To add: "Without prejudice to the right of any Governor to communicate directly with Monitor (NHSI), the Lead Governor will be the point of contact between Monitor and the Council of Governors".
Standing Orders of the Council of Governors – Section 4.1	Committees	To add: "The Council of Governors may appoint to such committees persons who are neither Governors, nor Directors or Officers of the Trust".
Standing Orders of the Council of Governors – Section 4.9	Committees	To be amended to read: "If the Board of Directors agrees, the Council of Governors may appoint governors to serve on joint committees….".
Standing Orders of the Council of Governors – Section 5	Declarations of interests	This section has been revised to reflect NHS England's national guidance on managing conflicts of interest.
Annex 7	Appointment and Removal of the Chairman and other Non-Executive Directors	Sections on the appointment and removal of the chief executive and remuneration and terms of office of the chief executive and executive directors to be deleted as this is covered in sections 25 and 31.
Annex 7	Declarations of Interest	Sections on the declarations of interests have been amended to reflect NHS England's guidance on managing conflicts of interests. Sections on tendering have been updated to reflect new procurement legislation.
Annex 8	Appointments Committee	The section on the appointments committee for the chairman to be amended to add: "The Chief Executive will attend meetings of the Appointment Committee in an advisory capacity".

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

The Constitution (and Annexures)

APPROVED BY THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS

~~**July 2015**~~
March 2018

Formatted: Centered

VARIATION SCHEDULE

Subject	Approved by Monitor	Ref:
Reduction in quoracy at Governor meetings	10 Feb 2009	Paul Streat
Removal of Patient/Carer Membership Constituency	21 January 2010	Lizzie Alabaster
Revision reflecting TCS transaction – April 2011	May 2011	Paul Streat
Revision reflecting change of partnership organisation – removal of Stroke Association and inclusion of The Ark Trust	October 2011	Paul Streat
Revision to reflect October 2012 changes arising from Health & Social Care Act 2012	November 2012	Hitesh Patel

Subject	Approved by Directors	Approved by Governors
Revision to reflect April 2013 changes arising from Health & Social Care Act 2012 (May 2013)	14 May 2013	16 May 2013
Revision reflecting change of partnership organisations – removal of the Ark Trust and Berkshire Association of Clubs for Young People and inclusion of AgeUK Berkshire and University of West London	10 September 2013	19 September 2013
Revisions following general review and to incorporate specific requested amendments	14 April 2015	20 May 2015
Revisions following general review		

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[insert current BHFT logo]

Berkshire Healthcare NHS Foundation Trust
(A Public Benefit Corporation)
Constitution

Introduction

This document is the Constitution of Berkshire Healthcare NHS Foundation Trust (the Trust). The Constitution sets out the corporate governance arrangements for the Trust. Much of it is in a form specified by law.

As context for those detailed governance arrangements this foreword sets out the Trust's purpose, mission, values and strategy. The following section summarises the Trust's governance arrangements, focusing in particular on the relationship between the Board of Directors and the Council of Governors.

The Trust: overview and purpose

The Trust provides specialist mental health and community health services to a population of around 900,000 within Berkshire. The Trust operates from more than 100 sites across the county, including its community hospitals, Prospect Park Hospital, clinics and GP Practices. The Trust also provides health care and therapy to people in their own homes.

The Trust's values

The Trust operates within the seven core principles of the NHS, set out in the NHS Constitution:

1. The NHS provides a comprehensive service, available to all.
2. Access to NHS services is based on clinical need, not an individual's ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism.
4. The NHS aspires to put patients at the heart of everything it does.
5. The NHS works across organisations boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
7. The NHS is accountable to the public, communities and patients that it serves.

The Trust also has its own core principles:

The Trust:

1. aims to provide the best possible patient care, based on evidence and in a culture that encourages continuous improvement;
2. will listen to patients and understand what they have to say and encourage their involvement in decisions about their care;
3. aims to provide a clean, healthy and welcoming hospital environment for patients, visitors and staff;
4. aims to improve the patient's experience of care provided at its Hospitals and by its services respecting their privacy and preserving their dignity;
5. will have open and honest communications between staff and patients;
6. will recognise the contribution of staff by developing and supporting them to do their jobs better, and involving them in decision making;
7. aims to provide high quality services through working in partnership;
8. shall exercise its functions effectively, efficiently and economically;
9. shall respect the rights of the members of the community it serves, its employees and people dealing with the Trust as set out in the Human Rights Act 1998.

Foundation Trust Governance Structure

The Trust is required by law to establish a governance structure which comprises a Board of Directors, a Council of Governors, and members. The Trust has two membership constituencies – public members, and staff members. The majority of the Trust's Governors are elected by the Trust's public members.

The Trust's Directors have a general statutory duty to act with a view to promoting the success of the organisation so as to maximise the benefits for the members of the Trust as a whole and for the public. The Board is responsible for all aspects of the Trust's performance and for its objectives, priorities and strategy, the Board must, however, have regard to the Council's view on the Trust's strategy and plans. The Board comprises a (non-executive) Chairman and non-executive Directors, who are appointed and may be removed by the Council, and executive directors.

The Council comprises Governors who are elected by the Trust's members and other Governors who are appointed by local partner organisations. The Governors have two general statutory duties: (1) to hold the non-executive Directors individually and collectively to account for the performance of the Board, and (2) to represent the interests of the members of the Trust as a whole and of the public. The Governors also have a number of specific statutory duties. In addition to representing the interests of the members and the public, the Governors are required to feed back to them on the performance of the Trust.

The Foundation Trust governance model is described in greater detail in the Foundation Trust Code of Governance (published by Monitor, the regulator), in respect of which the Trust must either comply or explain (in its annual report each year) its reasons for not doing so. As the model envisages, it is essential for the success of the Trust that the Board and the Council work effectively together. The basis for this relationship is set out in the Constitution and is detailed in the Policy on Board of Directors/Council of Governors Engagement.

The Constitution sets out the Trust's membership constituencies and refers to the policy which defines the processes by which individuals may become members.

1. **Name**

1.1 The name of the foundation trust is Berkshire Healthcare NHS Foundation Trust (the Trust).

2. **Principal purpose**

2.1 The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.

2.2 The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

2.3 The Trust may provide goods and services for any purposes related to

2.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

2.3.2 the promotion and protection of public health.

2.4 The Trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.

3. **Powers**

3.1 The powers of the Trust are set out in the 2006 Act.

3.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.

3.3 Subject to paragraph 3.4 below, any of these powers may be delegated to a committee of directors or to an executive director.

3.4 Where the Trust is exercising the functions of the managers referred to in Section 23 of the Mental Health Act 1983 (as amended), those functions may be exercised by any three or more persons authorised by the Board of Directors, each of whom must be neither an Executive Director of the Board of Directors nor an employee of the Trust.

4. **Membership and constituencies**

4.1 The Trust shall have members, each of whom shall be a member of one of the following constituencies:

4.1.1 a public constituency; or

4.1.2 the staff constituency.

4.2 In deciding which areas are to comprise the Area of the Trust, or in deciding whether there should be a patients' constituency, the Trust shall have regard to the need for those eligible for such membership to be representative of those to whom the Trust provides services.

4.3 The Trust shall at all times take steps to secure that taken as a whole the actual membership of the Public Constituency is representative of those eligible for such membership. To this end:

4.3.1 the Trust shall at all times have in place and pursue a membership strategy which shall be approved by the Council of Governors, and shall be reviewed by them from time to time, and at least every three years; and

4.3.2 the Council of Governors shall present to each annual members meeting:

4.3.2.1 a report on the steps taken to secure that taken as a

whole the actual membership of its public constituencies and of the classes of the staff constituency is representative of those eligible for such membership;

4.3.2.2 the progress of the membership strategy; and

4.3.2.3 any changes to the membership strategy.

5. **Application for membership**

5.1 An individual who is eligible to become a member may do so on application to the Trust, or by being invited by the Trust to become a member of the staff constituency in accordance with paragraph 7.

5.2 An individual shall become a member on the date his name is added to the Trust's register of members, and shall cease to be a member on the date his name is removed from the register of members.

6. **Public Constituency**

6.1 An individual who lives in an area specified in Annex 1 as an area for a public constituency may become or continue as a member.

6.2 Those members who live in an area specified for a public constituency are referred to collectively as a "public constituency".

6.3 The minimum number of members for each public constituency is specified in Annex 1.

6.4 An individual who ceases to live in any area specified in Annex 1 shall cease to be a member of any public constituency. A member who moves from one area to another shall become a member of the public constituency for that new area. Members should notify the Trust of any change of address.

6.5 In the case of any doubt the Trust's decision as to whether or not an individual lives in an area shall be final.

7. **Staff Constituency**

7.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a member provided:

7.1.1 he is employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or

7.1.2 he has been continuously employed by the Trust under a contract of employment for at least 12 months.

7.2 Individuals who exercise functions for the purposes of the Trust, otherwise than under a contract of employment with the Trust, may become or continue as members of the staff constituency if they have exercised these functions continuously for a period of at least 12 months. For the avoidance of doubt, the definition of individuals who exercise functions for the purposes of the Trust includes individuals who are employed by the ~~designated~~ Trust Subcontractor or who are ~~a Volunteer~~Volunteers.

7.3 Chapter 1 of Part XIV of the Employment Rights Act 1996 applies in determining whether an individual has been continuously employed by the Trust for the purposes of paragraph 7.1.2 above or has continuously exercised functions for the purposes of the Trust for the purpose of paragraph 7.2 above.

7.4 Those individuals who are eligible for membership by reason of this paragraph 7 are referred to collectively as the "staff constituency".

7.5 The staff constituency shall be divided into two descriptions of individuals who are eligible for

membership of the staff constituency, each description of individuals being specified within Annex 2 and being referred to as a class within the staff constituency.

7.6 The minimum number of members in each class of the staff constituency is specified in Annex 2.

7.7 An individual who is:

7.7.1 eligible to become a member of the staff constituency; and

7.7.2 invited by the Trust to become a member of the staff constituency and a member of the appropriate class within the staff constituency,

shall become a member of the Trust as a member of the staff constituency and appropriate class within the staff constituency without an application being made, unless he informs the Trust that he does not wish to do so.

8. **Restriction on membership**

8.1 A member of a constituency, or of a class within a constituency, may not while membership of that constituency or class continues, be a member of any other constituency or class.

8.2 An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency.

8.3 An individual shall not be eligible for membership if he:

8.3.1 is under 12 years of age;

8.3.2 fails or ceases to fulfil the criteria for membership of any of the constituencies;

8.3.3 has demonstrated aggressive or violent behaviour at any Hospital or other trust premises or during any other interaction with Trust staff or Sub-contractors or Volunteers, and following such behaviour he has been asked to leave, or has been removed or excluded from any Hospital or other Trust premises or programmes of home or community visits, under the Trust's policy for withholding treatment from violent/aggressive patients: zero tolerance;

8.3.4 has been confirmed by the Trust to be a 'vexatious complainant' as defined in the Trust's policy on handling of complaints;

8.3.5 has been removed from being a member of another NHS Foundation Trust;

8.3.6 has been deemed by the Trust to have acted in a manner contrary to the interests of the Trust; or

8.3.7 has previously been removed from being a member of the Trust under paragraph 8.5.3.

8.4 Members should ensure their own eligibility for membership and inform the Trust if they cease to be eligible.

8.5 A Member shall cease to be a Member if—

8.5.1 he resigns by notice in writing to the Trust,

8.5.2 he dies, or

8.5.3 he ceases to be ~~entitled under this constitution to be a Member,~~eligible for membership under paragraph 8.3 and he is removed from Membership following the process set out in 8.6 below.

~~8.5.4 he is expelled under this constitution, or~~

~~8.5.5 it appears to the Trust that the Member no longer wishes to be involved in the affairs of the Trust as a Member, and after enquiries made in accordance with a process approved by the Governors, the Member does not establish that he has a continuing wish to be involved in the affairs of the Trust as a Member.~~

8.6 The Trust shall give any Member at least 14 days' written notice before removing him from Membership under paragraphs ~~8.5.4 or 8.5.5.~~ 8.5.3. The Trust shall consider any representations made by the Member during that notice period, and the Secretary shall decide whether to remove the Member. Within 14 days after receiving notice that his name has been removed from the register of Members, a person wishing to dispute the decision may require the Secretary to refer the matter to the Council of Governors to determine. The decision of the Council of Governors shall be final.

9. **Council of Governors – composition**

9.1 The Trust is to have a Council of Governors, which shall comprise both Elected Governors and Appointed Governors.

9.2 The composition of the Council of Governors is specified in Annex 4.

9.3 The members of the Council of Governors, other than the Appointed Governors, shall be chosen by election by their constituency or, where there are classes within a constituency, by their class within that constituency. The number of Governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 4.

9.4 At all times more than half of the Governors shall be Elected Governors who are elected by the Members of the public constituency.

10. **Council of Governors – election of Governors**

10.1 Elections for Elected Governors shall be conducted in accordance with the Model Election Rules, as may be varied from time to time, which are attached at Annex 5.

10.2 A variation of the Model Election Rules shall not constitute a variation of the terms of this Constitution. ~~For the avoidance of doubt, the Trust cannot amend the Model Rules for Elections.~~

10.3 An election, if contested, shall be by secret ballot, using the first-past-the-post system.

10.4 A person may not vote at an election for or stand for election as an Elected Governor unless within the specified period stated in the Model Election Rules ~~for Elections~~ he has made a declaration in the specified form setting out the particulars of his qualification to vote or stand as a member of the constituency for which the election is being held. It is an offence (other than in relation to the Staff Constituency) to knowingly or recklessly make such a declaration which is false in a material particular.

11. **Council of Governors – tenure**

11.1 Governors may hold office for a period of up to 3 years.

11.2 An Elected Governor shall cease to hold office if he ceases to be a member of the constituency or class by which he was elected.

11.3 An Appointed Governor shall cease to hold office if the sponsoring organisation withdraws its sponsorship of him by notice in writing to the Trust.

11.4 Subject to paragraph 11.6 below, an Elected Governor shall be eligible for re-election at the end of his term.

11.5 Subject to paragraph 11.6 below, an Appointed Governor shall be eligible for reappointment at the end of his term.

11.6 The maximum aggregate period of office for any Elected ~~Governors and~~Governor or Appointed ~~Governors may hold office for a maximum of 9 consecutive~~Governor is 9 years.

12. **Council of Governors – disqualification and removal**

12.1 A person may not become or continue as a member of the Council of Governors if he:

12.1.1 has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

12.1.2 has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it;

12.1.3 has within the preceding five years been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him.

12.1.4 has within the preceding five years been dismissed, otherwise than by reason of redundancy or ill health, from any paid employment with a Health Service Body;

12.1.5 he is a person whose tenure of office as the chairman or as a member or director of a Health Service Body has been terminated on the grounds that his appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;

12.1.6 he is a Director of the Trust, or a director, chairman~~,~~ or chief executive officer of another NHS Foundation Trust;

12.1.7 he is a Governor of another NHS Foundation Trust which is considered by the Secretary, at his absolute discretion, to be in competition with the Trust;

12.1.8 he has had his name removed from a list maintained under regulations pursuant to sections 91, 106, 123, or 146 of the 2006 Act, or the equivalent lists maintained by Local Health Boards in Wales under the National Health Service (Wales) Act 2006, and he has not subsequently had his name included in such a list; or

12.1.9 he lacks capacity within the meaning of the Mental Capacity Act 2005 to carry out all the duties and responsibilities of a governor.

12.2 Governors must be at least 16 years of age at the date they are nominated for election or appointment.

12.3 A Governor who becomes disqualified must notify the Secretary as soon as practicable and in any event within 14 days of first becoming aware that he is disqualified. Upon receipt of such notice the Secretary shall confirm receipt and shall remove the Governor's name from the Register of Governors such that the Governor ceases to act as a Governor.

12.4 If the Trust becomes aware that a Governor is disqualified, the Secretary shall give him notice that he is disqualified as soon as practicable. Upon despatch of any such notification, that person's tenure of office, if any, shall be terminated and he shall cease to act as a Governor.

12.5 A Governor's term of office shall be terminated:

12.5.1 by the Governor giving the Secretary notice in writing of his resignation from office at any time during the term of that office;

12.5.2 by the giving of a notice under paragraph 12.3 or 12.4;

12.5.3 by the Council of Governors if a Governor fails to attend two consecutive meetings of the Council of Governors, unless the Council of Governors is satisfied that:

12.5.3.1 the absence was due to a reasonable cause; and

12.5.3.2 the Governor will resume attendance at meetings of the Council of Governors again within such a period as it considers reasonable.

12.5.4 if the Council of Governors resolves that:

12.5.4.1 his continuing as a Governor would or would be likely to prejudice the ability of the Trust to fulfil its principal purpose or of its purposes under this constitution or otherwise to discharge its duties and functions,

12.5.4.2 his continuing as a Governor would or would be likely to prejudice the Trust's work with other persons or body with whom it is engaged or may be engaged in the provision of goods and services,

12.5.4.3 his continuing as a Governor would or would be likely to adversely affect public confidence in the goods and services provided by the Trust,

12.5.4.4 his continuing as a Governor would or would be likely to otherwise bring the Trust into disrepute or be detrimental to the interest of the Trust,

12.5.4.5 his continuing as a Governor would or would be likely to prejudice the ability of the Council of Governors to discharge its duties and responsibilities efficiently and effectively,

12.5.4.6 it would not be in the best interests of the Trust for him to continue in office as a Governor,

12.5.4.7 he is a vexatious or persistent litigant or complainant with regard to the Trust's affairs and his continuance in office would not be in the best interests of the Trust,

12.5.4.8 he has failed or refused to undertake and/or satisfactorily complete any training which the Council of Governors has required him to undertake in his capacity as a Governor,

12.5.4.9 he has in his conduct as a Governor failed to comply in a material way with the values and principles of the National Health Service or the Trust, and/ or this constitution, or

12.5.4.10 ~~12.5.5~~ he has committed a material breach of this Constitution and/or any code of conduct applicable to Governors and/or the Standing Orders for Governors.

12.6 Where there are concerns about a Governor's conduct (including but not limited to where any of the circumstances in 12.5.4 above apply) the Chairman or, if the Chairman has a conflict of interest, the Deputy Chairman, shall be authorised to take such action as may be immediately required, including but not limited to:

12.6.1 suspension of the Governor concerned so that the matter can be investigated. Any suspension of a Governor shall be confirmed to him in writing in such form as the Chairman may decide in the circumstances.

12.6.2 commissioning a fair and independent investigation into the matter, to be conducted by one or more individuals with relevant experience, either from within or outside of the Trust.

12.7 Where an investigation identifies that a Governor has failed to comply with this Constitution, and/or any code of conduct applying to Governors, and/or the Standing Orders, ~~the Council of Governors shall be asked to decide, by two-thirds majority of those present and voting, to approve a statement setting out the Governor's non-compliance. :~~.

12.7.1 ~~12.8The~~the Governor concerned shall be notified in writing of the non-compliance and he shall be invited to respond within a defined appropriate and reasonable timescale. The Governor shall be invited to address the Council of Governors in person if the matter cannot be resolved satisfactorily through correspondence.~~:~~ and

12.7.2 ~~12.9The~~the Governors shall consider the findings of the investigation and the Governor's response and shall decide, by two-thirds majority of those present and voting including a majority of governors who are members of the public constituency ~~and a majority of all Governors who are members of the public constituency of the Trust, shall consider the Governor's response and shall decide~~ whether ~~to uphold the~~approve a statement ~~of~~setting out the Governor's non-compliance.

12.8 ~~12.10~~Where the Council of Governors decides to ~~uphold the~~approve a statement of non-compliance it may impose such sanctions as shall be deemed appropriate. Such sanctions may include the issuing of a written warning as to the Governor's future conduct and consequences of further non-compliance, suspension from office for a period to be determined by the Council of Governors, non-payment of expenses and removal of the Governor from office.

12.9 ~~12.11If the Chairman is minded to propose~~Where a resolution to remove a Governor from office under paragraph 12.5.4 is proposed and the Governor concerned disagrees with the proposal, the Chairman shall offer the Governor in question the opportunity to have the evidence reviewed by an independent assessor. The Chairman and the Governor concerned shall seek to agree on a mutually acceptable independent assessor. If no agreement can be reached within 14 days of an individual being proposed, the Chairman shall decide. The independent assessor shall be provided with terms of reference for the review, to be approved by the Chairman, requiring the review principally to determine whether or not the proposal is reasonable. Following the outcome of any review, the proposer of the resolution to remove the Governor from office should consider whether or not to withdraw his proposal.

12.10 ~~12.12Where it is proposed~~A proposal to remove a Governor from office (including following any review by an independent assessor) under paragraph 12.5.4, ~~the Chairman (or in his absence, the Deputy Chair) shall put forward a proposal to~~shall be considered in a meeting of the Council of Governors ~~convened for that purpose~~. A majority of 75% of the Governors present and voting at that meeting shall be required to pass such a resolution.

12.11 ~~12.13~~ The Standing Orders for Governors may provide further for the process to be adopted in cases relating to the termination of a Governor's tenure.

12.12 ~~12.14~~ A Governor whose term of office is terminated before it expires shall not be eligible to be a Governor for five years from the date of termination, except by resolution carried by a majority of the Council of Governors voting.

13. Council of Governors – vacancies

13.1 If an Elected Governor's seat falls vacant for any reason before the end of the term of office it shall be filled by the second place candidate in the last held election for that seat, provided that the second place candidate achieved at least five percent of the vote in that election. If that individual declines it shall be filled by the third place candidate provided that the third place candidate achieved at least five percent of the vote in the last held election for that seat (the "Reserve Governor"). If the vacancy is filled in this way the Reserve Governor shall be eligible to serve two full 3 year terms (subject to re-election) in addition to the partial term served.

13.2 If a Reserve Governor is not available a by-election shall be held unless an election is due within 9 months in which case the seat shall stand vacant until the following scheduled election. With regards to tenure, paragraphs 11.1, 11.2, 11.4 and 11.6 of this constitution

shall apply to any Governor elected following a by-election.

13.3 If an Appointed Governor's term of office is terminated before it expires, the Trust will invite the relevant appointing body to appoint a new Governor to hold office for the remainder of the term of office.

13.4 The validity of any act of the Council of Governors is not affected by any vacancy among the Governors or by any defect in the appointment of any Governor.

14. **Council of Governors – general duties**

14.1 The general duties of the Council of Governors are to:

14.1.1 hold the non-executive Directors individually and collectively to account for the performance of the Board of Directors; and

14.1.2 represent the interests of the Members of the Trust as a whole and the interests of the public.

14.2 The Trust will take steps to secure that Governors are equipped with the skills and knowledge they require in their capacity as such.

15. **Council of Governors – meetings of Governors**

15.1 The Chairman or, in his absence the Deputy Chairman, shall preside at meetings of the Council of Governors, and the person chairing the meeting shall have a casting vote.

15.2 Meetings of the Council of Governors shall be open to members of the public, unless the Council of Governors has resolved to exclude members of the public for special reasons.

15.3 For the purposes of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Directors' performance), the Council of Governors may require one or more of the Directors to attend a meeting of the Council of Governors.

16. **Council of Governors – Standing Orders**

16.1 The Standing Orders for the practice and procedure of the Council of Governors, as may be varied from time to time, are attached at Annex 6.

~~17. **Council of Governors – referral to the Panel**~~

~~17.1 In this paragraph, the Panel means a panel of persons appointed by Monitor to which a governor of an NHS foundation trust may refer a question as to whether the trust has failed or is failing—~~

~~17.1.1 to act in accordance with its constitution, or~~

~~17.1.2 to act in accordance with provision made by or under Chapter 5 of the 2006 Act.~~

~~17.2 A Governor may refer a question to the Panel only if more than half of the Governors voting approve the referral.~~

17. ~~18.~~ **Council of Governors - conflicts of interest of Governors**

17.1 ~~18.1~~If a Governor has a ~~pecuniary~~financial, non-financial professional or non-financial personal ~~or family~~ interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the Governor shall disclose that interest to the members of the Council of Governors as soon as he becomes aware of it.

17.2 ~~18.2~~ The Standing Orders for Governors shall make provision for the disclosure of interests and arrangements ~~for~~following any such disclosure, including, where appropriate, the

exclusion of a Governor declaring ~~any~~an interest from ~~any~~the discussion or consideration of the matter in respect of which an interest has been disclosed.

18. ~~19.~~ **Council of Governors – remuneration and travel expenses**

18.1 ~~19.1~~ Governors are not to receive remuneration from the Trust, provided that this shall not prevent the remuneration of Governors by their employer.

18.2 ~~19.2~~The Trust may pay travelling and other expenses to members of the Council of Governors at such rates as the Trust decides from time to time.

19. ~~20.~~ **Board of Directors – composition**

19.1 ~~20.1~~ The Trust has a Board of Directors, which comprises both executive and non-executive Directors.

19.2 ~~20.2~~ The Board of Directors comprises:

19.2.1 ~~20.2.1~~ a non-executive Chairman;

19.2.2 ~~20.2.2~~ a maximum of eight other non-executive Directors (one of whom may be nominated to be the Senior Independent Director); and

19.2.3 ~~20.2.3~~ a maximum of seven executive Directors.

19.3 ~~20.3~~ One of the executive Directors is the Chief Executive.

19.4 ~~20.4~~ The Chief Executive is the Accounting Officer.

19.5 ~~20.5~~ One of the executive Directors is the Finance Director.

19.6 ~~20.6~~One of the executive Directors is a registered medical practitioner or a registered dentist.

19.7 ~~20.7~~ One of the executive Directors is a registered nurse or a registered midwife.

19.8 ~~20.8~~The Board of Directors shall at all times be constituted so that the number of non-executive Directors (including the Chairman) is equal to or exceeds the number of Executive Directors.

19.9 ~~20.9~~ The validity of any act of the Board of Directors is not affected by any vacancy among the directors or by any defect in the appointment of any Director.

20. ~~21.~~ **Board of Directors – general duty**

20.1 ~~21.1~~ The general duty of the Board of Directors, and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

21. ~~22.~~ **Board of Directors – qualification for appointment as a non-executive Director**

21.1 ~~22.1~~ A person may be appointed as a non-executive Director only if:

21.1.1 ~~22.1.1~~he is a member of a Public Constituency or where any of the Trust's hospitals includes a medical or dental school provided by a university, he exercises functions for the purposes of that university; and

21.1.2 ~~22.1.2~~ he is not disqualified by virtue of paragraph ~~27~~26 below.

22. ~~23.~~**Board of Directors – appointment and removal of Chairman and other non-executive Directors**

22.1 ~~23.1~~The Council of Governors at a general meeting of the Council of Governors shall

appoint or remove the Chairman and the other non-executive Directors.

22.2 At the General Meeting referred to at paragraph 22.1 the Council of Governors shall decide the:

22.2.1 period of office;

22.2.2 remuneration and allowances; and

22.2.3 the other terms and conditions of office

of the Chairman and other Non-Executive Directors.

22.3 ~~23.2~~ Removal of the Chairman or another non-executive Director shall require the approval of three-quarters of the Members of the Council of Governors.

~~23.3 Further provisions with respect to the process for appointing the Chairman and other non-executive Directors are set out in Annex 8.~~

23. ~~24.~~ **Board of Directors – appointment of Deputy Chairman**

23.1 ~~24.1~~The Council of Governors at a general meeting of the Council of Governors shall appoint one of the non-executive Directors to be the Deputy Chairman.

24. ~~25.~~ **Board of Directors – appointment of Senior Independent Director**

24.1 ~~25.1~~ The Board (in consultation with the Council of Governors) may appoint any independent Non-Executive Director as the Senior Independent Director, for such period not exceeding the remainder of his term as a Non-Executive Director as they may specify on appointing him.

24.2 ~~25.2~~ Any Non-Executive Director so appointed may at any time resign from the office of Senior Independent Director by giving notice in writing to the Chairman. The Board (in consultation with the Council of Governors) may thereupon appoint another independent Non-Executive Director as Senior Independent Director.

24.3 ~~25.3~~ The Senior Independent Director shall perform the role set out in "The NHS Foundation Trust Code of Governance" issued by Monitor.

25. ~~26.~~ **Board of Directors – appointment and removal of the Chief Executive and other executive Directors**

25.1 ~~26.1~~ The non-executive Directors shall appoint or remove the Chief Executive.

25.2 ~~26.2~~ The appointment of the Chief Executive shall require the approval of the Council of Governors.

25.3 ~~26.3~~A committee consisting of the Chief Executive, the Chairman and the other non-executive Directors shall appoint or remove the other executive Directors.

26. ~~27.~~ **Board of Directors – disqualification**

26.1 ~~27.1~~ A person may not become or continue as a member of the Board of Directors if he:

26.1.1 ~~27.1.1~~ has been adjudged bankrupt or whose estate has been sequestrated and (in either case) he has not been discharged;

26.1.2 ~~27.1.2~~ has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it; or

26.1.3 ~~27.1.3~~ has within the preceding five years been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him; or

26.1.4 ~~27.1.4~~ has had his tenure of office as a chairman or as a member or director of a Health Service Body been terminated on the grounds that his appointment is not in the interests of public service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;

26.1.5 ~~27.1.5~~has had his name removed from a list maintained under regulations pursuant to sections 91, 106, 123, or 147A of the 2006 Act, or the equivalent lists maintained by Local Health Boards in Wales under the National Health Service (Wales) Act 2006, and he has not subsequently had his name included on such a list;

26.1.6 ~~27.1.6~~has within the preceding two years been dismissed, otherwise than by reason of redundancy or ill health, from any paid employment with a Health Service Body;

26.1.7 ~~27.1.7~~is an executive or non-executive director or a governor of another NHS Foundation Trust, or a governor, executive director, non-executive director, chairman, or chief executive officer of another Health Service Body, unless he is or will become a Non-Executive Director of the Trust and the Chairman considers that his position at another NHS Foundation Trust or Health Service Body does not give rise to a conflict of interest;

26.1.8 ~~27.1.8~~ in the case of a non-executive Director, no longer satisfies the criteria for appointment;

26.1.9 ~~27.1.9~~ in the case of an executive Director, no longer employed by the Trust;

26.1.10 ~~27.1.10~~ is a member of a Local Healthwatch;

26.1.11 ~~27.1.11~~is a member of a local authority's overview and scrutiny committee for health matters;

26.1.12 ~~27.1.12~~is the subject of a disqualification order made under the Company Directors' Disqualifications Act 1986;

26.1.13 ~~27.1.13~~ is a partner or spouse of an existing Director;

26.1.14 ~~27.1.14~~ is an 'unfit person' as defined in the Trust's provider licence (as may be amended from time to time), or

26.1.15 ~~27.1.15~~ does not meet any other statutory requirement for being a director of an NHS foundation trust.

27. ~~28.~~ Board of Directors – meetings

27.1 ~~28.1~~ Meetings of the Board of Directors shall be open to the public, unless the Board of Directors has resolved that members of the public should be excluded for special reasons.

27.2 ~~28.2~~ Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors.

28. ~~29.~~ Board of Directors – Standing Orders

28.1 ~~29.1~~ The Standing Orders for the Practice and Procedure of the Board of Directors (the "Standing Orders for Directors"), as may be varied from time to time, are attached at Annex 8.

29. ~~30.~~ Board of Directors – conflicts of interest of Directors

29.1 ~~30.1~~ The duties that a Director has by virtue of being a Director include in particular—

29.1.1 ~~30.1.1~~ a duty to avoid a situation in which the Director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust; and

29.1.2 ~~30.1.2~~ a duty not to accept a benefit from a third party by reason of being a Director or doing (or not doing) anything in that capacity.

29.2 ~~30.2~~ The duty referred to in sub-paragraph ~~30.1.1~~29.1.1 is not infringed if—

29.2.1 ~~30.2.1~~ the situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or

29.2.2 ~~30.2.2~~ the matter has been authorised in accordance with the constitution.

29.3 ~~30.3~~ The duty referred to in sub-paragraph ~~30.1.2~~29.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.

29.4 ~~30.4~~ In sub-paragraph ~~30.1.2~~29.1.2, "third party" means a person other than—

29.4.1 ~~30.4.1~~ the Trust, or

29.4.2 ~~30.4.2~~ a person acting on its behalf.

29.5 ~~30.5~~ If a Director has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to the other Directors.

29.6 ~~30.6~~ If a declaration under this paragraph proves to be, or becomes, inaccurate, incomplete, a further declaration must be made.

29.7 ~~30.7~~ Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.

29.8 ~~30.8~~ This paragraph does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question.

29.9 ~~30.9~~ A Director need not declare an interest—

29.9.1 ~~30.9.1~~if it cannot reasonably be regarded as likely to give rise to a conflict of interest,

29.9.2 ~~30.9.2~~ if, or to the extent that, the Directors are already aware of it, or

29.9.3 ~~30.9.3~~ if, or to the extent that, it concerns terms of the Director's appointment that have been or are to be considered—

29.9.3.1 ~~30.9.3.1~~ by a meeting of the Board of Directors, or

29.9.3.2 ~~30.9.3.2~~ by a committee of the Directors appointed for the purpose under the constitution.

29.10 ~~30.10~~The Standing Orders of the Board of Directors shall include provisions about the disclosure of interests and arrangements for a Director with an interest to withdraw from a meeting in relation to the matter in respect of which he has declared an interest.

30. ~~31.~~ Board of Directors – remuneration and terms of office

30.1 ~~31.1~~ The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chairman and the other non-executive Directors.

30.2 ~~31.2~~The Trust shall establish a committee of non-executive Directors to decide the

remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other executive Directors.

31. ~~32.~~ **Registers**

31.1 ~~32.1~~ The Trust shall have:

31.1.1 ~~32.1.1~~ a register of Members showing, in respect of each Member, the constituency to which he belongs and, where there are classes within it, the class to which he belongs;

31.1.2 ~~32.1.2~~ a register of members of the Council of Governors;

31.1.3 ~~32.1.3~~ a register of interests of Governors;

31.1.4 ~~32.1.4~~ a register of Directors; and

31.1.5 ~~32.1.5~~ a register of interests of the Directors~~;~~

~~32.1.6 a register of designated Trust Subcontractors; and32.1.7 a register of designated Volunteers~~.

31.2 ~~32.2~~ The Secretary shall be responsible for compiling and maintaining the registers, and the registers may be kept in either paper or electronic form. Removal from any register shall be in accordance with the provisions of this Constitution. The Secretary shall update the registers with new or amended information as soon as is practical and in any event within 14 days of receipt.

32. ~~33.~~ **Admission to and removal from the registers**

32.1 ~~33.1~~ Register of Members

32.1.1 ~~33.1.1~~Subject to paragraph 7.7 above, Members must complete and sign an application in the form prescribed by the Secretary.

32.1.2 ~~33.1.2~~ The Secretary shall maintain the register in two parts. Part one, which shall be the register referred to in the 2006 Act, shall include the name of each Member and the constituency or class to which they belong, and shall be open to inspection by the public in accordance with paragraph ~~34~~33 below. Part two shall contain all the information from the application form and shall not be open to inspection by the public nor may copies or extracts from it be made available to any third party. Notwithstanding this provision the Trust shall extract such information as it needs in aggregate to satisfy itself that the actual membership of the Trust is representative of those eligible for membership and for the administration of the provisions of this Constitution.

32.2 ~~33.2~~ Register of Governors

32.2.1 ~~33.2.1~~ The register shall list the names of Governors, their category of membership of the Council of Governors (public, staff, local authority, or other partnership organisation) and an address through which they may be contacted which may be the Secretary.

32.3 ~~33.3~~ Register of Interests of the Governors

32.3.1 ~~33.3.1~~ The register shall contain the names of each Governor, whether he has declared any interests and, if so, the interests declared in accordance with this Constitution or the Standing Orders for Governors.

32.4 ~~33.4~~ Register of Directors

32.4.1 ~~33.4.1~~ The register shall list the names of Directors, their capacity on the Board of Directors and an address through which they may be contacted which may be the

Secretary.

32.5 ~~33.5~~ Register of interests of Directors

32.5.1 ~~33.5.1~~ The register shall contain the names of each Director, whether he has declared any interests and, if so, the interests declared in accordance with this Constitution or the Standing Orders for Directors.

32.6 ~~33.6~~ Register of Designated Trust Subcontractors

32.6.1 ~~33.6.1~~ The register shall contain the names of each Trust Subcontractor which is designated by the Trust for the purposes of membership of the Trust.

32.7 ~~33.7~~ Register of Designated Volunteer Schemes

32.7.1 ~~33.7.1~~ The register shall contain the names of each volunteer scheme which is designated by the Trust for the purposes of membership of the Trust.

33. ~~34.~~ **Registers – inspection and copies**

33.1 ~~34.1~~The Trust shall make the registers specified in paragraph 32 above available for inspection by members of the public, except in the circumstances set out in paragraphs ~~34.2~~33.2 to ~~34.4~~33.4 below or as otherwise prescribed by regulations.

33.2 ~~34.2~~ The Trust shall not make any part of its registers available for inspection by members of the public which shows details of any Member, if the Member so requests.

33.3 ~~34.3~~ So far as the registers are required to be made available:

33.3.1 ~~34.3.1~~ they are to be available for inspection free of charge at all reasonable times; and

33.3.2 ~~34.3.2~~a person who requests a copy of or extract from the registers is to be provided with a copy or extract.

33.4 ~~34.4~~ If the person requesting a copy or extract is not a Member rust, the Trust may impose a reasonable charge for doing so.

34. ~~35.~~ **Documents available for public inspection**

34.1 ~~35.1~~ The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:

34.1.1 ~~35.1.1~~ a copy of the current Constitution;

34.1.2 ~~35.1.2~~ a copy of the latest annual accounts and of any report of the Auditor on them; and

34.1.3 ~~35.1.3~~ a copy of the latest annual report.

34.2 ~~35.2~~ The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge at all reasonable times:

34.2.1 ~~35.2.1~~ a copy of any order made under section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (trusts coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act;

34.2.2 ~~35.2.2~~ a copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act;

34.2.3 ~~35.2.3~~ a copy of any information published under section 65D (appointment of trust

special administrator) of the 2006 Act;

34.2.4 ~~35.2.4~~ a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act;

34.2.5 ~~35.2.5~~ a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act;

34.2.6 ~~35.2.6~~a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (Monitor's decision), 65KB (Secretary of State's response to Monitor's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act;

34.2.7 ~~35.2.7~~a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act;

34.2.8 ~~35.2.8~~ a copy of any final report published under section 65I (administrator's final report) of the 2006 Act;

34.2.9 ~~35.2.9~~ a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act; and

34.2.10 ~~35.2.10~~ a copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.

34.3 ~~35.3~~ Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

34.4 ~~35.4~~ If the person requesting a copy or extract is not a Member of the Trust, the Trust may impose a reasonable charge for doing so.

35. ~~36.~~ Auditor

35.1 ~~36.1~~ The Trust shall have an Auditor.

35.2 ~~36.2~~ The Council of Governors shall appoint or remove the Auditor at a general meeting of the Council of Governors.

36. ~~37.~~ Audit Committee

36.1 ~~37.1~~ The Trust shall establish a committee of non-executive Directors as an Audit Committee to perform such monitoring, reviewing and other functions as are appropriate.

37. ~~38.~~ Accounts

37.1 ~~38.1~~ The Trust must keep proper accounts and proper records in relation to the accounts.

37.2 ~~38.2~~ Monitor may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.

37.3 ~~38.3~~ The accounts are to be audited by the Auditor.

37.4 ~~38.4~~ The Trust shall prepare in respect of each Financial Year annual accounts in such form as Monitor may with the approval of the Secretary of State direct.

37.5 ~~38.5~~ The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

37.6 ~~38.6~~ The Trust shall:

37.6.1 ~~38.6.1~~ lay a copy of the annual accounts, and any report of the auditor on them, before Parliament;

37.6.2 ~~38.6.2~~ send copies of those documents to Monitor within such period as Monitor may direct; and

37.6.3 ~~38.6.3~~ send copies of any accounts prepared pursuant to paragraph ~~38.2~~37.2, and any report of an auditor on them to Monitor within such period as Monitor may direct.

38. ~~39.~~ Annual report and forward plans and non-NHS work

38.1 ~~39.1~~ The Trust shall prepare annual reports and send them to Monitor.

38.2 ~~39.2~~ The reports shall give information on:

38.2.1 ~~39.2.1~~the impact that income received by the Trust otherwise than from the provision of goods and services for the purposes of the health service in England has had on the provision by the Trust of goods and services for those purposes.

38.2.2 ~~39.2.2~~ any steps taken by the Trust to secure that (taken as a whole) the actual Membership of its Public Constituency is representative of those eligible for such Membership;

38.2.3 ~~39.2.3~~ any exercise by the Council of Governors of its power to require a Director to attend a meeting;

38.2.4 ~~39.2.4~~ the Trust's policy on pay, on the work of the committee of non-executive Directors established to decide the remuneration and allowances and the other terms and conditions of office of the executive Directors, and on such other procedures as the Trust has on pay;

38.2.5 ~~39.2.5~~ the remuneration of the Directors and on the expenses of the Governors and the Directors; and

38.2.6 ~~39.2.6~~ any other information Monitor requires.

38.3 ~~39.3~~ The Trust shall comply with any decision Monitor makes as to:

38.3.1 ~~39.3.1~~ the form of the reports;

38.3.2 ~~39.3.2~~ when the reports are to be sent to it; and

38.3.3 ~~39.3.3~~ the periods to which the reports are to relate.

38.4 ~~39.4~~ The Trust shall give information to Monitor as to its forward planning in respect of each Financial Year. The document containing the information with respect to forward planning shall be prepared by the Board of Directors who in doing so shall have regard to the views of the Council of Governors.

38.5 ~~39.5~~ The forward planning information shall include information about

38.5.1 ~~39.5.1~~ the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and

38.5.2 ~~39.5.2~~ the income it expects to receive from doing so.

38.6 ~~39.6~~ Where the forward planning information contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph ~~39.6.1~~ 38.5.1the Council of Governors must:

38.6.1 ~~39.6.1~~ determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal

purpose or the performance of its other functions, and

38.6.2 ~~39.6.2~~ notify the Board of Directors of its determination.

38.7 ~~39.7~~ The Trust may not implement a proposal for carrying on activities of a kind mentioned in sub-paragraph ~~39.6.1~~ 38.5.1if the Council of Governors has:

38.7.1 ~~39.7.1~~ determined that it is not satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions; and

38.7.2 ~~39.7.2~~ has notified the Board of Directors of that determination.

38.8 ~~39.8~~ If the Trust proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purpose of the health service in England, the Trust may implement the proposal only if more than half of the members of the Council of Governors voting approve its implementation.

39. ~~40.~~ Mergers etc., and Significant Transactions

39.1 ~~40.1~~ The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.

39.2 ~~40.2~~ The Trust may enter into a Significant Transaction only if more than half of the members of the Council of Governors voting approve entering into the transaction.

39.3 ~~40.3~~ "Significant Transaction" means:

39.3.1 ~~40.3.1~~ the acquisition of, or an agreement to acquire, whether contingent or not, assets the value of which is more than 25% of the value of the Trust's gross assets before the acquisition; or

39.3.2 ~~40.3.2~~ the disposition of, or an agreement to dispose of, whether contingent or not, assets of the Trust the value of which is more than 25% of the value of the Trust's gross assets before the disposition; or

39.3.3 ~~40.3.3~~ a transaction that has or is likely to have the effect of the Trust acquiring rights or interests or incurring obligations or liabilities, including contingent liabilities, the value of which is more than 25% of the value of the Trust's gross assets before the transaction.

39.4 ~~40.4~~ For the purpose of this paragraph 40:

39.4.1 ~~40.4.1~~ "gross assets" means the total of fixed assets and current assets;

39.4.2 ~~40.4.2~~in assessing the value of any contingent liability for the purposes of sub-paragraph ~~40.3.3~~39.3.3, the Directors:

39.4.2.1 ~~40.4.2.1~~ must have regard to all circumstances that the Directors know, or ought to know, affect, or may affect, the value of the contingent liability; and

39.4.2.2 ~~40.4.2.2~~ may rely on estimates of the contingent liability that are reasonable in the circumstances; and

39.4.2.3 ~~40.4.2.3~~may take account of the likelihood of the contingency occurring.

40. ~~41.~~ Meetings of Council of Governors to consider annual accounts and reports

40.1 ~~41.1~~ The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:

40.1.1 ~~41.1.1~~ the annual accounts;

40.1.2 ~~41.1.2~~ any report of the Auditor on them; and

40.1.3 ~~41.1.3~~ the annual report.

41. ~~42.~~ **Annual ~~Public~~Members' Meeting**

41.1 ~~42.1~~ The Trust shall hold ~~a public~~an annual meeting ~~of~~for its ~~Members~~members each year. This meeting may be combined with the general meeting of the Council of Governors referred to in paragraph ~~41~~40.

41.2 ~~42.2~~ At least one Director shall attend the meeting and present the following documents to the Members at the meeting:

41.2.1 ~~42.2.1~~ the annual accounts

41.2.2 ~~42.2.2~~ any report of the auditor on them; and

41.2.3 ~~42.2.3~~ the annual report.

42. ~~43.~~ **Amendment of the Constitution**

42.1 ~~43.1~~ The Trust may make amendments to this Constitution only if:

42.1.1 ~~43.1.1~~ more than half of the members of the Council of Governors voting approve the amendments; and

42.1.2 ~~43.1.2~~ more than half of the members of the Board of Directors voting approve the amendments.

42.2 ~~43.2~~ Amendments take effect as soon as the conditions in paragraph ~~43.1~~42.1 are satisfied, but an amendment shall have no effect in so far as the Constitution would, as a result of the amendment, not accord with Schedule 7 of the 2006 Act.

42.3 ~~43.3~~ The Trust shall inform Monitor of amendments to the Constitution.

42.4 ~~43.4~~ Where an amendment has been made to this Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust), at least one Governor shall attend the next annual public meeting to be held, at which the Governor shall present the amendment and the Members shall be entitled to vote on whether they approve the amendment.

42.5 ~~43.5~~ If more than half the Members voting approve the amendment, the amendment shall continue to have effect; otherwise it shall cease to have effect and the Trust shall take such steps as are necessary as a result.

43. ~~44.~~ **Instruments**

43.1 ~~44.1~~ The Trust shall have a seal.

43.2 ~~44.2~~ The seal shall not be affixed except under the authority of the Board of Directors.

44. ~~45.~~ **Indemnity**

44.1 ~~45.1~~ Members of the Council of Governors and Board of Directors who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their board functions, save where they have acted recklessly. Any costs arising in this way will be met by the Trust.

44.2 ~~45.2~~The Trust may take out insurance either through the NHS Litigation Authority or otherwise in respect of Directors and officers liability, including liability arising by reason of

the Trust acting as a corporate trustee of an NHS charity.

45. ~~46.~~ **Dispute Resolution**

~~46.1 In the event of any dispute about the entitlement to membership the dispute shall be referred to the Secretary who shall make a determination on the point in issue. If the Member is aggrieved at the decision of the Secretary he may appeal in writing within 14 days of the Secretary's decision to the Council of Governors whose decision shall be final.~~

45.1 ~~46.2~~In the event of any dispute between the Council of Governors and the Board of Directors:

45.1.1 ~~46.2.1~~ in the first instance the Chairman on the advice of the Secretary, and such other advice as the Chairman may see fit to obtain, shall seek to resolve the dispute;

45.1.2 ~~46.2.2~~ if the Chairman is unable to resolve the dispute he shall appoint a special committee comprising equal numbers of Directors and Governors to consider the circumstances and to make recommendations to the Council of Governors and the Board of Directors with a view to resolving the dispute; and

45.1.3 ~~46.2.3~~ if the recommendations (if any) of the special committee are unsuccessful in resolving the dispute, the Chairman may refer the dispute back to the Board of Directors who shall make the final decision.

46. ~~47.~~ **Interpretation and definitions**

46.1 ~~47.1~~Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this Constitution shall bear the same meaning as in the 2006 Act.

46.2 ~~47.2~~ References in this Constitution to legislation include all amendments, replacements or re-enactments made.

46.3 ~~47.3~~ References to legislation include all regulations, orders, statutory guidance or directives.

46.4 ~~47.4~~ Headings are for ease of reference only and are not to affect interpretation.

46.5 ~~47.5~~ Words importing the masculine gender only shall include the feminine gender; words importing the singular shall import the plural and vice-versa.

46.6 ~~47.6~~ In this Constitution:-

46.6.1 ~~47.6.1~~ **2006 Act** means the National Health Service Act 2006;

46.6.2 ~~47.6.2~~ **2012 Act** means the Health and Social Care Act 2012;

46.6.3 ~~47.6.3~~ **Accounting Officer** means the person who from time to time discharges the functions specified in paragraph 25 of Schedule 7 to the 2006 Act and in the Accounting Officer Memorandum published by Monitor;

46.6.4 ~~47.6.4~~ **Appointment Committee** means a committee appointed by the Council of Governors pursuant to paragraphs 1.2.5 and 1.2.6 of Appendix 3 of Annex 9;

46.6.5 ~~47.6.5~~**Appointed Governor** means a Local Authority Governor, or an Other Partnership Governor;

46.6.6 ~~47.6.6~~ **Area of the Trust** means the area, consisting of all the areas, specified in Annex 1, as an area for a public constituency;

46.6.7 ~~47.6.7~~**Audit Committee** means a committee of the Board of Directors as established pursuant to paragraph 37;

46.6.8 ~~47.6.8~~**Auditor** means the Auditor of the Trust appointed by the Council of

Governors pursuant to paragraph 36;

46.6.9 ~~47.6.9~~**Board of Directors** means the Board of Directors as constituted in accordance with this Constitution;

46.6.10 ~~47.6.10~~ **Budget** means a resource, expressed in financial terms, proposed by the Board of Directors for the purpose of carrying out, for a specific period, any or all of the functions on the Trust

46.6.11 ~~47.6.11~~ **Chairman** means the Chairman of the Trust;

46.6.12 ~~47.6.12~~ **Chief Executive** means the Chief Executive of the Trust;

46.6.13 ~~47.6.13~~ **Clear Day** means a day of the week not including Saturday, Sunday or a public holiday

46.6.14 ~~47.6.14~~**Complaints Handling Policy** means the Trust's complaints handling policy, as adopted by the Applicant NHS Trust and as amended from time to time by the Board of Directors;

46.6.15 ~~47.6.15~~**Constitution** means this Constitution together with the Annexes and Appendices attached hereto;

46.6.16 ~~47.6.16~~ **Council of Governors** means the Council of Governors as constituted in accordance with this Constitution;

46.6.17 ~~47.6.17~~ **Deputy Chairman** means one of the Non-Executive Directors appointed by the Council of Governors, either generally or for a specific meeting, to preside at a meeting of the Council of Governors in the absence of the Chairman

46.6.18 ~~47.6.18~~ **Director** means a member of the Board of Directors, and includes both executive and non-executive Directors;

46.6.19 ~~47.6.19~~ **Director's Code of Conduct** means the code of conduct for Directors of the Trust, as adopted by the Applicant NHS Trust and as amended from time to time by the Board of Directors, which all Directors must subscribe to;

46.6.20 ~~47.6.20~~ **Elected Governor** means a Staff Governor or a Public Governor;

46.6.21 ~~47.6.21~~**Election Scheme** means the election rules set out at Annex 5 of the Constitution;

46.6.22 **European Union Directives** means Directive 2014/24/EU on public procurement, Directive 2007/66/EC with regard to improving the effectiveness of review procedures concerning the award of public contracts and Directive 2014/23/EU on the award of concession contracts;

46.6.23 ~~47.6.22~~ **Finance Director** means the Finance Director of the Trust;

46.6.24 ~~47.6.23~~ **Financial year** means each successive period of twelve months beginning with 1st April;

46.6.25 ~~47.6.24~~ **Funds held on trust** means those funds which the Trust holds at the date of its incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under the 2006 Act. Such funds may or may not be charitable;

46.6.26 ~~47.6.25~~ **Governor** means a member of the Council of Governors;

46.6.27 ~~47.6.26~~ **Governor's Code of Conduct** means the code of conduct for Governors of the Trust, as adopted by the Applicant NHS Trust and as amended from time to time by the Board of Directors, which all Governors must subscribe to;

46.6.28 ~~47.6.27~~ **Health Service Body** shall have the meaning ascribed to it in section 65(1) of the 2006 Act;

46.6.29 ~~47.6.28~~**Hospital** means: Prospect Park Hospital, Honey End Lane, Tilehurst, Reading, Berkshire RG30 4EJ; Heatherwood Hospital, London Road, Ascot, Berkshire SL5 8AA and Wexham Park Hospital, Wexham Street, Slough, Berkshire SL2 4HL, and any associated hospitals, establishments or facilities;

46.6.30 ~~47.6.29~~ **Local Authority Governor** means a member of the Council of Governors appointed by one or more local authorities whose area includes the whole or part of the Area of the Trust;

46.6.31 ~~47.6.30~~ **Local Authority Partnership Agreement** means an agreement between the Trust and a local authority under section 75 of the 2006 Act;

46.6.32 **Local Healthwatch** means an organisation as defined in section 222 of the Local Government and Public Involvement in Health Act 2007.

46.6.33 ~~47.6.31~~ **Member** means a Member of the Trust;

46.6.34 ~~47.6.32~~ **Model Election Rules** ~~**for Elections**~~ means the model election rules ~~set out in Annex 5 of the Constitution~~for use in elections of foundation trust councils of governors as published by the NHS Providers (formerly the Foundation Trust Network);

46.6.35 ~~47.6.33~~ **Monitor** is the body corporate known as Monitor, as provided by Section 61 of the 2012 Act;

46.6.36 ~~47.6.34~~**Nominated Officer** means an Officer charged with responsibility for discharging specific tasks within the SOs and SFIs

46.6.37 ~~47.6.35~~ **Non-Executive Director** means a member of the Board of Directors who does not hold an executive office of the Trust

46.6.38 ~~47.6.36~~ **Officer** means an employee or other person holding paid appointment or office with the Trust;

46.6.39 ~~47.6.37~~**Other Partnership Governor** means a member of the Council of Governors appointed by a partnership organisation other than a primary care trust or a local authority;

46.6.40 ~~47.6.38~~ **Public Governor** means a member of the Council of Governors elected by the members of a public constituency;

46.6.41 **Public Procurement Regulations** means The Public Contracts Regulations 2015 SI 2015/102 as amended from time to time and The Concession Contracts Regulations SI 2016/273 as amended from time to time;

46.6.42 **Regulatory Framework** means the 2006 Act, the 2012 Act and the Trust's provider licence.

46.6.43 ~~47.6.39~~ **Scheme of Delegation** means the Reservation of Powers to the Board of Directors and Delegation of Powers;

46.6.44 ~~47.6.40~~ **Secretary** means the Secretary of the Trust or any other person or body corporate appointed to perform the duties of the Secretary of the Trust, including a joint, assistant or deputy secretary;

46.6.45 ~~47.6.41~~ **SFIs** means Standing Financial Instructions

46.6.46 ~~47.6.42~~ **Shared Service Centre** means the 57-59 Bath Road, Reading, Berkshire,

RG30 2BA and Unit 7 Ely Road, Theale, Berkshire, RG7 4BQ;

46.6.47 ~~47.6.43~~ **SOs** means Standing Orders;

46.6.48 ~~47.6.44~~ **Staff** Governor means a member of the Council of Governors elected by the members of the staff constituency;

46.6.49 ~~47.6.45~~ **Trust** means the Berkshire Healthcare NHS Foundation Trust;

46.6.50 ~~47.6.46~~**Trust Headquarters** means the Second and Third Floors, Fitzwilliam House, Skimped Hill Lane, Bracknell, RG12 1LD;

46.6.51 ~~47.6.47~~ **Trust Subcontractor** means a contractor to the Trust whose employees exercise functions on behalf of the Trust and which is listed in the register maintained by the Secretary pursuant to paragraph 33.7.1;

46.6.52 ~~47.6.48~~ **Volunteer** means an individual who carries out functions on behalf of the Trust on a voluntary basis under a scheme designated by the Secretary pursuant to paragraph 33.8.1; and

46.6.53 ~~47.6.49~~**Voluntary Organisation** means a body other than a public or local authority, the activities of which are not carried on for profit.

ANNEX 1

The Public Constituency

(Paragraph 6)

PUBLIC CONSTITUENCIES OF THE TRUST

NAME OF CONSTITUENCY	AREA	MINIMUM NUMBER OF MEMBERS	NUMBER OF GOVERNORS
Wokingham	All electoral wards within Wokingham District Council area	220	3
Bracknell	All electoral wards within Bracknell Forest Borough Council area	220	3
Slough	All electoral wards within Slough Borough Council area	220	3
Reading	All electoral wards within Reading Borough Council area	220	3
West Berkshire	All electoral wards within West Berkshire Council area	220	3
Windsor & Maidenhead	All electoral wards within Windsor & Maidenhead Royal Borough Council area	220	3
Rest of England	**England other than the six areas noted above**	50	1
	Minimum Membership	**1,370**	
	Public Governors		**19**

ANNEX 2

The Staff Constituency

(Paragraph 7)

1. **Staff Constituency: Classes**

1.1 There shall be two classes of staff members as follows:

1.1.1 Staff members who are employed by the Trust as: Nurses; Nursing Assistants; Doctors (including those with provisional registration); Pharmacists; Psychologists; Psychotherapists; Occupational Therapists; Speech Therapists; and other Allied Health Professionals, will be assigned to the "Clinical Staff Class";

1.1.2 Finance, Human Resources, Information Technology, Facilities and Estates and Administration & Clerical staff who are employed by the Trust will be assigned to the "Non Clinical Staff Class"; and

1.2 Trust Subcontractors and Volunteers will be assigned to the "Non Clinical Staff Class".

1.3 The minimum number of members required for each staff class shall be:

1.3.1 Clinical Staff Class – 500

1.3.2 Non Clinical Staff Class – 500

1.4 Individuals who are eligible to be a member of the Staff Constituency may not become or continue as a member of more than one staff class, and individuals who are eligible to join more than one staff class shall be allocated to the staff class for which they are primarily employed.

ANNEX 3
Not Used

ANNEX 4

Composition of Council of Governors

(Paragraph 9)

1. **Composition**

1.1 The Council of Governors shall comprise:

1.1.1 **19 Public Governors**;

1.1.2 **4 Staff Governors** comprised of the following:

1.1.2.1 2 being elected by the "Clinical Staff Class ";

1.1.2.2 2 being elected by the "Non Clinical Staff Class";

1.1.3 **6 Local Authority Governors**; and

1.1.4 **3 Other Partnership Governors**.

1.2 The number of Public Governors is to be more than half of the total membership of the Council of Governors.

1.3 The following organisations ("Partnership Organisations") are specified for the purposes of sub-paragraph 9(7) of Schedule 7 to the 2006 Act and may each appoint one member of the Council of Governors:

1.3.1 The University of Reading, of Whiteknights, PO Box 217, Reading, Berkshire, RG6 6AH, a university currently incorporated by Royal Charter granted on 1 February 1926 (the "University of Reading");

1.3.2 The Alzheimers Society, a registered charity and company limited by guarantee who is registered on the Central Register of Charities under registration number 296645 and who is incorporated in England under Company Number 02115499 and whose registered address is Gordon House, 10 Greencoat Place, London SW1P 1PH (the "Society"); and

1.3.3 British Red Cross Society (Thames Valley), a registered charity with number 220949 of John Nike House, 90 Eastern Avenue, Reading RG1 5SF ("British Red Cross").

2. **Appointed Governors**

2.1 Local Authority Governors

2.1.1 Bracknell Forest Borough Council, Windsor & Maidenhead Royal Borough Council, Slough Borough Council, Reading Borough Council, Wokingham District Council, and West Berkshire Council their successor organisations may each appoint one Local Authority Governor by notice in writing signed by the leader of the relevant Council or a member of the relevant Council executive, and delivered to the Secretary.

2.2 Other Partnership Governors

2.2.1 The University of Reading may appoint one Other Partnership Governor by notice in writing signed by the Vice Chancellor or a Pro Vice Chancellor of the University of Reading and delivered to the Secretary;

2.2.2 British Red Cross may appoint one Other Partnership Governor by notice in writing signed by the Chief Executive of British Red Cross and delivered to the Secretary; and

2.2.3 The Society may appoint another Partnership Governor by notice in writing signed by the Chief Executive of the Society and delivered to the Secretary.

ANNEX 6

Standing Orders for the Practice and Procedure of the Council of Governors

(Paragraph 16)

1. **Interpretation and Definitions**

1.1 Save as otherwise permitted by law, ~~at any meeting~~ the Chairman of the Trust shall be the final authority on the interpretation of Standing Orders (on which he should be advised by the Chief Executive and Secretary).

1.2 Terms used in these Standing Orders have the meaning given to them in the Constitution.

1.3 Words importing the masculine gender include the feminine gender and vice versa.

2. **Meetings of the Council of Governors**

2.1 Admission of the Public, Press and Observers

2.1.1 The public and representatives of the Press shall be afforded reasonable facilities to attend all meetings of the Council of Governors except where it resolves that members of the public and representatives of the Press be excluded from all or part of a meeting on the grounds that:

2.1.1.1 any publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or

2.1.1.2 for other reasons stated in the resolution and arising from the nature of the business or the proceedings that the Council of Governors believe are special reasons for excluding the public from the meeting in accordance with the Constitution.

2.1.2 Nothing in these Standing Orders shall require the Council of Governors to allow members of the public and representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place, without the prior agreement of the Council of Governors.

2.1.3 In the event that the public and press are admitted to all or part of a meeting, the Chair (or other person presiding) shall give such directions as he thinks fit in regard to the arrangements for meetings and accommodation of the public and press so as to ensure that the Council's business shall be conducted without interruption and disruption. The public and the press shall be required to withdraw upon the Council resolving "that in the interests of public order the meeting adjourn for (period to be specified) to enable the Council to complete its business without the presence of the public".

2.1.4 The Trust may make such arrangements from time to time as it sees fit with regards to extending of invitations to observers to attend and address the Council.

2.2 Calling Meetings

2.2.1 Meetings of the Council of Governors shall be held at such times and places as the Council of Governors may determine and there shall be at least 4 meetings in any year including:

2.2.1.1 an annual meeting no later than the 30 September in each year apart from the first year, when the Council of

Governors are to receive and consider the annual accounts, any report by the Auditor and the annual report; and

2.2.1.2 any other meetings required of the Governors in order to fulfil their functions in accordance with the Constitution.

2.2.2 The Secretary may call a meeting of the Council of Governors at any time. If the Secretary refuses to call a meeting after a requisition for that purpose, signed by at least one third of the whole number of the Governors and specifying the business to be transacted at the meeting, has been presented to him, or if, without so refusing, the Secretary does not call a meeting within *5* Clear Days after such requisition has been presented to him at the Trust's Headquarters, such one third or more of the Governors may forthwith call a meeting for the purpose of conducting that business.

2.3 Notice of Meetings

2.3.1 Before each meeting of the Council of Governors, a notice of the meeting specifying the general nature of the business proposed to be transacted at it, and signed by the Chairman or by an officer authorised by the Chairman to sign on his behalf, shall be sent via email to the usual email address, or sent by post to the usual place of residence, of every Governor, so as to be available to him at least 10 Clear Days before the meeting save in the case of emergencies.

2.3.2 Before each meeting of the Council of Governors a public notice of the time and place of the meeting, and if possible the public part of the agenda, shall be displayed at the Trust's Headquarters and shall be advertised on the Trust's website at least 7 Days before the meeting, save in the case of emergencies.

2.3.3 Want of service of the notice on any one Governor shall not affect the validity of a meeting but failure to serve such a notice on more than three Governors will invalidate the meeting. A notice (including a notice sent by email) shall be presumed to have been served at the time at which the notice would be delivered in the ordinary course of posting.

2.3.4 In the case of a meeting called by Governors in default of the Chairman, the notice shall be signed by those Governors and no business shall be transacted at the meeting other than that specified in the requisition.

2.3.5 Agendas will be sent to Governors before the meeting and supporting papers, whenever possible, shall accompany the Agenda, but will certainly be despatched no later than 3 Clear Days before the meeting, save in the case of emergencies.

2.4 Annual Meeting

2.4.1 The Council of Governors shall hold an annual meeting of the Council of Governors in every calendar year so that there are no more than fifteen calendar months between one meeting and the next and shall present to that meeting:

2.4.1.1 A report on the proceedings of its meetings held since the last annual meeting;

2.4.1.2 A report on the progress since the last annual meeting in developing the membership strategy including the steps taken to ensure that the actual membership is fully representative of the persons who are eligible to be members under the Constitution;

2.4.1.3 A report on any change to the composition or membership of the Council of Governors which has taken place since the last annual meeting; and

2.4.1.4 A report containing such comments as it wishes to make regarding the performance of the Trust and the accounts of the Trust for the preceding financial year and the future service development plans of the Trust.

2.5 Setting the Agenda

2.5.1 The Council of Governors may determine that certain matters shall appear on every Agenda for a meeting and shall be addressed prior to any other business being conducted.

2.5.2 A Member of the Council of Governors desiring a matter to be included on an Agenda, including a formal proposition for discussion and voting on at a meeting, shall make his request in writing to the Chairman at least 10 Clear Days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. The Chairman shall include on the Agenda any matter contained in a request received at least 10 Clear Days before the meeting. Requests made less than 10 Clear Days before a meeting may be included on the Agenda at the discretion of the Chairman.

2.6 Petitions

2.6.1 Where a petition has been received by the Trust, the Chairman shall include the petition as an item for the Agenda of the next Council of Governors meeting.

2.7 Chairman of Meeting

2.7.1 At any Council of Governors meeting, the Chairman, if present, shall preside.

2.7.2 If the Chairman is absent from the meeting or is absent temporarily on the grounds of a declared conflict of interest the Deputy Chairman shall preside.

2.7.3 If the Deputy Chairman is absent from the meeting or is absent temporarily on the grounds of a declared conflict of interest, another Non-Executive Director as shall be appointed by the Council of Governors shall preside.

2.7.4 If all the Non-Executive Directors are absent or are incapable of taking part on the grounds of a conflict of interest, a Governor shall be appointed by the Council of Governors to preside.

2.8 Agenda Proposals

2.8.1 Where a Governor has requested inclusion of a matter on the Agenda in accordance with Standing Order ~~4.5.2~~ 2.5.2above as a matter to be formally proposed for discussion and voting on at the meeting, the provisions of this Standing Order ~~4.8~~ 2.8shall apply in respect of the proposition:

2.8.2 The mover of the proposition shall have a right of reply at the close of any discussion on the proposition or any amendment thereto.

2.8.3 When a proposition is under discussion or immediately prior to discussion it shall be open to a Governor to move:

2.8.3.1 an amendment to the proposition;

2.8.3.2 the adjournment of the discussion or the meeting;

2.8.3.3 that the meeting proceed to the next business;

2.8.3.4 the appointment of an ad hoc committee to deal with a specific item of business;

2.8.3.5 that the motion be now put;

2.8.3.6 that the public be excluded from the meeting in relation to the discussion concerning the proposition under Standing Order 4.1.1.

2.8.4 In the case of sub-paragraphs ~~4.8.3.3~~2.8.3.3 and ~~4.8.3.5~~2.8.3.5.5 above, to ensure objectivity these matters may only be put by a Governor who has not previously taken part in the debate and who is eligible to vote.

2.8.5 No amendment to the proposition shall be admitted if, in the opinion of the Chairman of the meeting, the amendment negates the substance of the proposition.

2.8.6 ~~The~~Subject to paragraph 2.9.1, the mover of a proposition shall have a maximum of five minutes to move and three minutes to reply. Once a proposition has been moved, no other Governor shall speak more than once or for more than three minutes.

2.9 Chairman's Ruling

2.9.1 Statements of Governors made at meetings of the Council of Governors shall be relevant to the matter under discussion at the material time and the decision of the Chairman of the meeting on questions of order, relevancy, regularity and any other matters shall be final.

2.10 Voting

2.10.1 A Governor may not vote at a meeting of the Council of Governors unless~~, within 7 Clear Days prior to the commencement of the meeting~~ he has made a declaration in the form specified within Schedule A of these Standing Orders, that he is a member of the constituency which elected him and is not prevented from being a member of the Council of Governors by paragraph 8 of Schedule 7 to the 2006 Act or under the Constitution. Such declaration must be dated at least 7 Clear Days prior to the commencement of the meeting.

2.10.2 Except as stated otherwise in the constitution or these Standing Orders, every question at a meeting shall be determined by a majority of the votes of the Governors present and voting on the question.

2.10.3 All questions put to the vote shall, at the discretion of the Chairman of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Governors present so request.

2.10.4 Whoever is Chairman of the meeting of the Council of Governors shall in the case of an equality of votes on any question or proposal have a casting vote.

~~2.10.5~~ ~~A resolution for the removal of the Chairman or a Non-Executive Director shall be passed only if at least three-quarters of the total number of Governors vote in favour of it.~~

2.10.5 ~~2.10.6~~ If at least one-third of the Governors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Governor present voted or abstained.

2.10.6 ~~2.10.7~~ If a Governor so requests, his vote shall be recorded by name upon any vote (other than by paper ballot).

2.10.7 ~~2.10.8~~ A Governor may only vote if present at the time of the vote on which the question is to be decided; no Governor may vote by proxy.

2.10.8 ~~2.10.9~~ Any matter which could be decided by the Council of Governors in a meeting may be determined by written resolution. A written resolution shall, with any accompanying papers which are relevant, describe the matter to be decided and provide for Governors to sign the resolution to confirm their agreement. A written resolution may comprise identical documents sent to all Governors, each to be signed by a Governor, or one document to be signed by all Governors. A written resolution shall be passed only when at least three quarters of the Governors, including a majority of Governors who are members of the public constituency of the Trust, approve the resolution in writing within the timescale imposed in such a notice. The Secretary shall keep records of all written resolutions.

2.11 Minutes

2.11.1 The Minutes of the proceedings of a meeting shall be drawn up by the Secretary and submitted for agreement at the next ensuing meeting where they will be signed by the Chairman presiding at it.

2.11.2 No discussion shall take place upon the minutes except upon their accuracy or where the Chairman considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

2.12 Suspension of Standing Orders

2.12.1 Except where this would contravene any provision of the Regulatory Framework, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Governors are present, there is a majority of Governors who are members of the public constituency of the Trust, and that a majority of those present vote in favour of suspension.

2.12.2 A decision to suspend the Standing Orders shall be recorded in the minutes of the meeting.

2.12.3 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chairman and Governors.

2.12.4 No formal business may be transacted while Standing Orders are suspended.

2.13 Variation and Amendment of Standing Orders

2.13.1 These Standing Orders shall be amended only if:

2.13.1.1 a notice of proposal under Standing Order 4.5.2 has been given; and

2.13.1.2 at least half the total number of Governors vote in favour of amendment; and

2.13.1.3 the variation proposed does not contravene a provision of the Regulatory Framework.

2.14 Record of Attendance

2.14.1 The names of the Chairman and Governors present at the meeting shall be recorded in the minutes.

2.15 Quorum

2.15.1 No business shall be transacted at a meeting unless~~:2.15.1.1~~ at least one third of all the Governors are present~~, including;~~

~~2.15.1.2 at least one third of the total of Public Governors; and2.15.1.3 at least one third of the combined total of Staff Governors and Appointed~~

~~Governors~~.

2.15.2 If at any meeting there is no quorum present within 30 minutes of the time fixed for the start of the meeting, the meeting shall stand adjourned for at least 5 Clear Days and upon reconvening, those present shall constitute a quorum.

2.15.3 If a Governor has been disqualified from participating in the discussion on any matter and/or from other voting on any resolution by reason of the declaration of a conflict of interest as provided in Standing Order 7 he shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

2.16 Meetings: Electronic Communication

2.16.1 In this Standing Order "communication" and "electronic communication" shall have the meanings set out in the Electronic Communications Act 2000 or any statutory modification or re-enactment thereof.

2.16.2 A Governor in electronic communication with the Chairman and all other parties to a meeting of the Council of Governors or of a committee or sub-committee of the Governors shall be regarded for all purposes as personally attending such a meeting provided that, but only for so long as, at such a meeting he has the ability to communicate interactively and simultaneously with all other parties attending the meeting including all persons attending by way of electronic communication.

2.16.3 A meeting at which one or more of the Governors attends by way of electronic communication is deemed to be held at such a place as the Governors shall at the said meeting resolve. In the absence of such a resolution, the meeting shall be deemed to be held at the place (if any) where a majority of the Governors attending the meeting are physically present, or in default of such a majority, the place at which the Chairman of the meeting is physically present.

2.16.4 Meetings held in accordance with this SO are subject to requirements in respect of quorum. For such a meeting to be valid, a quorum MUST be present and maintained throughout the meeting.

2.16.5 The Minutes of a meeting held in this way MUST state that it was held by electronic communication and that the Governors were all able to hear each other and were present throughout the meeting.

3. Lead Governor and Deputy Lead Governor

3.1 The Governors shall appoint a Lead Governor and a Deputy Lead Governor at the first meeting of the Council of Governors and at each annual meeting of the Council of Governors thereafter.

3.2 Without prejudice to the right of any Governor to communicate directly with Monitor, the Lead Governor will be the point of contact between Monitor and the Council of Governors.

3.3 ~~3.2~~Without prejudice to the rights of any Governor to communicate directly with the Chairman, the Lead Governor shall be responsible for receiving from Governors and communicating to the Chairman any comments, observations and concerns expressed to him by Governors (other than at meetings of the Council of Governors) regarding the performance of the Trust or any other serious or material matter relating to the Trust or its business

3.4 ~~3.3~~ The Deputy Lead Governor shall be responsible for supporting the Lead Governor in his role and for performing the responsibilities of the Lead Governor whenever he is known to be unavailable.

3.5 ~~3.4~~ Each Governor shall communicate any comment, observation or concern which he may have to the Lead Governor in the first instance and only to the Deputy Lead Governor if the Lead Governor is known to be unavailable.

3.6 ~~3.5~~ The Lead Governor and Deputy Lead Governor shall be elected by, and from amongst, the Governors who have been elected as Governors from the public constituency of members.

3.7 ~~3.6~~ The Lead Governor and the Deputy Lead Governor so appointed shall hold office until the next annual meeting of the Council of Governors but shall be eligible for re-appointment at that time.

3.8 ~~3.7~~ Nominations forms for appointment as Lead Governor and Deputy Lead Governor shall be sent out not less than 15 Clear Days prior to the annual meeting of the Council of Governors. Each nomination shall be made in writing by the Governor seeking appointment and must be returned to the principal place of business of the Trust addressed to the Secretary to arrive not less than 3 Clear Days before the meeting.

3.9 ~~3.8~~ There shall be separate forms of nomination for appointment to the position of Lead Governor and the position of Deputy Lead Governor and eligible Governors may be nominated for both positions.

3.10 ~~3.9~~ In the event of there being two or more nominations for either appointment a secret ballot shall be held of all the Governors present at the meeting with each Governor present having one vote for each contested appointment.

3.11 ~~3.10~~ The meeting shall adjourn while the ballot is taken and the Governor whose nomination receives the largest number of votes for each position shall be appointed.

3.12 ~~3.11~~ In the event of an equality of votes the Chairman of the meeting shall have a casting vote.

3.13 ~~3.12~~ If a Governor shall receive the largest number of votes for appointment as both Lead Governor and Deputy Lead Governor that Governor shall be appointed as Lead Governor and the Governor who received the second largest number of votes for the position of Deputy Lead Governor shall be appointed as Deputy Lead Governor

3.14 ~~3.13~~ The result of the ballot shall be announced at the meeting.

4. **Committees**

4.1 The Council of Governors may appoint committees of the Council of Governors to assist it in the proper performance of its functions under the Regulatory Framework, consisting wholly or partly of the Chairman and Governors. The Council of Governors may appoint to such committees persons who are neither Governors, nor Directors or Officers of the Trust.

4.2 Each such committee shall have such terms of reference and powers and be subject to such conditions as the Council of Governors shall decide and shall be in accordance with the Regulatory Framework and any guidance issued by Monitor, but the Council of Governors shall not delegate to any committee any of the powers or responsibilities which are to be exercised by the Council of Governors at a formal meeting. Such terms of reference shall have effect as if incorporated into the Standing Orders.

4.3 The Council of Governors shall approve the appointments to each of the committees which it has formally constituted.

4.4 A committee appointed under Standing Order ~~6~~4 may, subject to approval given by the Council of Governors, appoint sub-committees consisting wholly or partly of members of the committee. Where committees are authorised to establish sub-committees they may not delegate their powers to the sub-committee unless expressly authorised by the Council of Governors.

4.5 These Standing Orders, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Council of Governors (and to sub-committees established with the approval of the Council of Governors) with the terms "Chairman" to be read as a reference to the Chairman of the committee, and the term "Governor" to be read as a reference to a member of the committee as the context permits.

4.6 Any Committee or Sub-Committee established under this Standing Order ~~6~~4 may call upon outside advisers to assist them with their tasks, subject to the advance agreement of the Board of Directors. Any conflict arising between the Council of Governors and the Board of Directors under this paragraph shall be determined in accordance with the Dispute Resolution Procedure as set out at Paragraph ~~2 of Annex 9~~45 of the Constitution.

4.7 Where the Council of Governors is required to appoint persons to a committee to undertake statutory functions, and where such appointments are to operate independently of the Council of Governors, such appointments shall be made in accordance with applicable statute and regulations and with guidance issued by Monitor.

4.8 Where the Council of Governors determines that persons who are neither Governors, nor Directors or Officers of the Trust, shall be appointed to a committee, the terms of such appointment shall be determined by the Council of Governors subject to the payment of travelling expenses and other allowances being in accordance with such sum as may be determined by the Board of Directors.

4.9 ~~The~~If the Board of Directors agrees, the Council of Governors may appoint ~~members~~Governors to serve on joint committees with the Board of Directors or committees of the Board of Directors. Where Governors are appointed to committees of the Board of Directors they shall have observer status only.

5. Declarations of Interests and Register of Interests

5.1 Declaration of Interests

5.1.1 The Regulatory Framework requires each Governor to declare to the Secretary:

5.1.1.1 any actual or potential ~~interest~~, direct or indirect, financial interest which is ~~relevant and~~ material to ~~the business of the Trust,~~any discussion or decision they are involved or likely to be involved in making as described in Standing ~~Order 7.2.1; and~~5.1.1.2 ~~any actual or potential pecuniary interest, direct or indirect, in any contract, proposed contract or other matter concerning the Trust, as described in Standing Orders 7.2.2~~Orders 5.2.2, 5.2.3 and ~~7.2.3~~5.2.6; and

5.1.1.2 ~~5.1.1.3~~ any actual or potential ~~family interest, direct or indirect, of~~, direct or indirect, non-financial professional interest, which is material to any discussion or decision they are involved or likely to be involved in making, as described in Standing Orders 5.2.4 and 5.2.6; and

5.1.1.3 any actual or potential, direct or indirect, non-financial personal interest, which ~~the Member is aware~~is material to any discussion or decision they are involved or likely to be involved in making, as described in Standing Order ~~7.2.5.~~5.2.5 and 5.2.6.

5.1.2 Such a declaration shall be made either at the time of the Governor's election or appointment or as soon thereafter as the interest arises, but within 5 Clear Days of becoming aware of the existence of that interest, and in a form prescribed by the secretary which shall be included as Schedule B.

5.1.3 In addition, if a Governor is present at a meeting of the Council of Governors and has an interest of any sort in any matter which is the subject of consideration, he shall at the meeting and as soon as practicable after its commencement disclose the fact and ~~shall not vote~~the Chairman shall then decide what action to take. This may include excluding the Governor from discussions on the matter and/or prohibiting the Governor from voting on any question with respect to the matter. ~~5.1.4~~ Subject to Standing Order ~~7.2.4,~~5.2.3, if a Governor has declared a ~~pecuniary~~financial interest (as described in Standing ~~Orders 7.2.2 and 7.2.3~~Order 5.2.2) he shall not take part in the consideration or discussion of the matter. ~~At the time the interests are declared, they~~

5.1.4 Any interest declared at a meeting of the Council of Governors and subsequent action taken should be recorded in the minutes of the Council of Governor's meeting ~~minutes~~at which the interest was declared. Any changes in interests should be officially declared at the next relevant meeting following the change occurring.

5.1.5 This Standing Order 7 applies to any committee, sub-committee or joint committee of the Council of Governors and applies to any member of any such committee, sub-committee, or joint committee (whether or not he is also a Governor).

5.1.6 Governors' interests will be disclosed in the Trust's Annual Report, at least to comply with the Financial Reporting Manual as published by Monitor, but the Annual Report may also refer to the published declaration of interests of Governors.

5.2 Nature of Interests

5.2.1 Interests which should be regarded as "~~relevant and material" are as follows and~~material" are ones which a reasonable person would take into account when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision. Material interests are to be interpreted in accordance with guidance issued by Monitor.

5.2.2 A financial interest is where a Governor may receive direct financial benefits (by either making a gain or avoiding a loss) from the consequences of a decision of the Council of Governors. This could include:

5.2.2.1 ~~5.2.1.1~~directorships, including non-executive directorships held in ~~private companies or public limited companies (with the exception of those of dormant companies)~~another organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding; or

~~5.2.1.2 ownership, part-ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS; or~~

~~5.2.1.3 majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS; or~~

~~5.2.1.4 a position of authority in a charity or voluntary organisation in the field of health and social care; or~~

~~5.2.1.5 any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services; or~~

~~5.2.1.6 any connection with an organisation, entity or company considering entering into or having entered into a financial agreement with the Trust, including but not limited to, lenders or banks.~~

~~5.2.2~~ ~~A Governor shall be treated as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:~~

~~5.2.2.1 he, or a nominee of his, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or~~

5.2.2.2 ~~he is a partner of, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration.~~employment in an organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding; or

5.2.2.3 a shareholding, partnerships, ownership or part ownership of an organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding.

5.2.3 A Governor shall not be treated as having a ~~pecuniary~~financial interest in ~~any contract, proposed contract or other~~a matter by reason only:

5.2.3.1 of ~~his membership of a company or other body, if he has no beneficial interest in any securities of that company or other body~~shares or securities held in collective investment or pensions funds or units of authorised unit trusts; or

5.2.3.2 of an interest in any company, body or person with which he is connected which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Governor in the consideration or discussion of or in voting on, any question with respect to that ~~contract or~~ matter; or

5.2.3.3 of any travelling or other expenses or allowances payable to a Governor in accordance with the Constitution.

5.2.4 ~~Where a Governor:~~ A non-financial professional interest is where a Governor may obtain a non-financial professional benefit from the consequence of a decision that the Council of Governors makes, such as increasing their professional reputation or status or promoting their professional career. This could include situations where a Governor is:

5.2.4.1 ~~has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and~~ an advocate for a particular group of patients; or

5.2.4.2 ~~the total nominal value of those securities does not exceed £5,000 or one hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and~~ a clinician with a special interest; or

5.2.4.3 ~~if the share capital is of more than one class, the total nominal value of shares of any one class in which he has a beneficial interest does not exceed one hundredth of the total issued share capital of that class;~~ an active member of a particular specialist body; or

~~the Governor shall not be prohibited from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it, without prejudice however to his duty to disclose his interest.~~

5.2.4.4 an advisor for the Care Quality Commission or National Institute of Health and Care Excellence.

5.2.5 A non-financial personal interest is where a Governor may benefit personally form a decision that the Council of Governors makes in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include where the Governor is:

5.2.5.1 a member of a voluntary sector board or has a position of authority within a voluntary sector organisation with an interest in health and/or social care; or

5.2.5.2 a member of a lobbying or pressure group with an interest in health and/or social care.

5.2.6 A Governor will be treated as having an indirect financial interest, non-financial professional interest or non-financial personal interest where he has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision in which the Governor is involved in making. This includes material interests of:

5.2.6.1 ~~5.2.5A~~close family ~~Interest is an interest of the~~members and relatives, including a spouse ~~or partner or any parent, child, brother or sister of a Governor which if it were the interest of that Governor would be a personal interest or a pecuniary interest of his.~~, partner, parent, child or sibling;

5.2.6.2 close friends and associates; and

5.2.6.3 business partners.

5.2.7 ~~5.2.6~~ If Governors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chairman. Influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including General Practitioners should also be considered.

5.3 Register of Governors

5.3.1 The Register of Governors shall list the names of Governors, their category of membership of the Council of Governors, the dates defining their terms of office, and an address through which they may be contacted which may be the Secretary.

5.4 Register of Governors' Interests

5.4.1 The Secretary shall keep a Register of Interests of Governors which shall contain the names of each Governor, whether he has declared any interest, and if so, the interest declared.

6. Standards of Business Conduct

6.1 Members of the Council of Governors shall comply with the Trust's Code of Conduct and any guidance issued by Monitor.

7. Appointments and Recommendations

7.1 A Governor shall not solicit for any person any appointment under the Trust or recommend

any person for such appointment but this paragraph of this Standing Order shall not preclude a Governor from giving written testimonial of a candidate's ability, experience or character for submission to the Trust in relation to any appointment.

7.2 Informal discussions outside ~~appointments panels or committees~~the Appointment Committee or Nominations Committee., whether solicited or unsolicited, should be declared to the panel or committee.

7.3 Candidates for any staff appointment under the Trust shall, when making such an application, disclose in writing to the Trust whether they are related to any Governor or the holder of any office within the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him liable to instant dismissal.

7.4 The Chairman and every Governor shall disclose to the Chief Executive or his delegated officer any relationship between himself and a candidate of whose candidature that Governor or Officer is aware. It shall be the duty of the Chief Executive or his delegated officer to report to the Council of Governors any such disclosure made.

7.5 On appointment, Members of the Council of Governors should disclose to the Council of Governors whether they are related to any other Member of the Council of Governors or holder of any office in the Trust.

7.6 Where the relationship to a Member of the Council of Governors of the Trust is disclosed, Standing Order ~~7~~ 5shall apply.

8. **Miscellaneous**

8.1 The Secretary shall provide a copy of these Standing Orders to each Governor and endeavour to ensure that each Governor understands his responsibilities within these Standing Orders.

8.2 These Standing Orders including all documents having effect as if incorporated in them shall be reviewed no less frequently than every two years and any resulting changes approved by the Board of Directors and the Council of Governors.

8.3 If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Council of Governors for action or ratification. All Governors have a duty to disclose any non-compliance with these Standing Orders to the Chairman as soon as possible.

SCHEDULE A

Declaration to the Secretary of Berkshire Healthcare NHS Foundation Trust

I hereby declare that I am at the date of this declaration a member of the [Public/Staff] constituency, and I am not prevented from being a member of the Council of Governors by reason of any provision of the Constitution.

SCHEDULE B

Prescribed Form of Declaration of Interests

Declaration to the Secretary of Berkshire Healthcare NHS Trust Foundation Trust

I hereby declare that I am at the date of this declaration a member of the [Public/Staff] constituency, and I am not prevented from being a member of the Council of Governors by reason of any provision of the Constitution.

I declare that I have read and fully understood the Standing Orders for Governors.

I fully understand the requirements to declare interests as outlined within the Standing Orders for Governors.

(Please delete either one or two below)

1 I confirm that I have no current interest to declare

2 I have the following interests to declare.

I agree to abide by the conditions outlined in the Standing Orders for Governors and to maintain updated information within the register of Governors interests as defined within the Standing Orders for Governors

Name …… Date……

Signature……

ANNEX 7

Standing Orders for the Practice and Procedure of the Board of Directors

(Paragraph ~~29~~28)

1. **Interpretation and Definitions**

1.1 Save as otherwise permitted by law~~, at any meeting~~ the Chairman of the Trust shall be the final authority on the interpretation of Standing Orders (on which he should be advised by the Chief Executive and Secretary).

1.2 Terms used in these Standing Orders have the meaning given to them in the Constitution.

1.3 Words importing the masculine gender include the feminine gender and vice versa.

2. **The Trust Board**

2.1 All business shall be conducted in the name of the Trust.

2.2 All funds received in trust shall be in the name of the Trust as corporate trustee.

2.3 In relation to Funds held on ~~Trust~~trust, powers exercised by the Trust as corporate trustee shall be exercised separately and distinctly from those powers exercised as a Trust.

2.4 The Trust has the functions conferred on it by the Regulatory Framework. ~~Directors acting on behalf of the Trust as corporate trustees are acting as quasi-trustees.~~ Accountability for charitable Funds held on ~~Trust~~trust is to be made to the Charity Commission. Accountability for non-charitable Funds held on ~~Trust~~trust is only to Monitor.

~~2.5 The powers of the Trust established under statute shall be exercised by the Board meeting in public session except as otherwise provided for in SO 3.~~

2.5 ~~2.6~~ The Trust has resolved that certain powers and decisions may only be exercised or made by the Board of Directors in formal session. These powers and decisions are set out in the Scheme of Delegation and have effect as if incorporated into the SOs.

~~2.7 Not Used~~

~~2.8 **Register of Directors**~~

~~2.8.1 In accordance with paragraphs 32 and 33 of the Constitution the Trust shall keep and maintain a Register of Directors which shall list the names of the Directors, their capacity on the Board of Directors, the dates which define their terms of office, and an address through which they may be contacted which may be the Secretary.~~

~~2.9 Not Used~~

2.6 ~~2.10~~ **Appointment and Removal of the Chairman and other non-Executive Directors**

~~2.10.1 The Chairman and other non-Executive Directors are to be appointed by the Council of Governors following a process of open competition. The current Chairman or a non-Executive Director may stand for reappointment. Six months before the end of the term of office of the Chairman or a non-Executive Director (as the case may be), the Council of Governors will adopt a procedure as set out at paragraph 1 of Appendix 3 of Annex 9 of the Constitution for appointing the Chairman and the non-Executive Directors which shall provide for the process to be open and fair and in accordance with any guidance issued by Monitor.~~

2.6.1 ~~2.10.2~~ Removal of the Chairman or another non-Executive Director shall require

approval of three-quarters of the members of the Council of Governors.

~~2.11 Remuneration and Terms of Office of the Chairman and non-Executive Directors~~

~~2.11.1 The Chairman and the non-Executive Directors are to be appointed for a period of office by the Council of Governors at General Meeting.~~

~~2.11.2 At the General Meeting referred to at paragraph 2.11.1 the Council of Governors shall decide the:~~

~~2.11.2.1 period of office;~~

~~2.11.2.2 remuneration and allowances and~~

~~2.11.2.3 the other terms and conditions of office~~

~~of the Chairman and other Non-Executive Directors.~~

2.7 ~~2.12~~ **Appointment and Powers of Deputy-Chairman**

2.7.1 ~~2.12.1~~ For the purpose of enabling the proceedings of the Trust to be conducted in the absence of the Chairman, the Council of Governors may appoint a non-Executive Director to be Deputy-Chairman for such period, not exceeding the remainder of his term as non-Executive Director of the Trust, as the Council of Governors may specify on appointing him.

2.7.2 ~~2.12.2~~ Any non-Executive Director so appointed may at any time resign from the office of Deputy-Chairman by giving notice in writing to the Council of Governors. The Council of Governors may thereupon appoint another Non-Executive Director as Deputy - Chairman in accordance with the provisions of SO 2.12.3.

2.7.3 ~~2.12.3~~ Where the Chairman of the Trust has died or has ceased to hold office, or where he has been unable to perform his duties as Chairman owing to illness, conflict of interest or any other cause, the Deputy-Chairman shall act as Chairman until a new Chairman is appointed or the existing Chairman resumes his duties, as the case may be; and references to the Chairman in these SOs shall, so long as there is no Chairman able to perform his duties, be taken to include references to the Deputy - Chairman. Where both the Chairman and Deputy-Chairman are unable to perform their duties owing to illness, conflict of interest or any other cause, another non-Executive Director as may be appointed by the Council of Governors shall act as Chairman.

~~2.13 Appointment and Removal of Chief Executive and Other Executive Directors~~

~~2.13.1 Subject to the approval of a majority of the members of the Council of Governors present and voting at a meeting of the Council of Governors, the non-Executive Directors shall appoint or remove the Chief Executive.~~

~~2.13.2 A Committee consisting of the Chairman, the Chief Executive and the other non-Executive Directors shall appoint or remove the other Executive Directors.~~

~~2.14 Not Used~~

~~2.15 Remuneration and Terms of Office of the Chief Executive and Executive Directors~~

~~2.15.1 The Trust shall establish a Committee of non-Executive Directors in accordance with SO 5 to decide the:~~

~~2.15.1.1 period of Office;~~

~~2.15.1.2 remuneration and Allowances; and~~

~~2.15.1.3 the other terms and conditions of office~~

~~of the Chief Executive and other Executive Directors.~~

~~2.16 **Disqualification**~~

~~2.16.1 A Director will be subject to the disqualification criteria included at paragraph 27 of the Constitution.~~

3. **Meetings of the Trust**

3.1 Admission of the Public and the Press

3.1.1 Meetings of the Board of Directors shall be open to the public, unless and to the extent that the Board of Directors has resolved that members of the public should be excluded from a meeting on the grounds that

3.1.1.1 any publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted; or

3.1.1.2 for other reasons stated in the resolution and arising from the nature of the business or the proceedings that the Board of Directors considers are special reasons for excluding the public from the meeting in accordance with the Constitution.

3.1.2 The public and representatives of the press shall be afforded reasonable facilities to attend all public events or meetings of the Board of Directors ~~on two occasions annually one of which will include~~, including the Annual General Meeting.

3.1.3 The Chairman shall give such directions as he thinks fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Board of Directors business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted.

3.1.4 Nothing in these SOs shall require the Board of Directors to allow members of the public or representative of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Board of Directors.

3.2 Calling Meetings

3.2.1 Ordinary meetings of the Board of Directors shall be held at such times and places as the Board of Directors may determine.

3.2.2 The Chairman may call a meeting of the Board of Directors at any time. If the Chairman refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the whole number of members of the Board of the Directors, and this has been presented to him, or if, without so refusing, the Chairman does not call a meeting within 7 days after such requisition has been presented to him, at the Trust's Headquarters, such one third or more members of the Board of Directors may forthwith call a meeting.

3.3 Notice of Meetings

3.3.1 Before each meeting of the Board of Directors a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the Chairman, or by an Officer of the Trust authorised by the Chairman to sign on his behalf, shall be delivered to every Director, or sent by post to the usual place of residence of every Director, so as to be available to him at least three Clear Days before the meeting.

~~3.3.2 Want of service of the notice on any one member of the Board of Directors shall not~~

~~affect the validity of a meeting.~~

3.3.2 ~~3.3.3~~ In the case of a meeting called by Directors in default of the Chairman, the notice shall be signed by those Directors and no business shall be transacted at the meeting other than that specified in the notice.

3.3.3 ~~3.3.4Failure to serve such a notice on more than three Directors will invalidate the meeting. A notice shall be presumed to have been served at the time at which the notice would be delivered in the ordinary course of the post.~~Want of service of the notice on any one member of the Board of Directors shall not affect the validity of a meeting.

3.3.4 ~~3.3.5~~In the event of an emergency giving rise to the need for an immediate meeting, SOs 3.3.1 to 3.3.4 shall not prevent the calling of such a meeting without the requisite 3 Clear Days' notice provided that every effort is made to make personal contact with every Director who is not absent from the United Kingdom and the Agenda for the meeting is restricted to matters arising in that emergency.

3.4 Agendas

3.4.1 Agendas and supporting papers will be sent to members of the Board of Directors at least 3 Clear Days before the meeting, save in emergency. Failure to serve such a notice on more than three members of the Board of Directors will invalidate the meeting. A notice shall be presumed to have been served one day after posting.

3.4.2 Before each public meeting of the Board of Directors a public notice of the time and place of the meeting, and the public part of the Agenda, shall be displayed at the Trust's Headquarters and on the Trust's website at least 3 Clear Days before the meeting.

3.4.3 Before holding a meeting, the Board of Directors will send a copy of the agenda (but not supporting papers) to the Council of Governors. The agenda sent to the Governors will include the business to be transacted in any private meeting of the Board of Directors.

3.5 Setting the Agenda

3.5.1 The Board of Directors may determine that certain matters shall appear on every Agenda for a meeting of the Trust and shall be addressed prior to any other business being conducted. (Such matters may be identified within these SOs).

3.5.2 A Director desiring a matter to be included on an Agenda shall make his request in writing to the Chairman at least 14 Clear Days before the meeting, subject to SO3.3. The Chairman shall include on the Agenda any matter contained in a request received at least 14 Clear Days before the meeting. Requests made less than 14 Clear Days before a meeting may be included on the Agenda at the discretion of the Chairman. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information.

3.6 Petitions

3.6.1 Where a petition has been received by the Trust the Chairman shall include the petition as an item for the Agenda of the next Board of Directors meeting.

3.7 Chairman of Meeting

3.7.1 At any meeting of the Board of Directors, the Chairman, if present, shall preside. If the Chairman is absent from the meeting the Deputy-Chairman, if there is one and he is present, shall preside. If the Chairman and Deputy-Chairman are absent such non-Executive Director (who is not also an Officer of the Trust) as the Directors present shall choose shall preside.

3.7.2 If the Chairman is absent temporarily on the grounds of a declared conflict of interest the Deputy-Chairman, if present, shall preside. If the Chairman and Deputy-Chairman are absent, or are disqualified from participating, such non-Executive Director (who is not also an Officer of the Trust) as the Directors present shall choose shall preside.

3.8 Chairman's Ruling

3.8.1 Statements of Directors made at meetings of the Board of Directors shall be relevant to the matter under discussion at the material time and the decision of the Chairman of the meeting on questions of order, relevancy, regularity and any other matters shall be final.

3.9 Notices of Motion

3.9.1 Subject to the provisions of SO 3.11 'Motions: Procedure at and during a meeting' and SO 3.12 'Motion to Rescind a Resolution', a Member of the Board wishing to move or amend a motion shall send a written notice to the Chairman.

3.9.2 The notice shall be delivered at least 14 Clear Days before the meeting. The Chairman shall include in the agenda for the meeting all notices so received that are in order and permissible under these Standing Orders and the appropriate Regulations. Subject to SO 3.3.3, this Standing Order shall not prevent any motion being moved without notice on any business mentioned on the agenda for the meeting.

3.10 Emergency Motions

3.10.1 Subject to the agreement of the Chairman, and subject also to the provision of SO 3.11 'Motions: Procedure at and during a meeting', a Director of the Board may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Board at the commencement of the business of the meeting as an additional item included in the agenda. The Chairman's decision to include the item shall be final.

3.11 Motions: Procedure at and during a meeting

3.11.1 Who may propose

3.11.1.1 A motion may be proposed by the Chairman of the meeting or any Director of the Board present. It must also be seconded by another Director of the Board.

3.11.2 Contents of motions

3.11.2.1 The Chairman may exclude from the debate at his discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

3.11.2.1.1 the reception of a report;

3.11.2.1.2 consideration of any item of business before the Board;

3.11.2.1.3 the accuracy of minutes;

3.11.2.1.4 that the Board proceed to next business;

3.11.2.1.5 that the Board adjourn;

3.11.2.1.6 that the question be now put.

3.11.3 Amendments to motions

3.11.3.1 A motion for amendment shall not be discussed unless it has been proposed and seconded.

3.11.3.2 Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Board.

3.11.3.3 If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

3.11.4 Rights of reply to motions

3.11.4.1 Amendments

3.11.4.1.1 The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

3.11.4.2 Substantive/original motion

3.11.4.2.1 The Member of the Board who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

3.11.5 Withdrawing a motion

3.11.5.1 A motion, or an amendment to a motion, once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chairman.

3.11.6 Motions once under debate

3.11.6.1 When a motion is under debate, no motion may be moved other than:

3.11.6.1.1 an amendment to the motion;

3.11.6.1.2 the adjournment of the discussion, or the meeting;

3.11.6.1.3 that the meeting proceed to the next business;

3.11.6.1.4 that the question should be now put;

3.11.6.1.5 the appointment of an 'ad hoc' committee to deal with a specific item of business;

3.11.6.1.6 that a member be not further heard.

3.11.6.2 In those cases where the motion is either that the meeting proceeds to the ‘next business’ or ‘that the question be now put’ in the interests of objectivity these should only be put forward by a Director who has not taken part in the debate and who is eligible to vote.

3.11.6.3 If a motion to proceed to the next business or that the question be now put, is carried, the Chairman should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote. ~~The~~Subject to paragraph 3.8, the mover of a motion shall have a maximum of 5 minutes to move and 5 minutes to reply. Once a motion has been moved, no Director shall speak more than once or for more than 5 minutes.

3.12 Motion to Rescind a Resolution

3.12.1 Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the Director who gives it and also the signature of four other Directors, and before considering any such motion of which notice shall have been given, the Board may refer the matter to any appropriate Committee or the Chief Executive for recommendation.

3.12.2 When any such motion has been dealt with by the Board of Directors, it shall not be competent for any Director other than the Chairman to propose a motion to the same effect within six months; however the Chairman may do so if he considers it appropriate. This Standing Order 3.12.2 shall not apply to motions moved in pursuance of a report or recommendations of a committee or the Chief Executive.

3.13 Voting

3.13.1 Except as stated otherwise in the constitution or these Standing Orders, every question at a meeting shall be determined by a majority of the votes of the Directors present and voting on the question and, in the case of the number of votes for and against a motion being equal, the Chairman of the meeting shall have a second or casting vote.

3.13.2 If the number of non-executive Directors (including the Chairman) in a meeting of the Board of Directors is equal to the number of executive Directors, the Chairman (and in his absence, the Deputy Chairman), shall have a casting vote at meetings of the Board of Directors in accordance with these Standing Orders.

3.13.3 All questions put to the vote shall, at the discretion of the Chairman of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Directors present so request.

3.13.4 If at least one-third of the Directors present so request, the voting (other than by paper ballot), on any question may be recorded to show how each Director present voted or abstained.

3.13.5 If a Director so requests, his vote shall be recorded by name upon any vote (other than by paper ballot).

3.13.6 In no circumstances may an absent Director vote by proxy. Absence is defined as being absent at the time of the vote.

3.13.7 An Officer who has been appointed formally by the Board of Directors to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy, shall be entitled to exercise the voting rights of the Executive Director. An Officer attending the Board of Directors to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. An Officer's status when attending a meeting shall be recorded in the minutes.

3.14 Minutes

3.14.1 The minutes of the proceedings of a meeting shall be drawn up by the Secretary and submitted for agreement at the next ensuing meeting, where they will be signed by the person presiding at it.

3.14.2 No discussion shall take place upon the minutes except upon their accuracy or where the Chairman considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the ~~next~~ meeting. Minutes shall be retained in the Chief Executive's office

3.14.3 Board minutes shall be circulated in accordance with Directors' wishes. Where providing a record of a public meeting the minutes shall be made available to the public ~~as required by Code of Practice on Openness in the NHS~~.

3.14.4 As soon as practicable after holding a meeting, the Board of Directors shall send a copy of the minutes of the meeting to the Council of Governors.

3.15 Suspension of Standing Orders

3.15.1 Any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Directors are present, including one Executive Director and one non-Executive Director, and that a majority of those present vote in favour of suspension.

3.15.2 A decision to suspend SOs shall be recorded in the minutes of the meeting.

3.15.3 A separate record of matters discussed during the suspension of SOs shall be made and shall be available to the Directors.

3.15.4 No formal business may be transacted while SOs are suspended.

3.15.5 The Audit Committee shall review every decision to suspend SOs.

3.16 Variation and Amendment of Standing Orders

3.16.1 These Standing Orders shall be amended only if:

3.16.1.1 relevant notice of a meeting has been served in accordance with SO3.3;

3.16.1.2 a notice of motion under SO 3.9 has been given;

3.16.1.3 a majority of Non-Executive Directors vote in favour of amendment;

3.16.1.4 at least two-thirds of the Directors are present; and

3.16.1.5 the variation proposed does not contravene the Regulatory Framework, or any other statutory provisions.

3.17 Record of Attendance

3.17.1 The names of the Directors present at the meeting shall be recorded in the minutes.

3.18 Quorum

3.18.1 No business shall be transacted at a meeting of the Board of Directors unless at least one-third of the whole number of the Directors are present including at least one Executive Director and one non-Executive Director and the Chairman.

3.18.2 An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

3.18.3 If a Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (see SO7) he shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business. The above requirement for at least one Executive Director to form part of the quorum shall not apply where the Executive Directors are excluded from a meeting (for example when the Board considers the recommendations of the Remuneration and Terms of Service Committee).

3.19 Meetings: Electronic Communication

3.19.1 In this Standing Order "communication" and "electronic communication" shall have the meanings set out in the Electronic Communications Act 2000 or any statutory modification or re-enactment thereof.

3.19.2 A Director in electronic communication with the Chairman and all other parties to a meeting of the Board of Directors or of a committee or sub-committee of the Directors shall be regarded for all purposes as personally attending such a meeting provided that, but only for so long as, at such a meeting he has the ability to communicate interactively and simultaneously with all other parties attending the meeting including all persons attending by way of electronic communication.

3.19.3 A meeting at which one or more of the Directors attends by way of electronic communication is deemed to be held at such a place as the Directors shall at the said meeting resolve. In the absence of such a resolution, the meeting shall be deemed to be held at the place (if any) where a majority of the Directors attending the meeting are physically present, or in default of such a majority, the place at which the Chairman of the meeting is physically present.

~~3.19.4 Meetings held in accordance with this SO are subject to SO3.18 (Quorum). For such a meeting to be valid, a quorum MUST be present and maintained throughout the meeting.~~

3.19.4 ~~3.19.5~~ The Minutes of a meeting held in this way MUST state that it was held by electronic communication and that the Directors were all able to hear each other and were present throughout the meeting.

4. **Arrangements for the Exercise of Functions by Delegation**

4.1 Subject to SO2.6 and such guidance as may be given by Monitor, the Board of Directors may make arrangements for the exercise of any of its functions by a committee or sub-committee appointed by virtue of SO 5.1 below or by a Director or an Officer of the Trust in each case subject to such restrictions and conditions as the Board of Directors considers appropriate. Delegated Powers are defined in a separate document (the Scheme of Delegation). That document has effect as if incorporated into these Standing Orders.

4.2 Emergency Powers

4.2.1 The powers which the Board of Directors has retained to itself within these SOs may in emergency be exercised by the Chief Executive and the Chairman after having consulted at least two non-Executive Directors. The exercise of such powers by the Chief Executive and the Chairman shall be reported to the next formal meeting of the Board of Directors for ratification.

4.3 Delegation to committees

4.3.1 The Board of Directors shall agree from time to time to the delegation of Executive powers to be exercised by committees or subcommittees, or joint committees, which it has formally constituted. The constitution and terms of reference of these

committees, or sub-committees, and their specific Executive powers shall be approved by the Board of Directors.

~~4.3.2 When the Board is not meeting as the Trust in public session it shall operate as a committee and may only exercise such powers as may have been delegated to it by the Trust in public session.~~

4.4 Delegation to Officers

4.4.1 Those functions of the Trust which have not been retained as reserved by the Board of Directors or delegated to a committee or subcommittee or joint-committee shall be exercised on behalf of the Board of Directors by the Chief Executive. The Chief Executive shall determine which functions he will perform personally and shall nominate Officers to undertake the remaining functions for which he will still retain accountability to the Board of Directors.

4.4.2 The Chief Executive shall prepare a Scheme of Delegation identifying his proposals, which shall be considered and approved by the Board of Directors, subject to any amendment agreed during the discussion. The Chief Executive may propose amendment to the Scheme of Delegation, which shall be considered and approved by the Board of Directors as indicated above.

4.4.3 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of the Finance Director or other Executive Director to provide information and advise the Board in accordance with any statutory requirements. Outside these statutory requirements the Finance Director shall be accountable to the Chief Executive for operational matters.

4.4.4 The arrangements made by the Board of Directors as set out in the Scheme of Delegation shall have effect as if incorporated in these SOs.

4.5 Duty to Report Non-Compliance with Standing Orders

4.5.1 If for any reason these SOs are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board of Directors for action or ratification. All members of the Board of Directors and staff have a duty to disclose any non-compliance with these SOs to the Secretary as soon as possible.

5. Committees

5.1 Appointment of Committees

5.1.1 Subject to SO2.6 the Board of Directors may appoint committees of the Trust consisting wholly of Directors.

5.1.2 A committee appointed under SO5.1.1 may, subject to such guidance as may be given by the Board of Directors or other health service bodies in question, appoint sub-committees consisting wholly of Directors.

5.1.3 The SOs of the Board of Directors, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Board of Directors, in which case the term “Chairman” is to be read as a reference to the Chairman of the committee as the context permits, and the term “member" is to be read as a reference to a member of the committee also as the context permits. (There is no requirement to hold meetings of committees, established by the Trust in public.)

5.1.4 Each such committee or sub-committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board of Directors), as the Board of Directors shall decide in accordance with any legislation.

Such terms of reference shall have effect as if incorporated into the SOs.

5.1.5 Where committees are authorised to establish sub-committees they may not delegate Executive powers to the sub-committee unless expressly authorised by the Board of Directors.

5.1.6 The Board of Directors shall approve the appointments to each of the committees, which it has formally constituted. The Board of Directors shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

5.1.7 The Board may also operate as a committee in accordance with SO 4.3.2. Any decisions taken by the Board in Committee (i.e. Seminar meeting of the Board) must be brought to the next meeting of the Board.

5.2 Confidentiality

5.2.1 A member of a committee shall not disclose a matter dealt with, by, or brought before, the committee without its permission until the committee shall have reported to the Board of Directors or shall otherwise have concluded on that matter.

5.2.2 A Director or a member of a committee shall not disclose any matter reported to the Board of Directors or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Board of Directors or committee shall resolve that it is confidential.

6. **Interface between the Board of Directors and the Council of Governors**

6.1 The Board of Directors will cooperate with the Council of Governors as far as possible in order to comply with the Regulatory Framework in all respects and in particular in relation to the following matters which are set out specifically within the Constitution.

6.2 The Directors, having regard to the views of the Council of Governors, are to prepare the information as to the Trust's forward planning in respect of each financial year to be given to Monitor.

6.3 The Directors are to present to the Council of Governors at a general meeting the annual accounts, any report of the Auditor on them, and the annual report.

6.4 The annual reports shall give information on:

6.4.1 the impact that income received by the Trust otherwise than from the provision of goods and services for the purposes of the health service in England has had on the principal purpose;

6.4.2 any steps taken by the Trust to secure that (taken as a whole) the actual Membership of its Public Constituency is representative of those eligible for such Membership; and

6.4.3 any exercise by the Council of Governors of its power to require a Director to attend a meeting;

6.4.4 the Trust's policy on pay, on the work of the committee of non-executive Directors established to decide the remuneration and allowances and the other terms and conditions of office of the executive Directors, and on such other procedures as the Trust has on pay;

6.4.5 the remuneration of the Directors and on the expenses of the Governors and the Directors; and

6.4.6 any other information Monitor requires.

6.5 The Trust shall comply with any decision Monitor makes as to:

6.5.1 the form of the reports;

6.5.2 when the reports are to be sent to it; and

6.5.3 the periods to which the reports are to relate.

6.6 In order to comply with the Regulatory Framework in all respects and in particular in relation to the matters which are set out above, the Council of Governors may request that a matter which relates to paragraphs 39 and/or 40 of the Constitution is included on the Agenda for a meeting of the Board of Directors.

6.7 If the Council of Governors so desires such a matter as described within SO 6.5 to be included on an Agenda item, they shall make their request in writing to the Chairman at least 14 Clear Days before the meeting of the Board of Directors, subject to SO 3.3. The Chairman shall decide whether the matter is appropriate to be included on the Agenda. Requests made less than 14 Clear Days before a meeting may be included on the Agenda at the discretion of the Chairman.

7. Declarations of Interests and Register of Interests

7.1 The Regulatory Framework requires members of the Board of Directors to declare to the Secretary:

7.1.1 any actual or potential, direct or indirect ~~interest in a proposed transaction or arrangement with the Trust.~~ financial interest which is material to any discussion or decision they are involved or likely to be involved in making as described in Standing Orders 7.7.2 and 7.7.7; and

7.1.2 any actual or potential, direct or indirect, non-financial professional interest which is material to any discussion or decision they are involved or likely to be involved in making, as described in Standing Orders 7.7.4 and 7.7.7; and

7.1.3 any actual or potential, direct or indirect, non-financial personal interest, which is material to any discussion or decision they are involved or likely to be involved in making, as described in Standing Order 7.7.5 and 7.7.7.

7.2 All existing members of the Board of Directors should declare such interests as soon as the Director in question becomes aware of it ~~and, in all cases, before the Trust enters into the transaction or arrangement~~. Any members of the Board of Directors appointed subsequently should do so on appointment.

7.3 Such a declaration shall be made by completing and signing a form, as prescribed by the Secretary from time to time, setting out any interests required to be declared outside a meeting in accordance with the Constitution or the SOs and delivering it to the Secretary on appointment or as soon thereafter as the interest arises, but within 7 Clear Days of becoming aware of the existence of a ~~relevant and~~ material interest.

7.4 In addition, if a Director is present at a meeting of the Board of Directors and has an interest of any sort in any matter which is the subject of consideration, he shall at the meeting and as soon as practicable after its commencement disclose the fact and ~~shall not vote~~ the Chairman shall then decide what action to take. This may include excluding the Director from discussions on the matter and/or prohibiting the Director from voting on any question with respect to the matter. ~~7.5 If~~ Subject to Standing Orders 7.7.3 and 7.7.4, if a Director has declared a ~~pecuniary~~financial interest ~~in accordance with SO 7.9 below~~(as described in Standing Order 7.7.2) he shall not take part in the consideration or discussion of the matter ~~in respect of which an interest has been disclosed and shall be excluded from the meeting whilst that proposed contract is under consideration. At the time the interests are declared, they~~.

7.5 Any interest declared at a meeting of the Board of Directors and any subsequent action taken, should be recorded in the minutes of the Board of Director's meeting ~~minutes~~at which the interest was declared. Any changes in interests should be officially declared at the next relevant meeting following the change occurring.

~~7.6 Interests which should be regarded as "relevant and material" are as:~~

~~7.6.1 Directorships, including non-Executive Directorships held in private companies or PLCs (with the exception of those of dormant companies);~~

~~7.6.2 ownership, part-ownership or Directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;~~

~~7.6.3 majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;~~

~~7.6.4 a position of authority in a charity or voluntary organisation in the field of health and social care;~~

~~7.6.5 any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services;~~

~~7.6.6 any connection with an organisation, entity or company considering entering into or having entered into a financial agreement with the Trust, including but not limited to, lenders or banks.~~

~~7.7 Any travelling or other expenses or allowances payable to a Director in accordance with the Constitution shall not be treated as a pecuniary interest.~~

7.6 ~~7.8~~ Directors' interests will be disclosed in the Trust's Annual Report, at least to comply with the Financial Reporting Manual as published by Monitor, but the Annual Report may also refer to the published declaration of interests of Directors.

~~7.9 A Director shall be treated as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:~~

~~7.9.1 he, or a nominee of his, is a Director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or~~

~~7.9.2 he is a partner of, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration.~~

7.7 Nature of Interests

7.7.1 Interests which should be regarded as "material" are ones which a reasonable person would take into account when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision. Material interests are to be interpreted in accordance with guidance issued by Monitor.

7.7.2 A financial interest is where a Direct may receive direct financial benefits (by either making a gain or avoiding a loss) from the consequences of a decision of the Trust. This could include:

7.7.2.1 directorships, including non-executive directorships held in another organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding; or

7.7.2.2 employment in an organisation which is doing, or is likely to do business with an organisation in receipt of NHS

funding; or

7.7.2.3 a shareholding, partnerships, ownership or part ownership of an organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding.

7.7.3 ~~7.10~~ A Director shall not be treated as having a ~~pecuniary~~financial interest in any ~~contract, proposed contract or other~~ matter by reason only:

7.7.3.1 ~~7.10.1~~ of ~~his membership of a company or other body, if he has no beneficial interest in any securities of that company or other body; or~~shares or securities held in collective investment or pensions funds or units of authorised unit trusts; or

7.7.3.2 ~~7.10.2~~ of an interest in any company, body or person with which he is connected which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Director in the consideration or discussion of or in voting on, any question with respect to that ~~contract or~~ matter.

~~7.11 Where a Director:~~

~~7.11.1 has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and~~

~~7.11.2 the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and~~

~~7.11.3 if the share capital is of more than one class, the total nominal value of shares of any one class in which he has a beneficial interest does not exceed one-hundredth of the total issued share capital of that class,~~

~~the Director shall not be prohibited from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it, without prejudice however to his duty to disclose his interest.~~

~~7.12 In the case of persons living together the interest of one partner or spouse shall, if known to the other, be deemed for the purposes of the Constitution and the SOs to be also an interest of the other.~~

7.7.4 Any remuneration, compensation or allowances payable to a Director by virtue of paragraph 18 of Schedule 7 of the 2006 Act shall not be treated as a financial interest for the purpose of this SO.

7.7.5 A non-financial professional interest is where a Director may obtain a non-financial professional benefit from the consequence of a decision that the Trust makes, such as increasing their professional reputation or status or promoting their professional career. This could include situations where a Director is:

7.7.5.1 an advocate for a particular group of patients; or

7.7.5.2 a clinician with a special interest; or

7.7.5.3 an active member of a particular specialist body; or

7.7.5.4 an advisor for the Care Quality Commission or National Institute of Health and Care Excellence.

7.7.6 A non-financial personal interest is where a Director may benefit personally form a decision that the Trust makes in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include where the Director is:

7.7.6.1 a member of a voluntary sector board or has a position of authority within a voluntary sector organisation with an interest in health and/or social care; or

7.7.6.2 a member of a lobbying or pressure group with an interest in health and/or social care.

7.7.7 A Director will be treated as having an indirect financial interest, non-financial professional interest or non-financial personal interest where he has a close association with another individual who has a financial interest, a non-financial professional interest, or a non-financial personal interest who would stand to benefit from a decision of the Trust. This includes material interests of:

7.7.7.1 close family members and relatives, including a spouse, partner, parent, child or sibling;

7.7.7.2 close friends and associates; and

7.7.7.3 business partners.

7.8 ~~7.13~~ If Directors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chief Executive. Influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including General Practitioners should also be considered.

~~7.14 Any remuneration, compensation or allowances payable to a Director by virtue of paragraph 18 of Schedule 7 of the 2006 Act shall not be treated as a pecuniary interest for the purpose of this SO.~~

7.9 ~~7.15~~ SO 7 applies to any committee, sub-committee of the Board of Directors and applies to any member of any such committee or sub-committee (whether or not he is also a Director).

7.10 ~~7.16~~ **Register of Interests**

7.10.1 ~~7.16.1~~ The Register of Interests shall contain the names of each Director, whether he has declared any interests and, if so, the interests declared in accordance with the Constitution or these SOs.

7.10.2 ~~7.16.2It is the obligation of the Director to inform the Secretary in writing within 7 Clear Days of becoming aware of the existence of a relevant or material interest.~~ The Secretary must amend the appropriate Register of Interests ~~upon receipt~~ within 3 Clear Days~~.~~ of receipt of a declaration of a material interest made under SO 7.3.

7.10.3 ~~7.16.3~~ The Register of Interests will be available to the public and the Chairman will take reasonable steps to bring the existence of the Register of Interests to the attention of the local population and to publicise arrangements for viewing it. Copies or extracts of the Register of Interests must be provided to Members of the Trust free of charge and within a reasonable time period of the request. A reasonable charge may be imposed on non-members for copies or extracts of the Register of Interests.

7.10.4 ~~7.16.4~~In establishing, maintaining, updating and publicising the Register of Interests, the Trust shall comply with all guidance issued from time to time by Monitor. The details of Directors' interests recorded in the Register of Interests will be kept up to date by means of a regular review as necessary of the Register of

Interests by the Chief Executive or Secretary during which any changes of interests recently declared will be incorporated.

8. Standards of Business Conduct

8.1 Policy

8.1.1 Directors and Officers should comply with the NHS Foundation Trust Code of Governance 2006, the Trust Code of Conduct and Department of Health Guidance contained in HSG 1993/5 "Standards of Business Conduct for NHS Staff" and the "Code of Conduct for NHS Managers 2002 ". This section of SOs should be read in conjunction with these documents.

~~8.2 Interest of Directors and Employees in Contracts~~

~~8.2.1 If it comes to the knowledge of Director or an Officer of the Trust that a contract in which he has any pecuniary interest not being a contract to which he is himself a party, has been, or is proposed to be, entered into by the Trust he shall, at once, give notice in writing to the Chief Executive or Secretary of the fact that he is interested therein. In the case of persons living together as partners, the interest of one partner shall, if known to the other, be deemed to be also the interest of that partner.~~

~~8.2.2 A Director or Officer must also declare to the Chief Executive or Secretary any other employment or business or other relationship of his, or of a cohabiting spouse or partner, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust in accordance with SO7. The Trust shall require such interests to be recorded in the register of Directors interests.~~

8.2 ~~8.3~~ Canvassing of, and Recommendations by, Directors in Relation to Appointments

8.2.1 ~~8.3.1~~Canvassing of Directors or members if any committee of the Board of Directors directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of these SOs shall be included in application forms or otherwise brought to the attention of candidates.

8.2.2 ~~8.3.2~~A Director of the Board of Directors shall not solicit for any person any appointment under the Trust or recommend any person for such appointment: but this paragraph of this SO shall not preclude a Director from giving written testimonial of a candidate's ability, experience or character for submission to the Trust in relation to any appointment.

8.2.3 ~~8.3.3~~Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

8.3 ~~8.4~~ Relatives of Directors or Officers

8.3.1 ~~8.4.1~~Candidates for any staff appointment shall when making an application disclose in writing whether they are related to any Director or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him liable to instant dismissal.

8.3.2 ~~8.4.2~~ The Directors and every member and Officer of the Trust shall disclose to the Chief Executive any relationship between himself and a candidate of whose candidature that member or Officer is aware. It shall be the duty of the Chief Executive to report to the Trust any such disclosure made.

8.3.3 ~~8.4.3~~ On appointment, Directors (and prior to acceptance of an appointment in the case of Executive Directors) should disclose to the Board whether they are related to any other member of the Board of Directors or holder of any office in the Trust.

8.3.4 ~~8.4.4~~ Where the relationship to an Officer or another Director to a Director of the Trust is disclosed, SO 7 shall apply.

8.4 ~~8.5~~ External Consultants

8.4.1 ~~8.5.1~~ SO8 will apply equally to all external consultants or other agents acting on behalf of the Trust. The Trust's Scheme of Delegation should be adhered to at all times.

9. Tendering and Contract Procedure

9.1 Duty to comply with Standing Orders

9.1.1 The procedure for making all contracts by or on behalf of the Trust shall comply with these SOs (except where SO ~~3.16~~3.15 is applied).

9.2 EU Directives Governing Public Procurement

9.2.1 European Union Directives on public sector purchasing and the Public Procurement Regulations implementing them into UK law, shall take precedence over these SOs with regard to procedures for awarding all forms of contracts, and shall have effect as if incorporated in these SOs.

9.2.2 The Trust shall comply as far as is practicable with the requirements of the Department of Health "Capital Investment Manual" and "Estatecode" and associated relevant guidance issued by Monitor in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply as far as is practicable with Department of Health guidance "The Procurement and Management of Consultants within the NHS". The Trust will also comply with the Guidance from Monitor entitled "Best Practice in Making Investments" and the Regulatory Framework.

9.2.3 The Tendering and Contract Procedure is governed by 3 ranges of expenditure (refer to the Scheme of Delegation):

9.2.3.1 Formal Competitive Tendering details are contained in SO9.3.

9.2.3.2 Competitive Quotations details are contained in SO9.4.1-9.4.; and

9.2.3.3 Expenditure where Tendering or Competitive Quotations are not required (details are contained in SO10).

9.3 Formal Competitive Tendering

9.3.1 The Trust shall ensure that competitive tenders are invited for the supply of goods, materials and manufactured articles and for the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DoH); for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); and for disposals.

9.3.2 Formal tendering procedures may be waived by Officers to whom powers have been delegated by the Chief Executive without reference to the Chief Executive (except in (~~9.3.2.3~~9.3.2.5) to (~~9.3.2.6~~9.3.2.8) below) where:

9.3.2.1 the estimated expenditure ~~or income~~ does not, or is not reasonably expected to, exceed £~~50,000~~25,000 (this figure to be reviewed annually); or

9.3.2.2 the estimated expenditure is expected to exceed £25,000

(this figure to be reviewed annually) but does not, or is not reasonably expected to exceed the applicable threshold for the purchase under the Public Procurement Regulations; or

9.3.2.3 ~~9.3.2.2 where~~ by virtue of Part 1 of the Public Contracts Regulations 2015 or Part 2, Chapter 2 of the Concessions Contracts Regulations, the contract does not require a tendering process; or

9.3.2.4 the supply is proposed under special arrangements negotiated by the DoH in which event the said special arrangements must be complied with;

9.3.2.5 ~~9.3.2.3~~ the timescale genuinely precludes competitive tendering (and this complies with any applicable Public Procurement Regulations). Failure to plan the work properly is not a justification for single tender; or

9.3.2.6 ~~9.3.2.4~~ after considering the specification, specialist expertise is required and is available from only one source (and this complies with any applicable ~~public sector contracts~~ Public Procurement Regulations); or

9.3.2.7 ~~9.3.2.5~~ the task is essential to complete the project, **AND** arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate (and this complies with any applicable Public Procurement Regulations); or

9.3.2.8 ~~9.3.2.6~~ there is a clear benefit to be gained from maintaining continuity with an earlier project (and this complies with any applicable Public Procurement Regulations). However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering; or

9.3.2.9 ~~9.3.2.7~~ where provided for in the Capital Investment Manual.

9.3.3 The limited application of the single tender rules should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

9.3.4 Where it is decided that competitive tendering is not applicable and should be waived by virtue of ~~(c)~~ 9.3.2.5 to ~~(f)~~ 9.3.2.8 above the fact of the waiver and the reasons should be documented and reported by the Chief Executive to the Board of Directors in a formal meeting~~.~~ and the provisions of the applicable Public Procurement Regulations complied with.

9.3.5 Except where SO 9.3, or a requirement under SO 9.2, applies, the Board of Directors shall ensure that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than three firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.

9.3.6 The Board of Directors shall ensure that normally the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists [see Appendix of the Standing Financial Instructions]. Where in the opinion of the Finance Director it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Chief Executive.

9.3.7 The Tendering Procedure is set out in Appendix 1 to the Standing Financial Instructions.

9.3.8 The Board of Directors shall review the Tendering Procedure not less than every two years.

9.4 Quotations

9.4.1 Quotations are required where formal tendering procedures are waived under SO9.3.2.1 or SO9.3.2.2 and where the intended expenditure or income exceeds, or is reasonably expected to exceed the limits defined in the Scheme of Delegation.

9.4.2 Where quotations are required under SO 9.3 they should be obtained from at least three firms/individuals based on specifications or terms of reference prepared by, or on behalf of, the Board of Directors.

9.4.3 Quotations should be in writing unless the Chief Executive or his Nominated Officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of telephone quotation should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record.

9.4.4 All quotations ~~should~~must be treated as confidential and should be retained for inspection.

9.4.5 The Chief Executive or his Nominated Officer should evaluate the quotations and select the one which gives value for money. If this is not the lowest then this fact and the reasons why the lowest quotation was not chosen should be in a permanent record and approved by the Chief Executive and the Director of Finance.

9.4.6 Non-competitive quotations in writing may be obtained for the following purposes:

9.4.6.1 the supply of goods/services of a special character for which it is not, in the opinion of the Chief Executive or his Nominated Officer, possible or desirable to obtain competitive quotations;

9.4.6.2 the goods/services are required urgently. The approval of the Director of Resources or his Nominated Officer will be required for this course of action.

9.4.7 Where tenders or quotations are not required, because expenditure is below the limits set in the Scheme of Delegation, the Trust shall procure goods and services in accordance with procurement procedures approved by the Board of Directors.

9.4.8 The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided under contract or in-house. The Board of Directors may also determine from time to time that in house services should be market tested by competitive tendering (SO11).

9.5 Private Finance

9.5.1 When the Board of Directors proposes, or is required, to use finance provided by the private sector the following should apply:

9.5.1.1 The Chief Executive and Finance Director shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.

9.5.1.2 The proposal must be specifically agreed by the Board of

Directors in the light of such professional advice as should reasonably be sought in particular with regard to *vires*.

9.5.1.3 The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

9.6 Contracts (including lease contracts)

9.6.1 The Trust may only enter into contracts within its statutory powers and shall comply with:

9.6.1.1 these SOs;

9.6.1.2 the Trust's SFIs;

9.6.1.3 EU Directives and other statutory provisions;

9.6.1.4 any relevant directions including the Capital Investment Manual and guidance on the Procurement and Management of Consultants; and

9.6.1.5 such of the NHS Standard Contract Conditions as are applicable.

Where ~~appropriate~~required by the Public Procurement Regulations contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.

9.6.2 Contracts shall include lease and hire purchase agreements.

9.6.3 In all contracts made by the Trust, the Board shall endeavour to obtain value for money. The Chief Executive shall nominate an Officer who shall oversee and manage each contract on behalf of the Trust.

9.7 Personnel and Agency or Temporary Staff Contracts

9.7.1 The Chief Executive shall nominate Officers with delegated authority to enter into contracts for the employment of other Officers, to authorise regarding of staff, and enter into contracts for the employment of agency staff or temporary staff service contracts.

9.8 Healthcare Services Agreements

9.8.1 Healthcare Services contracts made between two NHS organisations for the supply of healthcare services, will be legally binding contracts based on the models issued by the Department of Health.

9.8.2 The Chief Executive shall nominate Officers with power to negotiate for the provision of healthcare services with purchasers of healthcare.

9.9 Cancellation of Contracts

9.9.1 Except where specific provision is made in model forms of contracts or standard schedules of conditions approved for use within the NHS, there shall be inserted in every written contract a clause empowering the Trust to cancel the contract and to recover from the contractor the amount of any loss resulting from such cancellation, if:

9.9.1.1 the contractor shall have offered, or given or agreed to give, any person any gift or consideration of any kind as an inducement or reward for doing or forbearing to do or for having done or forborne to do any action in relation to

the obtaining or execution of the contract or any other contract with the Trust; or

9.9.1.2 for showing or forbearing to show favour or disfavour to any person in relation to the contracts or any other contract with the Trust, or if the like acts shall have been done by any person employed by him or acting on his behalf (whether with or without the knowledge of the contractor); or

9.9.1.3 if in relation to any contract with the Trust the contractor or any person employed by him or acting on his behalf shall have committed any offence under the Prevention of Corruption Acts 1989 and 1916, the Bribery Act 2010, and other appropriate legislation.

9.9.2 Where a contract is subject to the Public Procurement Regulations in full, that contract shall also include the termination clauses required by the applicable Regulation.

9.10 Determination of Contracts for Failure to Deliver Goods or Material

9.10.1 There shall be inserted in every written contract for the supply of goods or materials a clause to secure that, should the contractor fail to deliver the goods or materials or any portion thereof within the time or times specified in the contract, the Trust may without prejudice determine the contract either wholly or to the extent of such default and purchase other goods, or material of similar description to make good (a) such default, or (b) in the event of the contract being wholly determined the goods or materials remaining to be delivered.

9.10.2 The clause referred to at 9.10.1 shall further secure that the amount by which the cost of so purchasing other goods or materials exceeds the amount which would have been payable to the contractor in respect of the goods or materials shall be recoverable from the contractor.

9.11 Contracts Involving Funds held on Trust

9.11.1 Contracts involving Funds held on Trust shall do so individually to a specific named fund. Such contracts involving charitable funds shall comply with the requirements of the Charities Acts.

10. Disposals

10.1 Competitive Tendering or Quotation procedures shall not apply to the disposal of:

10.1.1 any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his Nominated Officer;

10.1.2 obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the Trust;

10.1.3 items to be disposed of with an estimated sale value of less than £1,000, this figure to be reviewed annually.

10.1.4 items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;

10.1.5 land or buildings concerning which DoH guidance has been issued but subject to compliance with such guidance; or

10.1.6 any matter which Monitor has issued alternate specific guidance in relation to.

11. **In-House Services**

11.1 In all cases where the Trust determines that in-house services should be subject to competitive tendering the following groups shall be set up:

11.1.1 Specification group, comprising the Chief Executive or Nominated Officer(s) and specialist(s).

11.1.2 In-house tender group, comprising representatives of the in-house team, a nominee of the Chief Executive and technical support.

11.1.3 Evaluation group, comprising normally a specialist Officer, a supplies Officer and a Finance Director representative. For services having a likely annual expenditure exceeding £500,000, a non-Officer member should be a member of the evaluation team.

11.2 All groups should work independently of each other but individual Officers may be a member of more than one group. No member of the in-house tender group may, however, participate in the evaluation of tenders.

11.3 The evaluation group shall make recommendations to the Board of Directors.

11.4 The Chief Executive shall nominate an Officer to oversee and manage the contract.

12. **Custody of Seal and Sealing of Documents**

12.1 Custody of Seal

12.1.1 The Common Seal of the Trust shall be kept by the Chief Executive or Nominated Officer in a secure place.

12.2 Sealing of Documents

12.2.1 The Common Seal of the Trust shall not be fixed to any documents unless the sealing has been authorised by a resolution of the Board of Directors or of a committee, thereof or where the Board of Directors has delegated its powers.

12.2.2 Before any building, engineering, property or capital document is sealed it must be approved and signed by the Finance Director (or an Officer nominated by him/her) and authorised and countersigned by the Chief Executive (or an Officer nominated by him/her who shall not be within the originating Directorate).

12.3 Register of Sealing

12.3.1 An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealing shall be made to the Board of Directors at least quarterly.

13. **Signature of Documents**

13.1 Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the Board shall have given the necessary authority to some other person for the purpose of such proceedings.

13.2 The Chief Executive or Nominated Officers shall be authorised, by resolution of the Board of

Directors, to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) the subject matter of which has been approved by the Board of Directors or committee or sub-committee to which the Board of Directors has delegated appropriate authority.

14. **Miscellaneous**

14.1 Standing Orders to be given to Members and Officers

14.1.1 It is the duty of the Chief Executive to ensure that existing Directors and Officers and all new appointees are notified of and understand their responsibilities within Standing Orders and SFIs. Updated copies shall be issued to staff designated by the Chief Executive. New designated Officers shall be informed in writing and shall receive copies where appropriate of SOs.

14.2 Documents having the standing of Standing Orders

14.2.1 Standing Financial Instructions and the Scheme of Delegation shall have the effect as if incorporated into SOs.

14.3 Review of Standing Orders

14.3.1 Standing Orders shall be reviewed annually by the Trust. The requirement for review extends to all documents having the effect as if incorporated in SOs.

14.4 **Corporate Documents** – Specific to the setting up of the Trust shall be held in a secure place by the Chief Executive.

ANNEX 8

Further Provisions

(paragraph ~~23~~22)

1. **Process for appointing non-executive Directors and the Chairman**

~~1.1 Not Used.~~

1.1 ~~1.2~~ The process for appointing new non-executive Directors and the Chairman will be as follows:

1.1.1 ~~1.2.1~~ Six months before the end of the term of office of the Chairman or a non-executive Director (as the case may be), the Council of Governors will appoint an "Appointment Committee" to seek a suitable replacement. The Appointment Committee will be constituted in accordance with paragraphs 1.2.5 and 1.2.6 below.

1.1.2 ~~1.2.1A~~ The Appointment Committee shall be assisted by a "Nominations Committee" which shall develop recruitment plans for non-executive Directors and establish a shortlist of candidates which it shall provide to the Appointment Committee. The Nominations Committee shall be appointed in accordance with paragraph 1.2.9 below.

1.1.3 ~~1.2.2~~Where, following a recommendation by the Nominations Committee, the Appointment Committee considers that the non-executive Director coming to the end of his term of office should be reappointed for a further term, the Appointment Committee shall make a recommendation to the Council of Governors to this effect.

1.1.4 ~~1.2.3~~ Where the Appointment Committee:

1.1.4.1 ~~1.2.3.1~~ does not make a recommendation in accordance with paragraph 1.2.2 above; or

1.1.4.2 ~~1.2.3.2~~ where the non-executive Director in question does not wish to be reappointed; or

1.1.4.3 ~~1.2.3.3~~where the Council of Governors rejects a recommendation made by the Appointment Committee for reappointment,

then the Appointment Committee shall initiate a process of open competition for the appointment of the non-executive Director.

1.1.5 ~~1.2.4~~ The Appointment Committee will make recommendations to the Council of Governors, including recommendations about pay.

1.1.6 ~~1.2.5~~ The Appointment Committee for the Chairman will consist of a total of three Public Governors, one Staff Governor, and one Appointed Governor. If the number of Governors prepared to serve on the Appointment Committee is greater than the number of places available, the committee members will be selected by election by their peer Governors. A Public Governor will chair the Appointment Committee. Each member of the Appointment Committee will have one vote. The Chief Executive will attend the meetings of the Appointment Committee in an advisory capacity.

1.1.7 ~~1.2.6~~ The Appointment Committee for the non-executive Directors will consist of the Chairman, a total of two Public Governors, one Staff Governor, and one Appointed Governor. The Chief Executive will attend in an advisory capacity only. If the number of Governors prepared to serve on the Appointment Committee is greater than the number of places available, the committee members will be selected by

election by their peer Governors. The Chairman will chair the Appointment Committee. Each member of the Appointment Committee will have one vote.

1.2.7 The Appointment Committees constituted under paragraphs 1.2.5 and 1.2.6 above will be supported by appropriate advice from the Trust's Director of HR.

1.2.8 The Council of Governors will not consider nominations for membership of the Board of Directors other than those made by the appropriate Appointment Committee.

1.2.9 The Nominations Committee will consist of the Chairman, the Lead Governor, two non-executive Directors and an external assessor who shall be appointed at the absolute discretion of the Lead Governor.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13 February 2018
Title	**Annual Board Planner 2018**
Purpose	The attached sets out the non-standing items of business which will be presented to the public and in committee Trust Board meetings during 2018.
Business Area	Corporate
Author	Julie Hill, Company Secretary
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	The attached Board Planner sets out the forthcoming business of the Trust Board. During the course of the year, other items of business are likely to occur and these items will be added to the relevant agenda.
ACTION	To note the annual Trust Board planner 2018.

Berkshire Healthcare NHS
NHS Foundation Trust

Rolling Annual Trust Board Planner – Non-Standing Items

February 2018	**Executive Lead**
• Patient Experience Report Qtr 3	Helen Mackenzie
• Annual Review of Board Declarations	Julie Hill
• Estate Strategy Update Report	David Townsend
• Annual Board Planner	Julie Hill
• Draft Financial Planning and Budget Setting (In Committee)	Alex Gild
• Strategy Implementation Progress Report	Bev Searle
• Equality Strategy – Six Monthly Update Report	Bev Searle
• Constitutional Changes Report	Julie Hill
• NHS Improvement Well-Led Framework – Action Plan (In Committee)	Julie Hill
• Frimley Health and Care ACS – MOU	Julian Emms
•	
• Annual Health and Safety Report	David Townsend
• Staff Survey Results	Bev Searle
• Strategy Implementation Plan Update Report	Bev Searle
• Strategy Refresh 2018-2021	Bev Searle
• ACS System Operating Plans	Alex Gild
• Final budget	Alex Gild
• Workforce Implementation Progress Report	Bev Searle
• Use of Social Media	Bev Searle
• Guardians of Safe Working Report Quarterly Report* • Learning from Deaths Quarterly Report* *included as part of the QAC minutes	Minoo Irani
• Quality Concerns (In Committee)	Helen Mackenzie
May 2018	
• Quality Accounts	Minoo Irani
• Annual Report	Julian Emms
• Licence Conditions – Board Declarations	Alex Gild
• NHS Improvement – Corporate Governance Declarations	Alex Gild
• Patient Experience – Qtr 4 Report	Helen Mackenzie
• Mental Health Strategy Implementation	Bev Searle
• Strategy Implementation Report	Bev Searle
• Strategic Bed Modelling Report (In Committee)	David Townsend
July 2018	
• Workforce Race Equality Standard	Bev Searle
• Equality Strategy – Annual Report	Bev Searle
• Revalidation Annual Report	Minoo Irani
• Annual Freedom to Speak Up Guardian Report	Elaine Williams
• Guardians of Safe Working Report Quarterly Report* • Learning from Deaths Quarterly Report* *included as part of the QAC minutes	Minoo Irani
• Quality Concerns (In Committee)	
September 2018	
• Patient Experience – Qtr 1	Helen Mackenzie

• Strategy Implementation Plan Update Report	Bev Searle
• Trust Board Away Day Agenda (In Committee)	Chair/Julie Hill
• Guardians of Safe Working Report Quarterly Report* • Learning from Deaths Quarterly Report* *included as part of the QAC minutes	Minoo Irani
• Quality Concerns (In Committee)	
November 2018	
• Patient Experience – Qtr 2	Helen Mackenzie
• Annual Research and Development Report	Minoo Irani
• TB Away Day – Notes and Actions	Julie Hill
• Mental Health Strategy Implementation – Update report	Bev Searle
• Strategy Implementation Progress Report	Bev Searle
• Board Assurance Framework and Corporate Risk Register Annual Review	Alex Gild/Julie Hill
December 2018	
• Workforce Development Strategy Annual Update Report	Bev Searle
• Annual Community Mental Health Survey	Helen Mackenzie
• Quality Impact Assessment Annual Report	Helen Mackenzie
• Information Governance Annual Report	Minoo Irani
• External Audit Letter	Alex Gild
• IT Strategy – Update	Alex Gild
• Guardians of Safe Working Report Quarterly Report* • Learning from Deaths Quarterly Report* *included as part of the QAC minutes	Minoo Irani
• Quality Concerns (In Committee)	Alex Gild