Berkshire Healthcare
NHS Foundation Trust

ANNUAL REPORT AND ACCOUNTS

2017/18

Berkshire Healthcare NHS Foundation Trust
Annual Report and Accounts 2017/18

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006

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CHAIR AND CHIEF EXECUTIVE'S REPORT

The Prime Minister's promise in March 2018 of an NHS multiyear funding plan was a welcome announcement following a particularly tough year for the sector. We would also argue that the offer needs to think about the support to social care. They are two sides of the same coin and the reduction in social care over recent years has had a significant impact on many of our services.

Although we have managed better than most during this period, we recognise that high quality sustainable care requires strong multi agency working. That is why we have played a significant role in two of the national fast track Integrated Care Systems (ICSs) – Frimley Care and Health and Berkshire West.

ICSs have evolved from Sustainability and Transformation Partnerships (STPs) and Accountable care Systems (ACS) and take the lead for planning and commissioning care for their populations and provide system leadership. They bring together alliances of NHS providers and commissioners to work in partnership to improve health and care. The Frimley ICS also includes Local Authorities. Whilst the language of accountable care and the lack of a clear public facing narrative have not helped their development, nevertheless we believe they currently represent the best way to make service changes and improvements and we are committed to working in this way with our partners.

Workforce challenges have remained the biggest risk to us during the last year and are likely to do so for some time. In a nutshell, like most other NHS organisations, we have struggled in a number of services to maintain the right number of staff – clinical and nonclinical - to deliver high quality care. Trusts do need support from the central bodies with responsibility for workforce matters, but to date, their approach has been too disjointed and muddled. We do, however, recognise we have a significant role to play ourselves in solving this problem and this has been a major focus of attention during the last 12 months.

We are doing all we can in order to ensure we are a great place to work. This has included fostering a positive and inclusive culture, focusing on staff engagement and wellbeing, and making progress on the workforce race equality standard. The most recent NHS Staff Survey results were a strong endorsement of this approach. They have improved year on year and are amongst the very best in the sector. We are extremely proud to have such a highly motivated and engaged workforce, but take nothing for granted and we will redouble our efforts to further improve the workforce situation in the coming year. This will include continuing to reduce our reliance on agency staffing. This has been an area of considerable success. Two years ago our agency expenditure as a proportion of our pay bill was amongst the highest in the sector and at the end of the financial year, it is amongst the very lowest. This is an example of a tangible way in which we have both improved quality and saved money.

We have improved our digital offer to patients and staff during the course of the year. The Connected Care programme which allows clinical staff to view the complete health and social care record of a patient in Berkshire is truly transformational. Not only does it obviate the need for patients to tell their story multiple times, it also has huge patient safety benefits. Technology has a pivotal role to play in helping to address the key challenges facing healthcare and we are determined as an NHS Global Digital Exemplar to develop our capability further in this area

We have maintained a good reputation with our regulators. We remain in NHS Improvement's Segment 1 category along with just a small number of other Trusts as a result of our impressive financial stewardship and sound governance. We have not had a major inspection from the Care Quality Commission and remain rated Good overall for the quality of our patient care. We have an ambition to improve even further and our Quality Improvement (QI) programme is a key component

of this strategy. Launched 12 months ago we have established a skilled and dedicated QI team who have helped to train 15 teams in the science of improvement. Next year, 24 services will undertake the training and a number of projects will also be undertaken using the QI methodology. We believe we are an organisation of 4,500 problem solvers and that those closest to the work are best placed to make the necessary improvements. To ensure we are all pulling in the same direction and making best use of our improvement capacity and capability we have established four "True North " goals:

- **Harm free care** – to provide safe services, prevent self-harm and harm to others
- **Supporting our staff** – to strengthen our highly skilled and engaged workforce and provide a safe working environment
- **Good patient experience** – to provide good outcomes from treatment and care
- **Money matters** – to deliver services that are efficient and financially sustainable

We hope that the combination of integrated system working, our approach to staff engagement and our QI and digital programmes will help us deliver great care to our population and make us an employer of choice in the region.

Farewells, retirements, acknowledgements

This year we said goodbye to Mark Lejman, Non-Executive Director. Mark had served seven years on the Trust Board and was the Trust's Vice Chair and Chair of the Finance, Investment and Performance Committee. Our Governors appointed Naomi Coxwell to replace Mark. Naomi has quickly got up to speed with the work of the Trust and has taken over Mark's role as the Chair of the Finance, Investment and Performance Committee.

We were saddened by the death of June Leeming, former public governor and member of the Council of Governors Appointments and Remuneration Committee.

The Board would wish to thank the staff of the Trust for their commitment to delivering excellent care during another challenging year.

Julian Emms
Chief Executive

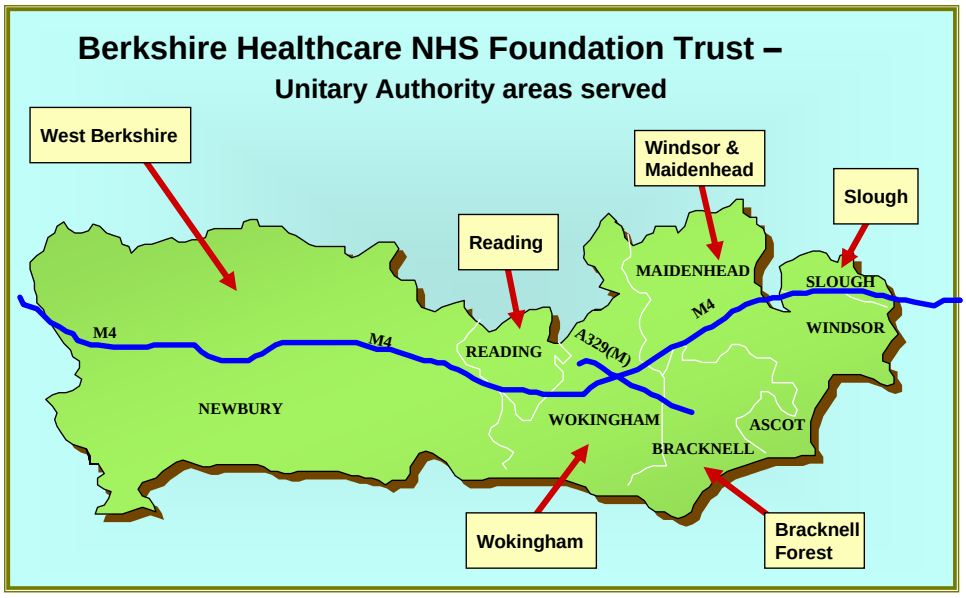
Martin Earwicker
Chairman

PERFORMANCE REPORT

Overview - Brief history and Summary Information

The purpose of this section is to provide an overview of the Trust as well as setting out our performance in 2017-18. Berkshire Healthcare NHS Trust was set up in 2001. The Trust successfully gained NHS Foundation Trust status in May 2007. In line with the Trust's provider licence, the principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England. The Trust provides specialist mental health and community health services to a population of around 900,000 people in Berkshire. We operate from a number of sites across the county offering community/home based care and inpatient services – with the majority of our services being provided to people within their own homes. The Trust also provides mental health and community health inpatient services.

The Trust works with six local unitary authorities (as indicated in the map below) and seven Clinical Commissioning Groups (CCGs) which took on commissioning responsibility from April 2013. The CCGs operate as two "federations" in the East and West of Berkshire



The Trust's turnover for 2017/18 was £250m. During 2017/18 the Trust employed approximately 4,500 staff.

The Trust was issued with its provider licence by Monitor (the Regulator – now known as NHS Improvement), on 1 April 2013.

During 2017-18, we have continued our commitment to providing high quality services that meet the requirements of our Care Quality Commission (CQC) registration and in compliance with the conditions of our provider licence. Having achieved an overall "good" rating", we are working hard towards achieving "outstanding". In order to achieve this, alongside increasing demand for services we have worked closely with our commissioners to seek ways to ensure financial and clinical sustainability and manage pressures on specific service areas.

During the year, we have managed to improve on our original financial forecast, supported by additional Sustainability and Transformation funding allocated by NHS Improvement (NHSi) for delivering and slightly exceeding the Trust's control total surplus, and have ended 2017/18 with a surplus of £5.6m (versus plan of £2.4m). This has enabled us to be categorised as a Segment 1 Trust (the maximum level of autonomy) under NHS Improvement's Single Oversight Framework. We recognise the increasing financial challenge that we are facing – particularly the need to achieve recurrent and sustainable savings in light of increased demand and funding constraints of our partners.

A key role for the Trust Board and the Executive Team is to manage and mitigate risks to the delivery of our strategic objectives and we therefore operate a robust risk management process that ensures that all key risks are identified and that mitigation action is taken to address these. Our Board Assurance Framework and Corporate Risk Register are regularly reviewed by both the Trust Board and relevant Executive Groups. Our key risks relate to the safety of and quality of care we provide to our patients as well as to the Trust's financial sustainability and we spend considerable time ensuring that financial pressures do not compromise safety and quality. In terms of quality of care and patient safety, we are continually managing the risks that can arise from shortages of particular staff, such as nurses and from increases in demand for services beyond our commissioned activity. More information on our approach to quality can be found in the Quality Report that appears later in this document.

The Board of Directors is responsible for preparing this annual report and the annual accounts and the Directors consider the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

Going concern/accounting policies

After reviewing key information and making additional enquiries wherever deemed appropriate, the Trust Board has a reasonable expectation that the Berkshire Healthcare NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, the Trust continues to adopt the going concern basis in preparing the accounts.

The Trust's accounts have been prepared under a direction issued by NHS Improvement under the National Health Service Act 2006. Accounting policies for pensions and other retirement benefits (as set out in the notes to the accounts) and details of senior employees' remuneration can be found in the remuneration report.

The external auditor for Berkshire Healthcare NHS Foundation Trust, as appointed by the Council of Governors, is Deloitte LLP. The Trust's internal auditors are RSM Risk Assurance Services LLP as appointed by the Trust Board.

Performance analysis and review

The summary of our Operational Plan for the two years 2017–18 and 2018–19, is available on the Trust's website in line with the requirements of NHS Improvement. This plan sets out our current position and plans and was informed by our Five Year Strategy which sets out our direction of travel to 2019.

The planning requirement for 2018–19 included system plans for Integrated Care Systems (ICSs), recognising that the Operational Plan for 2017-19 and 2018-19 remain current.

This is a welcome development, as our Five Year Strategy recognised the need for local health and care systems to work together to find solutions to the growth in demand for services, ensuring that patients experience good care and outcomes, and our services are delivered in a financially sustainable way.

During 2017, we have contributed to the development of the two ICSs which we are members of:

- Berkshire West
- Frimley Health and Care

The Berkshire West ICS is also part of the Sustainability and Transformation Partnership for Berkshire West, Oxfordshire and Buckinghamshire (BOB) STP.

Berkshire West and Frimley Health and Care ICSs are among the ten national "exemplar" Integrated Care Systems in which commissioner and provider organisations collaborate in the use of local resources to achieve the best outcomes for local people. This includes the development of system plans which include clinical work streams, alongside potential opportunities to improve our use of our collective resources.

During 2017-18, we have provided mental health and community health services as defined by our contracts with Berkshire Clinical Commissioning Groups (CCGs), NHS England and Berkshire Unitary Authorities. Most of these are "block" contracts which mean that we receive a specified income for delivery of services in line with a commissioner specification. This funding method presents a significant challenge when referrals to our services, and activity within them increases, and we have continued to experience this across a range of services. However, we were able to confirm a two year contract with CCGs as part of our 2016-17 and 2017-18 Operational Plan. Full details of our financial statements can be found in the Annual Accounts later in this report.

In 2016, we were awarded an overall "good" rating by the Care Quality Commission, with "outstanding" for our community mental health services for older people. We have been working to achieve this highest rating across our services and remain committed to our vision:

> **"To be recognised as the leading community and mental health service provider, by our patients, staff and partners"**

During 2017 we have embarked on a significant Quality Improvement Programme across the whole organisation which will help us to achieve our vision. This has included a refinement of our goals which are:

- **Harm-free care** – to provide safe services, prevent self-harm and harm to others
- **Supporting our staff** - to strengthen our highly skilled and engaged workforce and provide a safe working environment
- **Good patient experience** – to provide good outcomes from treatment and care
- **Money matters** – to deliver services that are efficient and financially sustainable

The above goals provide the structure for our annual "plan on a page for 2018-19", and are supported by specific measures which will enable us to focus our efforts and track our progress effectively. Our team plans also follow this structure, which informs individual objectives for all our staff.

Our Strategy Implementation Plan identifies all major initiatives being undertaken to achieve our objectives. This has now been amalgamated with our project monitoring arrangements undertaken by our Project Management Office, and progress is reported to our Executive and Trust Board throughout the year.

Our Operational Plan for 2017-18 and 2018-19 recognised a number of key risks to delivery, and we have also highlighted these within our system plans for 2018-19 as appropriate. These risks include:

- Inability to recruit and retain sufficient staff to provide safe, good quality services.
- Inability to meet demand in a timely way in specific services due to high referral rates – in particular, we continue to see high demand for mental health crisis and home treatment services, inpatient beds, child and adolescent mental health services and a number of community health services
- Inability to achieve prompt and timely discharge from our inpatient services due to lack of funding/availability of support.

Along with our Quality Improvement Programme, we have identified two other strategic initiatives, which are Workforce and System working – these three major areas of work are focussed on mitigating the above risks.

In addition, our Information Management and Technology programme is a key enabler for the delivery of all our strategic goals. We have achieved "Global Digital Exemplar – Mental Health" status in 2017 as a result of progress made so far, which we will continue to build on as part of a five year programme of work.

As part of the operational planning process for 2017-18 and 2018-19, we worked with our commissioners to reach agreement about our contracts for 2017–19, and our plan for the year ahead forecasts a planned surplus of £2.4m by year end with a cash balance of cash balance of £22.2m. This year, we have also worked with ICS partners to agree our approach to our "system control total" which requires shared responsibility for effective use of our collective resources, enabling us to achieve financial balance as a whole system.

Throughout the year, we have operated in compliance with our NHS Provider Licence (issued by NHS Improvement - previously known as Monitor - the foundation trust sector regulator). We continue to be in segment 1 within NHS Improvement's Single Oversight Framework. This gives NHS Provider organisations the maximum autonomy and represents the lowest level of oversight and risk assessment by the regulator.

As a public sector body, we have important obligations under the Equality Act 2010. Our work in this area is outlined in the equality and diversity section of this annual report. We have achieved good progress in achievement of a number of key objectives this year. We have also set out our areas of focus in relation to the NHS Staff Survey, which continues to reflect improvement.

We have approved and implemented a Green Travel Plan this year, and remain committed to fulfilling our environmental obligations. Our progress to date and key areas of focus for the coming year are outlined in the sustainability section of this annual report.

The Trust Board oversees delivery against our key performance measures and achievement of strategic objectives. This ensures that we meet the financial and governance requirements required by our provider licence are met and that the quality and safety of care we provide meets the requirements of the Care Quality Commission. Performance is monitored on a monthly basis with

the Executive providing assurance that action is being taken, where needed if performance deterioration is predicted.

Our operational performance is routinely monitored throughout the organisation with the Executive, Finance, Investment and Performance Committee and Trust Board reviewing our comprehensive performance assurance framework on a monthly basis. This includes patient safety, service efficiency, user experience, people (Staff) and regulatory standards with statistical data supported by narrative commentary. Our performance report is available for the public to view as part of our published Trust Board papers.

We also use benchmark information to inform our assessment of the efficiency and effectiveness of our services in comparison to other providers. We undertake regular data quality audits and Information is also triangulated with data from other sources, such as Trust Board and Governor Quality visits, complaints and patient feedback to provide additional assurance on performance quality.

Sustainability and Climate Change

Overview

Berkshire Healthcare NHS Foundation Trust has a responsibility to maximise its contribution to developing a truly sustainable National Health Service and help combat climate change. We have used national guidance to help develop and update the Trust's Sustainable Development Management Plan (SDMP), which establishes the strategic direction with regards to sustainability and climate change and how, as an organisation, we will work to meet and apply the Trust's Sustainable Development Policy statement, which is to:

> **"Provide healthcare that is sustainable, efficient, flexible and resilient; taking every reasonable opportunity to enrich the health and wellbeing of the communities we serve."**

The SDMP sets out five overarching sustainability goals which are supported by a number of key objectives:

1. Provision of sustainable healthcare.
2. Partnerships that embrace sustainability and maximise efficiency
3. Working towards sustainable and climate ready environments
4. Enhance and optimise the estate
5. Measure, monitor and purchase sustainably

Year on Year Progress

During the last year, we have continued our progress in embedding sustainability and carbon management at the operational core of the organisation. The key successes for 2017-2018 are:

- Ensured sustainability and carbon management were key considerations in all major procurement and service commissioning tenders;
- Improved communications surrounding the sustainability agenda, including participation in staff Induction;
- Implemented a rolling programme for LED re-lamping;
- Adopted the Trust wide Green Travel Plan;
- Continued rationalisation of the estate – to sustain and future proof service provision;

- Further developed the necessary processes to ensure that none of the Trust's waste ended up in landfill;
- Supported the South Region Sustainable Healthcare Network through the provision of a Sustainability Ambassador; and
- Highlighted the sustainable benefits of service delivery through joint work with external organisations to provide a better clinical service which was also more sustainable.

We have fully adopted and embedded the updated SDMP, which provides a structured plan to combat the impact of climate change, and build a positive sustainability culture across the organisation.

Summary of performance – non-financial and financial

The information presented in the table below incudes all apportioned Trust occupied sites.

Area		Non-financial data (applicable metric) 2016/17	Non-financial data (applicable metric) 2017/18		Financial data (£) 2016/17	Financial data (£) 2017/18
Waste minimisation & management	General (t) Recycling (t) Clinical (t)	273*	357 67 141	Total cost of waste disposal	£109,461	£190,587
Finite Resources	Water (M^3)	36,321	45,142	Water	£81,103	£100,817
	Electricity (GJ)	15,741	20,676	Electricity	£565,791	£677,164
	Gas (GJ)	29,977	38,528	Gas	£289,726	£307,287

* *The waste figure for 2016/17 is a total and not split by waste stream.*

There are apparent marked increases in usage and cost for both waste and utilities which can be attributed to improved data collection and reporting as well as the provision of information by NHS Property Services for the areas that the Trust leases and occupies.

Governance, Partnerships and Monitoring

The governance structure to support and drive forward the SDMP has been established in accordance with Department of Health and Social Care guidance and recognised best practice. We have established collaborative working relationships with key public service providers across Berkshire.

Berkshire Healthcare has a dedicated Sustainability Manager who champions and coordinates our work on sustainability and climate change. Statutory reporting operates through a number of routes, including the Estate Return Information Collection, the Care Quality Commission and NHS Improvement. We use the standard reporting template developed by the NHS Sustainable Development Unit, Department of Health and Social Care and other NHS organisations, in line with the data requirements set out in HM Treasury's Sustainability Reporting Guidance for 2017-2018.

Future priorities and targets

Our Sustainable Development Management Plan continues to inform our activities and we have confirmed specific targets against our overarching goals. These include a number of initiatives supported by increased use of technology to provide on-line support to patients, reduction of energy

use and green travel. It also includes a number of key targets in relation to carbon emissions, waste, utility and transport.

Emergency Preparedness, Resilience and Response

In line with its statutory obligations under the Civil Contingencies Act 2004, the Trust has in place arrangements for EPRR (Emergency Preparedness, Resilience and Response). We undertake joint emergency planning with healthcare partners, local authorities and other emergency services. This work is undertaken through regional forums, such as the Local Health Resilience Partnership Framework and the Berkshire Resilience Group.

Development and improvement of the Trust's integrated emergency management system is overseen by the EPRR Governance group. This Group reports to the Non-Clinical Risk Group, Chaired by the Chief Financial Officer. The Chief Operating Officer is the designated Accountable Emergency Officer for the Trust, responsible for ensuring our compliance against NHS England's Core Standards for EPRR.

The Trust is assessed against the EPRR Core Standards on an annual basis. The assurance process requires provider organisations to undertake a self-assessment against the relevant individual core standards and rate their compliance. These individual ratings will then inform the overall organisational rating of compliance and preparedness, which provider organisations are required to take to a public Trust Board meeting and also publish in their Annual Report.

For 2017-18, the Trust assessed itself as fully compliant with 43 of the 50 EPRR core standards applicable to Community and Mental Health Trusts. The overall rating is therefore 'Partial'. An improvement plan has been produced which sets out actions against the 7 core standards where full compliance has yet to be achieved.

NHS England South EPRR Assurance compliance ratings

To support a standardised approach to assessing an organisation's **overall preparedness rating** NHS England South have set the following criteria:

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately address all the core standards that the organisation is expected to achieve. The Trust Board has agreed with this position statement.
Substantial	Arrangements are in place however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Trust Board has agreed.
Partial	Arrangements are in place, however they do not appropriately address six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Trust Board has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Trust Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

Diversity and Inclusion

Our approach

Our Equality and Inclusion Strategy 2016–20 commits the Trust to seven equality objectives, compliance with a number of benchmarks and our support for staff diversity networks. Our Diversity Steering Group provides leadership to facilitate the delivery of the strategy, reporting to our Quality Executive Group and the Trust Board.

Public Sector Equality Duty (PSED) – Objectives

Our Equality and Inclusion Strategy was approved by the Trust Board in June 2016. The seven goals of our Equality Strategy form our Public Sector Equality objectives as required by the Equality Act 2010. These are as follows:

1. Increase the representation of Black, Asian and Minority Ethnic (BAME) staff in (Agenda for Change) bands 7 and 8a-d, aiming for 20% representation at each of these grades. This reflects the Berkshire population.
2. Ensure there is no difference in perceptions of equal opportunity in career progression between white and BAME staff (as measured by our annual NHS Staff Survey).
3. Reduce harassment and bullying as reported by staff and in particular, BAME staff, in the annual NHS Staff Survey. 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 BAME and white staff.
4. Significantly improve the well-being of disabled staff and a reduction in the proportion of staff experiencing stress related illness.
5. Take a more robust approach to making reasonable adjustments for disabled people – in particular implementation of the NHS Accessible Information Standard.
6. Attain Top 100 Workplace Equality Index Employer status with a ranking in the top five health and social care providers.
7. Engage with diverse groups in particular Black, Asian and Minority Ethnic, Lesbian Gay Bisexual and Transgender, 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 Services.

Our strategy identifies four key target groups where there is evidence of inequity. Each target group has a dedicated Trust Board sponsor who maintains links with the relevant staff group and work-streams. Our target groups are as follows:

- Black, Asian and Minority Ethnic people
- Disabled people
- Lesbian, Gay and Bisexual people
- Transgender people

Locality and directorate Equality Improvement Plans are instrumental in the delivery of our Equality and Inclusion Strategy and our Equality Leads support their implementation. This has included the production of summary plans on a page highlighting action to address identified gaps. Progress is monitored every two months at Locality Equality Leads meetings and quarterly through the Diversity Steering Group. The Berkshire East (Bracknell Forest, Slough and Windsor, Ascot and Maidenhead localities) Equality Leads held a “Listening into Action” equality event on 5 December 2017 attended by around 60 staff, which produced 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 raising awareness of our approach to diversity and inclusion via the Trust's Diversity Road shows from April–September 2018. This aims to engage with staff at all levels. Trust Board members held a dedicated session on Diversity and Inclusion in July 2017 to further support greater understanding of inclusive leadership at senior levels.

In terms of the use of data, our new Equality Dashboard is being used successfully, enabling directorates and teams to easily review the NHS Staff Survey results, Learning and Development (training) data and BAME staff workforce profiles across grades and services. From late spring 2018, we will have the capability to report against our 2016 performance baseline. This is particularly useful in tackling perceptions of equal opportunities in career development, harassment and bullying, and experiences of stress.

During 2017-18, local action was complemented by corporate action in a number of strategic areas. For example, the Human Resources Equality Employment Plan 'Making It Right' was launched in October 2017. This focused on the first three goals of the Strategy – in particular workforce diversity. The Stonewall Workplace Equality Index Task and Finish Group led work on the Stonewall benchmark application. In January 2018, a new staff network, the Purple Network (those with lived experience of disability/mental ill health and carers of disabled people) was formed and integrated with our Time to Change programme. Goal 7 focusing on engagement, access and patient experience is being tackled in West Berkshire (Reading, West Berkshire and Wokingham localities) through the efforts of our dedicated engagement lead.

Public Sector duty and other specific reporting requirements

In line with the specific duties of the Equality Act 2010, we will publish our Equality Performance Report in July 2018 on the Trust website, following review by the Trust Board. It will set out in detail our performance against our equality objectives, access to our services, complaints, workforce statistics, staff learning and development opportunities, as well as the diversity of our NHS Foundation Trust Membership and Leadership. This publication is also required as part of our contract with Clinical Commissioning groups along with Equality Delivery System grades (below) and is monitored through our Quality Schedule.

In line with NHS England's requirements, we published data for the third Workplace Race Equality Standard (WRES) data submission on our website in August 2017. We also published data required as part of the public sector Gender Pay gap reporting by 30 March 2018 for the first time. We are currently preparing to report on the NHS Workplace Disability Equality standard in 2019.

Employment diversity summary

A summary of our overall workforce diversity is presented here with Trust membership diversity provided in other sections of this report:

As at 31 March 2018, the Trust employed 4,304 members of staff:

- 83.2% were female and 16.8% were male
- 22.6% of staff were from visible minority ethnic backgrounds, compared with 20% of the Berkshire population (2011 census); 9% were from non-British white backgrounds compared to 7% of the Berkshire population.
- 4.8% were disabled people compared with 7.7% of the workforce in the South East (Labour Force survey).

Table 1: Workforce Diversity

	Staff March 2017	Staff March 2018
Total	***(4,283)***	***(4304)***
16 – 25 yrs	6.9% (294)	6.4% (277)
26 – 35 yrs	21.3% (913)	21.7% (913)
36 – 45 yrs	25.1% (1,076)	25.4% (1094)
46 – 55 yrs	28.2% (1,209)	27.3% (1175)
56 – 65 yrs	16.5% (708)	17.4% (748)
66 plus yrs	2.0% (83)	1.8% (77)
White British	66.0% (2,826)	64.1% (2759)
White Other and Irish	8.5% (365)	9.0% (389)
Mixed	1.9% (82)	2.1% (92)
Asian or Asian British	9.8% (423)	10.2% (440)
Black or Black British	7.5% (323)	8.5% (364)
Other Ethnic Group	1.6% (67)	1.7% (74)
Not specified	4.7% (197)	4.3% (186)
Women	83.5% (3,578)	83.2% (3579)
Men	16.5% (705)	16.8% (725)
Not specified	-	
Disabled staff	4.7% (204)	4.8% (207)

In addition, figures reported as at 31 March 2018 show:

- 51.7% of our workforce identify themselves as Christian, 11.8% Atheist, 2.9% Hindu, 13.0% other religious beliefs, and 20.7 % do not declare;
- 1.9% (80) staff identify themselves as lesbian, gay or bisexual, 80.9% heterosexual, and 17.3% do not declare.

Senior Management and Leadership ethnic diversity

Senior Managers/Leaders As at 31st March 2018	**Gender**		**Ethnicity**		
	Male	**Female**	**White**	**Non-White Minority ethnic**	**Undisclosed**
Non-Executive Board (7)	57.1%	42.9%	71.4%	14.3%	14.3%
Executive Board (6)	66.7%	33.3%	83.3%	16.7%	
Directors (Locality, Clinical and other)	33.3%	66.7%	66.7%	20.0%	13.3%
Heads of service	12.8%	87.2%	89.7%	10.3%	
Senior managers (8c and above)	37.0%	63.0%	85.2%	7.4%	7.4%
Berkshire Healthcare staff (total headcount)	725	3,579	3,148	970	186

Equality impact

The Trust publishes equality analyses with corresponding policies. Trust Board papers also include an equality impact paragraph as part of the cover sheet to ensure that equality is taken into account in all Trust Board documentation.

NHS Equality Delivery System

The Trust uses the NHS Equality Delivery System (EDS2), a nationally recognised toolkit, to deliver fair outcomes for patients and communities, and fair working environments for staff from all protected groups. The Trust's Equality Panels last met in June 2016 to grade the Trust. In February 2018, West localities (Reading, Wokingham and West Berkshire) consulted with community stakeholders on our EDS grading process with a view to finding a way of systematically engaging with communities throughout the year on equalities issues rather than at a single point in time. The Trust's Community Equality Panels Staff and Expert Panel gradings are reviewed every three years with the grading exercise taking place in 2019.

The Trust's current EDS grades are shown in the grid below. Green is for 'achieving' and Amber 'developing', red is for 'no or limited' evidence.

Berkshire Healthcare's Equality Delivery System Grading

Goals and Outcomes of the EDS2 Toolkit			2013	2014/15	2016	Priority
Goal 1 **Better Health Outcomes**	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities			*Not graded this year*	
	1.2	Individual health needs are assessed and met in appropriate and effective ways				
	1.3	Transitions from one service to another, for people on care pathways are made smoothly with everyone well-informed				✓
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse				
	1.5	Screening, vaccination and other health promotion services reach and benefit all communities				
Goal 2 **Improved Patient Access and Experience**	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.				✓
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care				✓
	2.3	People report positive experiences of the NHS				
	2.4	People's complaints about services are handled respectfully and efficiently.				
Goal 3 **A representative and supported workforce**	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels				
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to fulfil their legal obligations				
	3.3	Training and development opportunities are taken up and positively evaluated by staff				

Goals and Outcomes of the EDS2 Toolkit			2013	2014/15	2016	Priority
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source				
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives				
	3.6	Staff report positive experiences of their membership of the workforce/health and wellbeing				
Goal 4 **Inclusive Leadership**	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations		*Not graded*	*Not graded*	
	4.2	Papers that come before the Board and other major committee identify equality-related impacts including risks, and say how these risks are to be managed	*New outcome*			
	4.3	Middle managers and other line manager support their staff to work in culturally competent ways within a work environment free from discrimination.				

Our current Equality Delivery System service priorities set with Community Equality Panels are as follows:

- Improve partnerships with the voluntary sector to maximise help available to patients during transitions, and improve communication for patients and carers at this time (with a focus on isolated people) (agreed at the East Localities Panel (Sough, Windsor, Ascot and Maidenhead and Bracknell Forest localities) in 2015)
- Better communication of information about services (adapted to the needs of minority communities i.e. BAME, people with a learning disability and deaf people in particular) and use of community assets/champions to promote services (agreed at the West Panel in 2015)
- Improve communication and community engagement with diverse groups with a particular focus on mental health services (agreed at the West Panel in 2016)
- Improve deaf service users' experiences across all services (agreed at the East Panel in 2016).

Priorities set by our staff equality panels are to improve the following EDS outcomes:

- EDS 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
- EDS 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.

Progress of the three themes of the Trust's Equality Strategy - Race Equality

Workforce Race Equality Standard (WRES)

We submitted our third WRES return in August 2017. In September 2017, we launched our *Making it Right* (MIR) pilot programme, the Trust's positive action initiative. This has now successfully trained and mentored a cohort of 20 BAME staff at Agenda for Change bands 5-7 over a three month period. The next stage of development includes piloting diverse recruitment panels at Band 7 and 8. Further

work is needed on turnover and career development staff at Bands 8b, 8c and 8d. Currently two members of staff are completing the NHS Leadership Academy Ready Now Programme aimed at senior BAME band 8 staff and a further member of staff has been accepted onto the new cohort starting in spring 2018.

The Trust's Black, Asian and Minority Ethnic (BAME) staff network membership now stands at over 200 members following the combined Black History Month and *Making it Right* conference (October 2017). The network is in the process of training members to sit on interview panels for a selection of Band 7 and 8 jobs to fulfil our commitment to diverse recruitment panels. Members have also attended mediation training sessions with a view to supporting BAME staff in the disciplinary and grievance process.

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.

The Trust continues to provide professional community language interpretation for non-English speakers as part of its core offer and re-tendered the contract for service provision this year.

Sexual Orientation Equality
Stonewall Workplace Equality Index

In January 2018, the Trust was ranked 107 out of 434 employers in Stonewall's Workplace Equality Index. This was an increase of 15 places in the overall ranking compared with last year, missing the Top 100 threshold by only 1.5 marks. The Trust is now ranked 8 out of 52 social and health care providers, an improvement of 3 places compared to last year.

Highlights of our work this year were the production of a clinical guidance document for staff working with transgender service users, available on our intranet site which covers inpatient and service issues of all kinds. We have also implemented changes to the patient database to facilitate appropriate recording of the status/name of transgender service users. This was launched via a post-card entitled 'Mr Ms Mx' and a video featuring one of our service users who cares for a transgender child in 2017.

Reading Pride ran successfully in September 2017 with good engagement activity through quizzes and give-aways, and our popular health-checks and Talking Therapy stall. The LGBT and Friends' staff network held an away day on 16 August 2017 identify priorities for the year ahead and a celebration event on October 2017 to thank Pride supporters. We continued to co-ordinate the Thames Valley LGBT+ workplace network which met three times in 2017-18 at Reading University. This promotes good employment practice among Thames Valley employers. We are now working with Support U to provide clinical supervision to their volunteer counsellors.

Disability Equality

In autumn 2017, the Disability Steering Group agreed a number of initiatives to further our strategy objectives around disability: a summary of policies/reasonable adjustment processes; a tool-kit for managers; support for the Government's Disability Confident Scheme; and the launch of a new staff network, the Purple Network. The Purple Network comprises disabled staff, staff with long-term conditions, including mental ill-health and carers and integrates the Time to Change programme approach. Following a successful launch meeting in January 2018, attended by over 40 staff facilitated by Kate Nash OBE, the Purple Network Co-Chairs and a Steering Group are now in place.

The Trust participated successfully in the fourth annual Time to Talk Day in February 2018 to raise awareness of Mental Health stigma in the workplace.

A small working group reviewing accessibility in service provision was established in February 2018 to ensure accessibility issues are dealt with appropriately. To date, 2,234 records exist which record patients' accessibility needs in the flagged format required by the NHS Accessibility Information Standard. This data was shared with Equality Leads and Locality Directors to stimulate improved reporting. The Trust continues to offer British Sign Language interpretation, finger spelling and alternative formats as part of its core service offer.

Register of interests

The Trust maintains a Register of Interests for all members of the Trust Board providing details of any Company Directorships and any other relevant significant business interests held that may conflict with any management responsibilities. This Register is published on the Trust's website or may be obtained by the public upon request to the Trust's Company Secretary.

Stakeholder relations

Berkshire Healthcare is part of two of the ten national Integrated Care Systems (ICS):

- Berkshire West
- Frimley Health and Care

This builds on our strong foundations of partnership working with our Commissioners, Acute and Primary Health Care colleagues, Local Authority and Voluntary Sector partners to deliver good quality services to local people and their families. The purpose of both ICSs is to:

- improve the health and wellbeing of a defined population, the experience of the people who use our services, as well as improving the outcomes of care and treatment
- improve the use of our collective resources as a whole system.

Berkshire West Integrated Care System is also part of the wider Berkshire West, Oxfordshire and Buckinghamshire (BOB) Sustainability and Transformation Partnership.

All of these arrangements include a range of specific initiatives that Berkshire Healthcare is contributing to. These include:

- Integrated Teams focussed on groups of GP Practices, delivering care and treatment in a more joined up way – particularly for People with Long Term Health Conditions
- Development of our Shared Care record
- Joint plans for use of our buildings, a shared approach to workforce planning and development of our support workforce

We have long standing working relationships with our key stakeholders, in all six of the Local Authority areas that we serve. Our Locality and Clinical Directors guide this work, which includes our participation in Health and Wellbeing Boards, Local Integration Groups and Local Authority Health Scrutiny arrangements.

Our Patient Experience and Engagement Group meets bi-monthly and has representation from all six Health Watch Groups in Berkshire, as well as Locality Services and Patient representatives. This

Group shares learning from patient involvement across the Localities. As a result of this work, the Localities have started to produce participation updates to the meeting. Slough, Reading and Children and Young People's Services have developed clear participation strategies and are implementing these.

"Co-creation" with patients, local stakeholders and our own staff has been central to the development of many of our strategic initiatives. These include the Zero Suicide Initiative, the development of our Emotionally Unstable Personality Disorder pathway and the review of our inpatient Accommodation at Prospect Park Hospital for Acute Mental Health patients.

We have undertaken a survey of the leaders of some of our key stakeholder organisations this year, and asked them about:

- how effectively we have engaged with them
- how they view our working relationship
- how they see us as System Leaders and how confident they are that we would act on feedback about our services

We were extremely pleased with the results of this survey – which showed 89% of ratings were very good or fairly good, and will use the comments provided to guide further work.

Julian Emms
Chief Executive
24 May 2018

OPERATING REVIEW AND SERVICE DEVELOPMENTS

Operational goals and priorities

The operational goals in 2017-18 were to support the delivery of the Trust's strategic plan by maintaining and improving service delivery, supporting strategic projects and working with partners to improve patient experience and outcomes.

Operational priorities for 2017-18 for each clinical service and locality are produced using a "plan on a page" which determines operational and service goals. These have been used to determine the key priorities and for cascade to front line staff and inclusion in operational managers objectives.

In addition, the following key service improvement programmes were prioritised:

- Introduction of the Quality Improvement programme
- Reduction in the use of Out of Area Placements
- Delivery of the Agency and Bank project
- Improvement of staff recruitment, retention and wellbeing
- Development of a Mental Health Strategy and mental health pathways
- Optimisation of Estates and improvement of clinical space
- Implementation of the Electronic prescribing and medicines management system
- Delivery of the Equality and Inclusion Strategy priorities and action plans

Service Review and Developments

Berkshire West Hosted Services

Perinatal Mental Health

The Berkshire wide Perinatal Mental Health Service has developed the range of services and interventions for women and their families across Berkshire who require intervention during pregnancy or in the first year post-partum. The 'Lived Experience' Group has grown in number and six of the members have talked about their lived experience to enhance the training we deliver. The Perinatal Team has contributed, alongside the individuals with lived experience, to regional awareness training delivered to nearly 200 individuals working with women during the perinatal period. The team have also delivered local training to Midwives, Health Visitors and supported the training of Health Visitor Nursery Nurses to deliver the maternal well-being interventions at the post-natal check.

The maternal wellbeing part of the Trust's safe and secure social network known as SHaRON (Support Hope and Recovery Online Network) and the Young Person's SHaRON Subnet, known as MOON have continued to grow during the past year. The Clinical Moderating Team is now supported by six women who have used MOON and who now act as Peer Moderators on MOON complimenting the Clinical Team offering peer support across the whole spectrum of perinatal disorders.

Berkshire West Inpatient Community Wards - Quality Management Improvement System (QMIS)

As part of the Trust's Quality Improvement Programme, Community Inpatient wards embarked on Quality Management Improvement System (QMIS) training in September 2017. Using quality

improvement methodology, the teams have been learning tools to deliver sustainable gains working from the front line of service delivery.

QMIS quality driven processes are continuing to be embedded into day to day operations, including Daily Status Exchange and Improvement Huddles. Communication Huddles commenced in early December 2017 with good staff engagement.

Wokingham Community Nursing

As part of our move towards an integrated Health and Social Care Service, CHASC (Community Health and Social Care) was launched on 31 October 2017. The aim is to provide a joined up long term Health and Social Care support for the residents of Wokingham. As a result, a new style Multi-Disciplinary Team was developed to support the needs of the top 10% of system users who are high risk or high intensity users. We have been able to review the needs of high intensity users within the new structure of the Multi-Disciplinary Team. As a result the appropriate services are on hand to discuss their needs and follow up with further intervention as required.

WestCall

WestCall is the Out of Hours Primary Care Service in West Berkshire. In addition to providing Out of Hours Primary Care to some 85,000 patients per year, the WestCall team also provides Out of Hours staffing to the Berkshire Integrated Hub, Out of Hours medical cover for Community Wards, 'in hours cover' for training in practice days held by Community based GPs, medical cover for patients receiving reablement treatment at the Willows Residential Home in Reading and the Thames Valley 111 telephone service.

Following a comprehensive review of the position and challenges facing the WestCall service, new 'non-medical' practitioner posts were introduced into the service to work alongside GPs. This allows multidisciplinary working within the service to provide greater capacity to meet demand and allow the service to be more robust and will allow the team to spend more time focussing on the quality impact of our care delivery.

Emergency Department GP Streaming

Towards the end of 2017, the Trust was asked to provide Primary Care Services at the Royal Berkshire Hospital's Emergency Department. All Acute Trusts have to offer services that allow patients with non-emergency symptoms to be managed by a Primary Care Clinician. This has had a positive impact on the flow of patients through the Emergency Department and has improved the patient experience as patients no longer have to wait up to four hours in the Emergency Department and instead are seen within 90 minutes at the Primary Care Unit.

Talking Therapies –Talking Health (IAPT)

Talking Therapies spent 2017 undergoing peer and service user review and were proud to be accredited by the the Accreditation Programme for Psychological Therapies Services Committee in October 2017.

Improving Access to Psychological Therapies (IAPT)-Long Term Conditions (LTC) Pilots

Our Talking Health teams have been part of NHS England funded National IAPT-LTC. This new service has received training to deliver NICE recommended psychological treatments for patients

who have both a Long Term Physical Health and common Mental Health problems. The pilots have involved co-working with Clinical Commissioning Groups, and Joint Steering Groups to set up new ways of working within GP practices. Results to date are very promising in terms of patient benefits and reducing health utilisation and will be published during 2018.

The pilots have focussed on Diabetes, Cardiac and Chronic Obstructive Pulmonary Disease pathways, but with continued funding as part of NHS England's Five Year Forward View for Mental Health, it is envisaged that the service scope will be extended. Co-working with Health Makers, Psychological Therapies in Nursing Care, Community and Specialist Nurses, social prescribing and disease pathways across all Social Care and Health systems has been a valuable part of service development.

Partnership working with Social Enterprise to facilitate a Recovery College in West Berkshire

Over the last 18 months, the West Berkshire Community Mental Health Team (CHMT) has been working closely with Recovery in Mind. Recovery in Mind is a social enterprise which delivers Mental Health courses. West Berkshire CMHT works in partnership with Recovery in Mind to deliver Recovery College courses to anyone living with Mental Health challenges in West Berkshire. Courses are designed to increase knowledge and understanding, and to improve confidence in self-managing personal Mental Health and Wellbeing. By gaining hope and taking back control, students become experts in their own recovery and can move on with their lives despite their challenges.

Learning Disability – Inpatient Services

Following the Care Quality Commission's inspection of the Campion Unit, our Inpatient service for People with Learning Disabilities, the service was rated "Good" across all of the Care Quality Commission's domains. The team at Campion have continued to work on developing the service, including increasing the range of activities that people are able to participate in and improving how we communicate with People with Learning Disabilities. The service has also continued to work towards accreditation by the Quality Network for Inpatient Learning Disabilities Services run by the Royal College of Psychiatry. In December 2017, following an external peer review, the Royal College Panel have approved the Campion Unit for accreditation – as a result of the service achieving all of the standards required.

Psychological Medicine Services: Frequent attenders Pathway

The Frequent Attenders Pathway is provided within the Psychological Medicine Service. The Frequent Attenders Pathway has been looking at patients who have frequently attended the Emergency Department since January 2016. The attendances include Physical Health, Mental Health, Social Needs, and medically unexplained symptoms. These patients might not necessarily have a care plan in place to address these needs. The aim is to identify the Top 20 attenders aged 16+ to Royal Berkshire Hospital Emergency Department each quarter and to implement appropriate indirect/direct interventions with the aim of reducing attendances in the following quarter.

Community Cardiac and Respiratory Specialist Service (CARRS)

Support Workers are now fully integrated rotational Cardiac and Respiratory Rehabilitation roles and so are able to support all of the services within CARSS. This has been achieved by developing a comprehensive competency framework for them to work within and putting on weekly training sessions on relevant aspects of Cardiac and Respiratory Disease care.

CARRS has continued to improve our collaborative working with Talking Therapies and now have a Therapist working with the team every Thursday morning. They are able to support the team to better manage patients at home with psychological interventions and are also able to see patients on a Thursday in clinic that the team have identified as requiring more input from a trained clinician. The service has also signed up to be a site for a National Research project called TANDEM (Tailored Intervention for Anxiety and Depression Management) in Chronic Obstructive Pulmonary Disease. This is due to start in April 2018 and will last a year with the aim of recruiting around 60-100 patients.

Research and Development

The Research and Development team have continued to recruit participants into high quality research studies over the course of the year. We have worked closely with the University of Reading to strengthen our research collaborations with them, integrating into the Thames Valley Clinical Trials Unit and moving onto the University site in the summer of 2017.

We have appointed a joint Chair of Neurodegenerative Medicine with the University of Reading and this appointment will help us to strengthen our dementia research for the future. We have continued to support the work of Professor Cathy Cresswell to deliver and grow research for children and young people across Berkshire and intend to further develop this collaboration in the coming year. Our Clinical Director received an award in the Research Champion category of the Thames Valley Health Research Awards, hosted by the National Institute for Health Research Clinical Research Network Thames Valley and South Midlands.

Berkshire East Hosted Services

Family Safeguarding Service

The Trust is part of the new Family Safeguarding Model being developed by Bracknell Forest Borough Council and West Berkshire District Council. Family Safeguarding builds upon new approaches in Children's Social Care, developed since 2014 in Hertfordshire. The approach is described as a whole system change to Child Protection Services, focusing on the Children and Families at the highest level of risk due to Domestic Abuse, Mental Health and Substance Misuse. The project is in its early stages of implementation with the expectation that the service will evolve over time, and that addressing the Mental Health of parents will have a positive impact on outcomes for vulnerable children.

ASSIST

ASSIST is the service in East Berkshire which supports people with emotional instability, through psychological, social and practical interventions. ASSIST specifically aims to reduce the amount of time people spend as in-patients with Mental Health Services, as a hospital stay can be unhelpful for this patient group.

Recovery Colleges

The Trust is commissioned to provide Recovery Colleges in two localities in East Berkshire. In Windsor, Ascot and Maidenhead, the Trust has been running the Opportunity Recovery College, since October 2017. The Recovery College provides a range of education and training opportunities to promote mental health and recovery. Some of the activities in the first few months of operation include courses in life skills such as budgeting and cooking to enable independence, support to access employment, access to a range of classes and opportunities for co-facilitation of courses.

In Slough, Hope College has now been running for three years. Newly introduced to the College is the 'Helping hands' volunteer course – this is a shorter and more streamlined version of the volunteer-ready induction course for our clients who may be cognitively affected by their mental ill health. All of these courses are either facilitated or co-facilitated by our volunteer Peer Mentors or they have been involved in the design of the session.

IMPACTT – Intensive Management of Personality Disorders and Clinical Therapy Team

Over the past year, IMPACTT has been rolling out evidence based therapy programmes across Berkshire for service users who would meet a diagnosis of Emotionally Unstable Personality disorder and present with current self-harm and chronic suicidal thinking and behaviours. A Dialectical Behaviour Therapy programme has now become available for all localities in Berkshire, offering weekly Skills Groups and individual therapy sessions, as well as access to telephone skills coaching in between therapy sessions in order to enable service users to embed their learning from therapy into their daily lives.

Psychological Interventions in Nursing and Community (PINC) Services

Following a successful pilot in 2016 in Windsor, Ascot and Maidenhead, Psychological Interventions in Nursing and Community Services was extended to the whole of East Berkshire in 2017 to provide therapy for people with long term conditions.

Macmillan Cancer Rehabilitation Project

As cancer is now becoming a long term condition, with the majority of patients successfully treated for their cancer, but often having to live with long term consequences – either from the emotional impact or as the result of the treatment, Macmillan funded a project to support such patients back into an active and fulfilling life. This team is a joint Berkshire Healthcare, Frimley Health and Royal Berkshire Hospital team. Due to its success, Macmillan has extended the funding for this project for another year.

East Berkshire Heart Failure Service

The Heart Failure Service for East Berkshire has received additional funding to support the increase of nursing staff to the service to manage the increase in demand for the service. This will enable the team to have robust cover across East Berkshire to support patients at home, reduce hospital admissions and length of stay in an acute hospital bed, through integrated working with our acute colleagues.

East Berkshire integrated Respiratory Team

The Commissioners have extended the funding for the integrated Respiratory Service within East Berkshire. This joint Team from the Trust and Frimley Health NHS Foundation Trust now delivers an in-reach community service six days a week, supporting patients with respiratory disease. The Pulmonary Rehabilitation sessions have been increased, enabling more patients with Chronic Obstructive Airways disease to have education and exercise programmes to increase their quality of life.

The nurses within the team actively manage all respiratory patients within the community which has had a good effect on reducing hospital admissions. In addition, Respiratory Nurses are based within Wexham and Frimley Park Hospitals to enable fast discharge of respiratory patients back to community settings

Diabetes Service

The Diabetes Service is working in partnership with both East and West Clinical Commissioning Groups who have received extra funding as part of the National Diabetes Treatment and Care Programme from NHS England for the financial year 2017/18 to help improve Diabetes care. This extra funding has been used to increase the number of Inpatient Diabetes Specialist Nurses at Wexham Park Hospital and the provision of specialist education sessions and clinics for people with Type 1 Diabetes in West Berkshire

In East Berkshire the service is working in partnership with Talking Therapies to help increase the uptake of structured education. People who do not contact the service to make an appointment to attend structured group education following a referral from their General Practitioner are contacted by a member of the Talking Therapies Team to discuss their referral and the importance of this. They are also signposted to other groups or other services as appropriate

Mobility

The East Berkshire Specialist Mobility Service provides a Service for Adults and Children from 12 months old upwards until end of life who have severe long term degenerative conditions which affect their mobility and who have associated postural challenges and require custom seating and supporting modular systems and specialised powered chairs. The service is offering assessments at Clinics, Special Needs Schools and in the home environment, working closely with Social Care and other Healthcare professionals.

Children, Young People and Families (CYPF) Developments

During 2017-18, we have been continued to develop our Children, Young People and Families service offer. The Trust is committed to providing an integrated, holistic health care offer to Children and Young people and their families. Having a county wide approach to CYPF has enabled the development of consistent service delivery within professions and services. Close working relationships with the Local Authorities continues to be important, not only for commissioning reasons, but also for work around Special Education Needs, Disability and Safeguarding.

Initial changes to our new, integrated CYPF Services went live on 2 May 2017. A new central point of entry into Children's Services (with the exception of Universal Services) was launched, with a dedicated multi-disciplinary triage team to ensure appropriate and timely response and interventions. One integrated, on-line referral form for CAMHS, Paediatricians (Berkshire East only), Specialist Nursing, Specialist Dietetic, Speech and Language Therapy, Physiotherapy and Occupational Therapy Services was also introduced on 2 May 2017.

CYPF Services also launched their new On-Line Resource for Children, Young People and Families. The On-Line Resource has been designed and created alongside our service users, parents, carers and fellow professionals in Education and Healthcare.

Child and Adolescent Mental Health service (CAMHS)

Child and Adolescent emotional wellbeing and mental health has remained an area of strong local and national focus through 2017/18. Our service leads have continued to work collaboratively with local partners to progress the development and implementation of plans to transform local services and achieve the targets set out in NHS England's Five Year Forward View for Mental Health.

Short-term investment in 2016/17 to pilot models of CAMHS crisis provision demonstrated significant benefits in year, including, a more rapid response to young people presenting to Emergency Services, reduced waiting times for assessment, reduced admissions to both Paediatric

and Tier 4 Mental Health beds and more rapid throughput resulting in fewer occupied bed days. Sustained funding for this service was obtained in 2017/18 and the team are now working with system partners to learn from frequent presenters to the Emergency Department and enhance crisis prevention.

Eating Disorder Service CAMHS

The Community CAMHS Eating Disorders Service is now well-established and delivering high quality evidence based interventions, including in-reach to the Acute Paediatric wards where required. The service has seen significantly more referrals than anticipated and discussions about how to manage the high level of demand alongside the national access and waiting times standards are being held with the Commissioners.

CAMHS received additional investment into the Eating Disorders Service to ensure a quality service meeting NICE guidelines could be provided. There is a Duty Worker available 9-5 Monday to Friday, providing daily triage of referrals following initial triage in the Children and People and Families Health Hub, consultation and advice to service users and professionals and urgent assessments. There is a hub and spoke model with two main hubs (St Marks Hospital, Maidenhead and Lower Henwick Farm, Newbury) with locality based 'spokes'. The highly specialist interventions (Assessments, Consultant appointments, Family Therapy, Cognitive Behavioural Therapy Groups) are delivered from the main hubs with family based treatment being delivered in all six localities.

The main focus of 2018 is for the Adult and CAMHS Eating Disorders Services to combine to form one integrated lifespan Eating Disorders Service. Improving patient experience is the driving force for the initiative and to ensure seamless continued care for the many patients who present with Eating Disorders across the transition age between CAMHS and Adult Services.

The Berkshire Adolescent Unit (Willow House)

The Berkshire Adolescent Unit known as Willow House is now fully functioning as a nine bedded service providing Tier 4 beds nationally. There has been a recruitment drive which has resulted in appointments to key posts ensuring consistency for Young People and their Families and a reduction in reliance on Agency Staff. The team have developed the service significantly, working with the Young People to ensure that they have opportunities to influence the delivery model. The developments in the service have resulted in a reduction in the average length of stay on the Unit and positive feedback from the Young People.

Universal Services

Our Health Visiting and School Nursing Services have been involved in a large number of tenders and we have retained the service provision across the West of Berkshire and Bracknell. Services were retained through the development of a new leaner model extending the use of skill mix with a robust competency framework and training to support the staff alongside the Duty Health Visitor. In addition, there has been a new model of delivery devised within School Nursing in Reading to enable the team to offer consistent proactive health promoting interventions to young people alongside the safeguarding caseload.

East and West Berkshire Health Teams for Looked after Children

Following a service redesign, the East and West Berkshire teams for Looked after Children have united into one service under one Head of Service. This has meant a consistency in service across Berkshire and for the six Local Authorities, children and their carers. Patient engagement has been

an integral part of the service redesign and Looked after Children and Care Leavers have been pivotal in developing the new Health Passport for Young People leaving Care.

The service has coordinated a Looked after Children Nurse Forum with representatives from Surrey, Hampshire, Middlesex, Milton Keynes, Oxfordshire and Buckinghamshire. This has enabled the service to share best practice and undertake peer review against the services and innovations being offered by our neighbouring teams. Within the Trust, the health assessment forms have been incorporated onto Rio (electronic patient record system) which has reduced the previous duplication and has been well received by staff.

Patient experience

Since quarter four 2012-13 compliments have been routinely reported directly by services through the web based Datix system. This is a way of sharing good practice and praise through our localities and across the organisation. The system continues to be developed, following feedback from our staff to capture a variety of compliments, including people verbally saying thank you, as well as gestures such as flowers and cards, and with implementation of a batch upload option for multiple compliments. 4,784 compliments were reported during 2017-18; this is a decrease from 5,950 in 2016/17, and a sustained increase from 4,620 reported in 2015-16.

Our online web system is used to log concerns that have been dealt with at a local level; referred to as local resolution continues to be supported by the Patient Experience Team, with information provided to our Clinical Directors via a real time dashboard. This is an additional tool for measuring quality, before the escalation to a more formal complaint and is driven by our front line services resolving concerns effectively, with support and training available from the Complaints Office and wider Learning and Development department.

The number of formal complaints received about the Trust remained consistent with 2016-17, with 209, a reduction from 218 in 2015-16 and 244 in 2014-15. The Trust actively promotes feedback as part of 'Learning from Experience' within the Complaints Office and includes activities such as enquiries, services resolving concerns informally, and responding to the offices of Members of Parliament who raise concerns on behalf of their constituents.

Throughout 2017-18, our patient experience team have continued to support people investigating complaints to maintain contact with complainants and we have consistently achieved response rates of over our 85% target, as shown in the table below:

Q1 Cumulative	Q2 Cumulative	Q3 Cumulative	Q4 Cumulative
100%	100%	100%	100%

We have achieved a sustained response rate of 100% of our formal complaints responded in a timescale agreed with our complainants for two consecutive financial years which is a fantastic achievement.

Our complaint handling and response writing training which is available to staff has continued to be rolled out on a bi-annual basis across the different localities, in addition to bespoke, tailored training for specific teams e.g. CAMHS and early in 2018/19, our Medical Staffing Committee.

The NHS Friends and Family Test (would you recommend us) gives an opportunity for patients and people who care for them, to share their views in a consistent way across the Health Service. We have embraced this further as part our Quality Improvement Programme key strategic goals known as "Trust North".

We continue to offer the Friends and Family Test to carers, as we recognise that the experience of people in our services may be very different to the experience of the crucial people who care for them, and we are committed to ensuring that this is as positive as possible.

An overview of our Friends and Family Test activity for 2017/18 is below:

Timeframe	Response Rate
Q1	7.04%
Q2	9.63%
Q3	6.81%
Q4	11.25%

Service	Year	%
West Berkshire Minor Injury Unit	2017/18	98
Slough Walk In Health Centre – Walk In Centre (up to September 2017)	2017/18	93
Annual	2017/18	98
	2016/17	95
	2015/16	91

	Year	%
Community Hospital Inpatients	2017/18	97
	2016/17	95
	2015/16	94
Mental Health Inpatients	2017/18	67
	2016/17	74
	2015/16	70
Community mental health and physical health combined	2017/18	96
	2016/17	97
	2015/16	95

Our quarterly patient experience report now includes benchmarking information on how we compare to other local Trusts on both the response rate to the Friends and Family Test and the percentage recommendation to a friend.

The Patient Experience and Engagement Group is a sub group of our Safety, Experience and Clinical Effectiveness Group and meets quarterly to review complaint themes (including action plans from the Parliamentary and Health Service Ombudsman), action plans arising from "deep dive" surveys and acts as a forum for shared learning across the organisation. The group invites Governor Representation, has regular Carer and Patient representatives, and merged with the separate Healthwatch meeting during 2017/18.

We have historically had a process where we review all complaints where a patient has died, every three months to see if there are elements of end of life care that can be improved, as well as sharing good practice across the Trust. This has developed further, with our complaints process and Mortality Review Group having a direct link to ensure that any complaint where a patient has died is reviewed.

An external review of our Patient Advice and Liaison Service and complaints process carried out by the Clinical Commissioning Group as part of our Quality Schedule highlighted good practice, as well as an open approach to hearing and learning from feedback across the organisation. Specifically, the review highlighted strong leadership, development opportunities for staff and good team working.

We continue to promote Patient Leaders within the Trust. Our current Patient Leaders are engaging with the Quality Improvement team and are engaged in work around improving access to activities in the community for carers in Bracknell. The third Patient Leader has unfortunately contacted the Trust following completion of training to say that they could no longer be involved due to other commitments.

There is a dedicated Patient Experience Volunteer based at St Marks Hospital, who received further training to be able to support activities and patients on the ward and in services, in addition to collecting feedback.

Over the past 12 months, the Patient Experience team has co-developed a Patient and Public Involvement Champion role within the Children, Young People and Families locality. Participation representatives from the services act as champions for service user feedback and participation. The champion role provides opportunities for passionate and enthusiastic staff, at all levels, to play an active role in generating a positive focus towards the progression of service user feedback and participation, with direct support from both their peers and corporate services.

Looking ahead

We are pro-actively co-facilitating the Patient Leadership Programme more with the Royal Berkshire NHS Foundation Trust who have led the training, and as such, are moving towards sharing opportunities to be involved in projects across both Trusts more openly across both organisations.

We will continue to review the way we manage complaints, and look outwards at how we can efficiently facilitate and learn from multi-agency working and share learning both within and outside our organisation.

We have signed up to be part of the NHS England 'Always Events' programme, which works by actively seeking understanding and feedback from patients and carers to identify and implement behaviours and experiences that should always happen.

We will further roll out the opportunity for Patient and Public Involvement Champions.

We will have a dedicated member of the Patient Experience Team who will support Prospect Park Hospital with collecting feedback and promoting participation.

ACCOUNTABILITY REPORT

Directors' Report

The Board of Directors comprises five Executive Directors and six Non-Executive Directors, plus the Chair and Chief Executive of the Trust. The Chair and the Non-Executive Directors are appointed for a three year terms of office by the Council of Governors. At the end of the three year term of office, the Council of Governors can re-appoint the Chair and the Non-Executive Directors for a further three year term of office.

Up until December 2016, formal meetings of the Board of Directors were held every month (except August). Following the Board's evaluation of its effectiveness in October 2016, it was agreed that the Board needed more time to discuss strategic issues and therefore from January 2017, the formal public Board of Directors meets seven times a year and holds four private discursive meetings. At the formal public Board meetings no business can be conducted unless at least one third of Directors are present, including at least one Executive Director and one Non-Executive Director. Board meetings are held in public.

The Board is responsible for the exercise of the powers and the performance of the NHS Foundation Trust, for setting strategy, following discussion with the Council of Governors, for ensuring the provision of safe, high quality services, for ensuring the highest level of corporate governance and for ensuring the Trust operates an effective process for the management and mitigation of risk. The Non-Executive Directors are 'held to account' for the performance of the Board by the Council of Governors. The Board meets formally with the Council twice a year and Governors normally meet Non-Executive Directors on a further two occasions each year. Executive Directors routinely attend Council of Governor meetings and the Chief Executive presents to Council a quarterly performance report covering key aspects of the Trust's performance, both financial and service related.

During the year, Mark Lejman, Non-Executive Director stood down. As a consequence, the Council of Governors undertook an externally professionally supported national recruitment campaign to secure a high calibre successor. The Council of Governors Appointments and Remuneration Committee is chaired by the Chairman and includes two public governors, a staff governor and a partnership governor. The independent recruitment consultant provided professional advice to the Committee and was in attendance at the interview panel, but did not have a vote.

As part of the selection process, the Committee reviewed the skills, experience, gender and ethnicity of the current members of the Trust Board and took account of the views of the Executive Team and Non-Executive Directors and agreed that a Non-Executive Director with a strong background in finance would best meet the Trust's requirements.

Following a recruitment process, the Council's Appointments and Remuneration Committee were able to interview a number of candidates and were delighted to be able to recommend to the full Council the appointment of Naomi Coxwell as a Non-Executive Director to replace Mark Lejman. Council approved the recommendation and Naomi Coxwell took up her appointment on 13 December 2017. During the year the Executive team has remained unchanged.

Directors in post during 2017-18 are shown in the following table:

Name	Position	From	To
Martin Earwicker	Chair (Non-Executive Director)	01.12.16	30.11.19
Mark Lejman	Non-Executive Director	13.12.10	12.12.17
Naomi Coxwell	Non-Executive Director	13.12.17	12.12.20
David Buckle	Non-Executive Director	01.06.15	31.05.18
Mark Day	Non-Executive Director	01.09.16	31.08.19
Chris Fisher	Non-Executive Director	01.10.14	30.09.20
Ruth Lysons	Non-Executive Director	01.11.13	31.10.19
Mehmuda Mian	Non-Executive Director	01.06.15	31.05.18
Julian Emms	Chief Executive	01.03.05	N/A
Alex Gild	Chief Financial Officer	01.04.11	N/A
Minoo Irani	Medical Director	14.07.16	N/A
Helen Mackenzie	Director of Nursing and Governance	23.04.12	N/A
Bev Searle	Director of Corporate Affairs	01.10.12	N/A
David Townsend	Chief Operating Officer	01.01.13	N/A

Board assessment and review

The Board commissioned an independent consultancy firm, Ernst and Young Global Ltd (EY) to conduct an external Governance review during 2015-16. EY had no other connection with the Trust. The Board was satisfied that this review and other audit activity demonstrated it had an effective system of internal controls. EY made a number of recommendations to further enhance the Trust's governance arrangements. The Trust developed an action plan to address each of the recommendations and the September 2016 Board meeting agreed that the actions had been implemented and approved the closure of the action plan.

The Chair and the Non-Executive Directors hold quarterly meetings without the Executive Directors present. In addition, the Non-Executive Directors hold an annual meeting without the Chair present, chaired by the Senior Independent Director.

Members of the Board undertook a self-assessment Board effectiveness survey in September 2016. The results of the exercise were discussed at the Board's Strategic Planning Away Day in October 2016. The key area identified for improvement was that more time needed to be allocated to discuss strategic developments. As mentioned earlier, this resulted in reducing the number of Public Board meetings by four and using these meetings as private discursive meetings. The Board reviewed the meeting arrangements as part of its annual review of effectiveness in October 2017 and confirmed that the discursive meetings provided a useful opportunity to discuss strategic issues in more depth.

In January 2018, the Trust conducted an internal self-assessment against NHS Improvement's Well-Led Development Framework. The Trust identified a number of areas for further development, including developing a three year strategy document, presenting the quarterly Quality Concerns paper to the Trust Board as well as to the Quality Assurance Committee and developing visual performance management as part of the Trust's Quality Improvement Programme work. An action plan has been developed to address the gaps identified and was approved at the February 2018 Trust Board meeting.

Focus on quality

In April 2017, the Trust launched its Quality Improvement Programme which will enable the organisation to apply a consistent approach to continuous improvement by developing the ability of each and every staff member to become problem solvers and make improvements to the way we deliver care for our patients.

Quality of service and patient experience remain top priorities for the Board with quality being set at the top of the Trust Board's agenda each month. Directors continue to make Board visits to services with one report normally being spotlighted and discussed at each Trust Board meeting. Similarly, Directors continue to be involved in the 15 Steps Challenge programme.

The Quality Executive Committee, chaired by the Chief Executive meets monthly to review quality related issues, such as serious incidents, quality concerns and the minutes of the locality and service monthly Patient, Safety and Quality meetings. The Quality Assurance Committee, which meets quarterly, continues to provide an opportunity for Non-Executive and Executive Directors to debate and scrutinise the Trust's quality strategy, processes and performance in greater depth and to provide a forward-looking perspective on the quality agenda.

The Trust's latest comprehensive inspection by the Care Quality Commission took place in December 2015. The Trust received an overall rating of "Good" and developed an action plan to address service areas where the inspection resulted in a "requires improvement" rating. The Care Quality Commission re-inspected those services which required improvement in December 2016. On 27 March 2017, the Care Quality Commission published the results of the focused inspection and found that the services had addressed the compliance issues raised during the December 2015 comprehensive inspection. Following the re-inspection, the Trust as a whole has been rated as 'good' across all domains (caring, effective, responsive, safe and well-led). The Trust is committed to achieving an 'Outstanding' rating when the Trust is inspected during 2018.

More information about the Trust's quality objectives and achievements can be found in the separate Quality Accounts Report.

NHS Foundation Trust Code of Governance compliance

Berkshire Healthcare NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a "comply or explain" basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Modern Day Slavery Statement

This statement is made pursuant to Section 54 of the Modern Slavery Act 2015 and sets out the steps that Berkshire Healthcare NHS Foundation Trust has taken, and is continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business or supply chain during the year ending 31 March 2018.

Modern slavery encompasses slavery, servitude, human trafficking and forced labour. Berkshire Healthcare has a zero tolerance approach to any form of modern slavery. We are committed to acting ethically and with integrity and transparency in all business dealings and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the business or our supply chain.

Our Policies on Slavery and Human Trafficking

Berkshire Healthcare is aware of our responsibilities towards patients, service users, employees and the local community and expects all suppliers to the Trust to adhere to the same ethical principles. We are committed to ensuring that there is no modern slavery or human trafficking in our supply chains or in any part of our business. Our internal policies replicate our commitment to acting ethically and with integrity in all our business relationships.

Standard NHS Contracts and the Trust's contract specifications contain a provision around Good Industry Practice to ensure each supplier's commitment to anti-slavery and human trafficking in their supply chains; and that they conduct their businesses in a manner that is consistent with Berkshire Healthcare's anti-slavery policy. In addition, an increasing number of suppliers are implementing the Labour Standards Assurance System (LSAS) as a condition of contract for tenders within high risk sectors and product categories and indeed this has been referenced in the Government's Modern Slavery Strategy. Many aspects of the LSAS align to the seven reporting areas that the Government has outlined and should appear within any slavery and human trafficking statement.

We operate a number of internal policies to ensure that we are conducting business in an ethical and transparent manner. These include:

- **Recruitment policy** - We operate a robust recruitment policy, including conducting eligibility to work in the United Kingdom checks for all directly employed staff. Agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff, to safeguard against human trafficking or individuals being forced to work against their will
- **Equal Opportunities** - We have a range of controls to protect staff from poor treatment and/or exploitation, which complies with all respective laws and regulations. These include provision of fair pay rates, fair terms and conditions of employment, and access to training and development opportunities
- **Safeguarding policies** - We adhere to the principles inherent within both our safeguarding children and adults policies. These are compliant with the Berkshire multiagency agreements and provide clear guidance so that our employees are clear on how to raise safeguarding concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain.
- **Whistleblowing policy** - We operate a whistleblowing policy so that all employees know that they can raise concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisals.
- **Standards of business conduct** - This code explains the manner in which we behave as an organisation and how we expect our employees and suppliers to act.

Our approach to procurement and our supply chain includes:

- Ensuring that our suppliers are carefully selected through our robust supplier selection criteria/processes
- Requiring that the main contractor provides details of its sub-contractor(s) to enable the Trust to check their credentials
- Randomly request that the main contractor provide details of its supply chain
- Ensuring invitation to tender documents contain a clause on human rights issues
- Ensuring invitation to tender documents also contains clauses giving the Trust the right to terminate a contract for failure to comply with labour laws

- Using the standard Supplier Selection Questionnaire that has been introduced (which includes a section on Modern Day Slavery)
- Trust staff must contact and work with the Procurement department when looking to work with new suppliers so appropriate checks can be undertaken.
- Supplier adherence to our values. We are zero tolerant to slavery and human trafficking and thereby expect all our direct and indirect suppliers/contractors to follow suit.
- Where it is verified that a subcontractor has breached the child labour laws or human trafficking, then this subcontractor will be excluded in accordance with Regulation 57 of the Public Contracts Regulations 2015. The Trust will require that the main contractor substitute a new subcontractor.

Training

Advice and training about modern slavery and human trafficking is available to staff through our mandatory safeguarding children and adults training programmes, our safeguarding policies and procedures, and our safeguarding leads. It is also discussed at our compulsory staff induction training. We are looking at ways to continuously increase awareness within our organisation, and to ensure a high level of understanding of the risks involved with modern slavery and human trafficking in our supply chains and in our business.

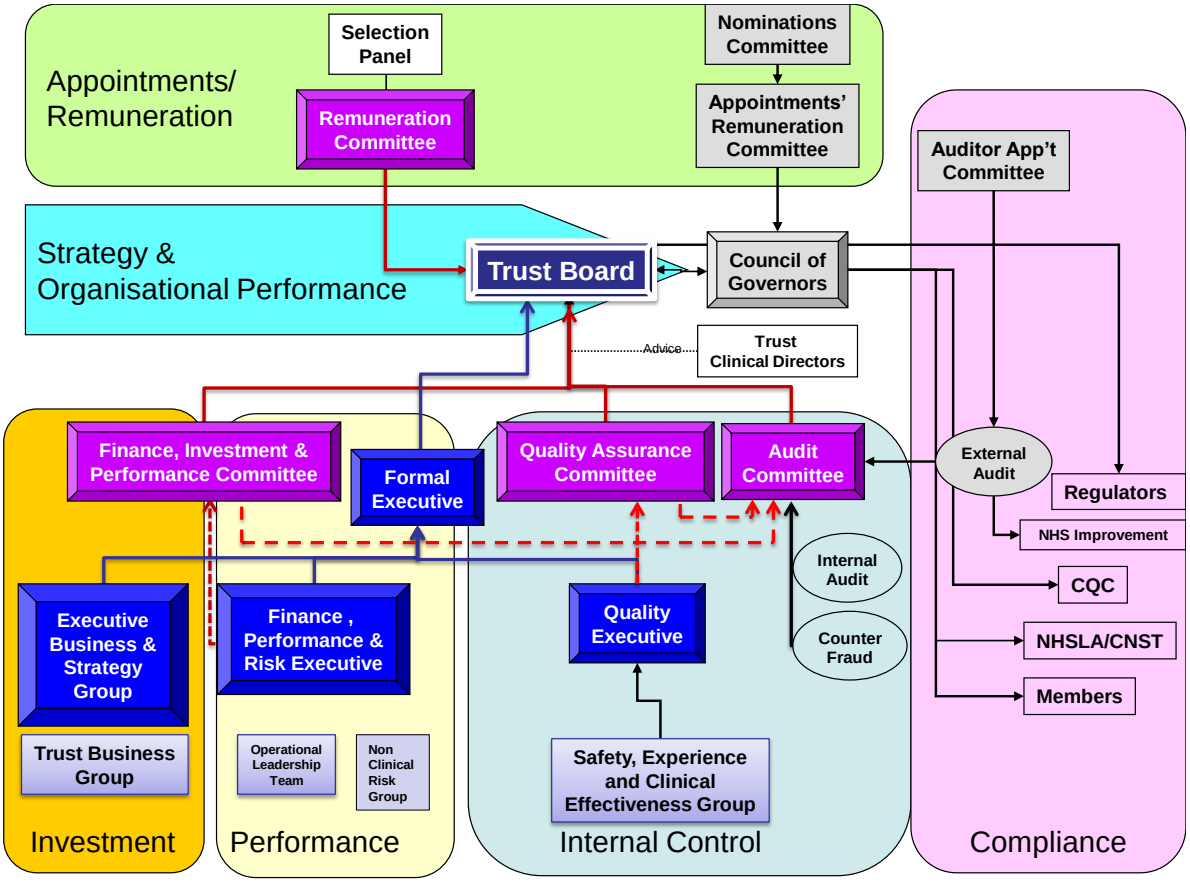
Our Performance Indicators

We will know the effectiveness of the steps that we are taking to ensure that slavery and/or human trafficking is not taking place within our business or supply chain if there are no reports received from our staff, the public, or law enforcement agencies to indicate that modern slavery practices have been identified.

Governance framework

The Trust operates a comprehensive structure and reporting arrangements which facilitate robust governance throughout the organisation involving the Council of Governors, the Board of Directors and various committees.

The diagram overleaf provides a view of the high level governance and reporting arrangements that were in place during 2017-18 to provide appropriate governance and assurance.



The effectiveness of the Trust's governance arrangements is regularly assessed, including through internal and external audit. The Board places great emphasis on the achievement of high quality services and uses a number of sources of information to monitor and triangulate performance and to provide robust assurance. The Board receives a detailed performance assurance report at each meeting which presents information across the whole spectrum of the Trust's activity with particular reference to quality measures. This report is scrutinised further on behalf of the Board by the Finance, Investment and Performance Committee.

Streams of assurance on quality include internal and external audit activity, patient and staff satisfaction surveys, quarterly patient experience reports to the Trust Board, visits to clinical services conducted by Board Directors and by Governors via their Quality Assurance Group work programme. Reports are also received on subjects such as compliments and complaints, learning from deaths, serious incidents requiring investigations (including details of any lessons learned), infection prevention and control and compliance with Care Quality Commission regulations. These and other information sources are used to provide assurance to the Board in relation to its duty to provide regular declarations on quality to NHS Improvement.

Each locality area within the Trust has a nominated Clinical Director who is responsible for maintaining a focus on local quality issues and for ensuring that best practice is identified and shared across the organisation. This is supported by the corporate governance arrangements in place and by the patient safety function which undertakes activity to monitor the Trust's compliance with the Care Quality Commission's regulations.

Quality thrives within a culture of openness and trust and during 2017-18 the Trust continued its major staff engagement initiative *Listening into Action* aimed at stimulating a more engaged dialogue between staff and managers and leading to greater empowerment of frontline staff. In

addition, the Trust has successfully introduced an organisational Quality Improvement Programme which will enable us to apply a consistent approach to continuous improvement by developing the ability of each and every staff member to make improvements to the way we deliver care for our patients.

There is more information about the Trust's approach to quality in the detailed Quality Report which features as part of this document.

The Trust operates fully in compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5: Fit & Proper Persons and all Directors are required to meet these requirements and to declare such annually. In addition, in the case of all new Directors, appropriate checks are made in accordance with the fit and proper person regulations before an appointment can be confirmed. In addition, upon appointment, members of the Trust Board are required to sign the Board's Code of Conduct which reflects the high standards of probity and responsibility which is required of all Board members.

In line with constitutional requirements, the Trust maintains a register of interests for Directors which is available on the Trust's website or from the Company Secretary. The Company Secretary attends the Trust Board and its Sub-Committee meetings and produces detailed minutes of the discussions. Any individual concerns about a proposed course of action would be recorded in the minutes in line with requirements of the NHS Foundation Trust Code of Governance.

The attendance of Directors at Board and Board Committee meetings is shown below and biographical information for all Directors in post during the year is also provided.

Trust Board Committees

During 2017-18 the Trust Board had five standing committees that helped it discharge its duties.

Audit Committee

The Audit Committee, comprising only Non–Executive Directors is responsible for making sure the Trust governs itself well by concluding on the adequacy of the Trust's systems of internal control and its assurance framework. The main role and responsibilities are set out in the terms of reference approved by the full Trust Board, which are consistent with national guidance.

These responsibilities include:

- monitoring the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance, and reviewing significant financial reporting judgements contained in them;
- reviewing the Trust's internal financial controls and the internal control and risk-management systems;
- monitoring and reviewing the effectiveness of the Trust's internal audit function;
- reviewing and monitoring the external auditor's independence and objectivity, and the effectiveness of the audit process, taking into consideration relevant requirements;
- monitoring progress and output from the Trust's clinical audit activity.
- Reviewing the annual clinical audit plan.

In addition, the Audit Committee has a new responsibility to review the findings from the annual audit of the mortality review processes in the Trust.

The Audit Committee has met these responsibilities by:

- Overseeing internal audit, counter fraud and external audit services by:
    - reviewing the audit and counter fraud strategies and annual plans;
    - receiving progress reports;
    - considering the major audit findings and management's responses;
    - holding discussions with internal and external audit;
    - ensuring co-ordination between external and internal auditors;
    - reviewing the external audit management letter;
    - reviewing clinical audit summary reports.
- Reviewing and monitoring compliance with standing orders and standing financial instructions;
- Monitoring and advising the Trust Board on the Trust's Board Assurance Framework and Corporate Risk Register;
- Reviewing schedules of losses and compensations;
- Reviewing the annual accounts of the Trust before submission to the Trust Board and Charitable Funds Trustees, focusing particularly on:
    - changes in and compliance with accounting policies and practices
    - major judgmental areas
    - significant adjustments resulting from the audit
- Receiving and reviewing minutes from the Finance, Investment and Performance Committee and the Quality Assurance Committee;
- Ensuring that both internal and external auditors have full, unrestricted access to all the Trust's records, personnel and the Audit Committee members.

The Audit Committee reviewed financial and operating performance and compliance against national and regulatory standards. The Committee's review was supported by reporting from the Chair of the Finance, Investment and Performance Committee.

In depth reviews of strategic and operational risks have further supported the Committee's understanding and review of the key issues facing the Trust. In relation to compliance with Care Quality Commission's standards, the Committee receives the minutes of the Trust Board's Quality Assurance Committee and the Quality Executive Group.

During 2017-18, there were no significant issues considered by the Committee in relation to the Trust's financial statements. The continuing effectiveness of both the internal and external auditors is monitored by the Committee, as is the Committee's own effectiveness through self-assessment against best practice standards.

The Audit Committee also considers the key risks identified by the External Auditor and uses its resources and the internal audit programme to provide assurance around the following key areas: recognition of NHS revenue, property valuation and management override of controls.

Auditor's Independence

The Trust requires its Auditors to demonstrate the policies and procedures they use to ensure they remain independent while carrying out their duty. During 2017-18 Deloitte's remit was to undertake external audit work and provided assurance on the Quality Accounts.

Finance, Investment and Performance Committee

The Finance, Investment and Performance Committee, comprising both Non-Executive and Executive Directors is responsible for reviewing financial and operational performance and for

reviewing and providing expert comment on all significant financial investment and disinvestment decisions. They also scrutinise reporting on safe staffing and business development activity.

Quality Assurance Committee

This Committee provides a forum for detailed scrutiny and consideration of the Trust's quality agenda. Comprising both Non-Executive and Executive Director membership, the Committee obtains assurance on behalf of the Board on the quality of clinical services. This includes reviewing the quarterly reports on the Learning from Deaths and receiving the Guardians of Safe Working Hours of Doctors and Dentists in Training reports.

Remuneration Committee

The Remuneration Committee, comprising Non-Executive Directors, considers the terms and conditions of appointment of the Chief Executive and Executive Directors. More information about Non-Executive and Executive Director remuneration can be found in the Remuneration Report later in this report.

The Remuneration Committee should not be confused with the Council of Governors Appointments and Remuneration Committee, which considers the appointment and conditions of Non-Executive Directors.

Attendance at Board meetings and Committees 2017/18

Board Meetings

Name	Position	Meetings attended/possible*
Martin Earwicker	Chair	10/11
David Buckle	Non-Executive Director	09/11
Naomi Coxwell	Non-Executive Director from 13 December 2017	03/03
Mark Day	Non-Executive Director	11/11
Chris Fisher	Non-Executive Director	11/11
Mark Lejman	Non-Executive Director (Vice Chair) until 12 December 2017	8/8
Ruth Lysons	Non-Executive Director (Senior Independent Director and Vice Chair from 13 December 2017)	11/11
Mehmuda Mian	Non-Executive Director	07/11
Julian Emms	Chief Executive	11/11
Alex Gild	Chief Financial Officer	11/11
Minoo Irani	Medical Director	11/11
Helen Mackenzie	Director of Nursing & Governance	11/11
Bev Searle	Director of Corporate Affairs	11/11
David Townsend	Chief Operating Officer	09/11

Includes attendance at both the Public Trust Board meetings and four private discursive meetings.

Audit Committee Meetings

Name	Position	Meetings attended/possible
Chris Fisher (Chair)	Non-Executive Director	05/05
Mark Lejman (until 12 December 2017)	Non-Executive Director	01/04
Naomi Coxwell (from 13 December 2017)	Non-Executive Director	01/01
Mehmuda Mian	Non-Executive Director	02/05
Mark Day	Non-Executive Director	03/03

Finance, Investment and Performance Committee Meetings

Name	Position	Meetings attended/possible
Naomi Coxwell (Chair) from 13 December 2017	Non-Executive Director	03/03
Chris Fisher	Non-Executive Director	01/01
Mark Day	Non-Executive Director	09/09
Mark Lejman (Chair) until 12 December 2017	Non-Executive Director	06/07
Ruth Lysons	Non-Executive Director	08/09
Julian Emms	Chief Executive	08/09
Alex Gild	Chief Financial Officer	09/09
David Townsend	Chief Operating Officer	07/09
Debbie Fulton	Deputy Director of Nursing	06/09

Remuneration Committee Meetings

Name	Position	Meetings attended/possible
Mark Lejman (Chair) *until 12 December 2017*	Non-Executive Director	01/01
Mark Day (Chair) *from 13 December 2017*	Non-Executive Director	00/00
Martin Earwicker	Non-Executive Director	01/01
David Buckle	Non-Executive Director	01/01
Julian Emms	Chief Executive	01/01

Quality Assurance Committee

Name	Position	Meetings attended/possible
Ruth Lysons (Chair)	Non-Executive Director	04/04
David Buckle	Non-Executive Director	03/04
Mehmuda Mian	Non-Executive Director	02/04
Julian Emms	Chief Executive	04/04
Minoo Irani	Medical Director	04/04
Helen Mackenzie	Director of Nursing and Governance	03/04
David Townsend	Chief Operating Officer	01/04

All Board Committees are supported by the Company Secretary and such other senior personnel as required.

Board members

Martin Earwicker – Chair

Martin Earwicker became Chair of Berkshire Healthcare NHS Foundation Trust in December 2016, prior to this he was Vice Chair of Dorset County Hospital NHS Foundation Trust. He retired from being Vice Chancellor of London South Bank University in 2013. Before this he was Director and Chief Executive of the Science Museum Group. However, his main career was in scientific research working for the Ministry of Defence interspersed with senior appointments in Whitehall; for the last five years of which he was Chief Executive of the Ministry of Defence's research laboratories, the Defence Science and Technology Laboratory.

In addition to his interest in health, he is a keen supporter of Further Education colleges, and has been chair for more than six years each of two Further Education colleges: Tower Hamlets College in the east end of London serving a particularly disadvantage community, and Farnborough College of Technology, which he still chairs. He is also a Trustee of his local Citizens Advice Bureau.

He read Physics at Surrey University graduating in 1970. He was appointed a Fellow of the Royal Academy of Engineering in 2000 and has been a vice president of the Academy, and was awarded an Honorary Doctorate of Surrey University in 2009. He is an Emeritus Professor of London South Bank University.

Naomi Coxwell – Non-Executive Director (from 13 December 2017)

Naomi Coxwell joined Berkshire Healthcare as a Non-Executive Director on 13 December 2017. She lives in Farnham, Surrey and is also a Non-Executive Director and Trustee for Citizens Advice, Hart - providing free, impartial and confidential advice for the benefit of the Hart community and the surrounding area.

Naomi is a former Vice President of BP and has worked in the oil and gas industry for over 30 years. She is a graduate of Exeter University where she received a Bachelor's Degree in Geology in 1984, and has studied at The Warton School, University of Pennsylvania, where she received BP's Chief Financial Officer Excellence certificate in 2012.

Naomi started her career in 1984 with Petrofina, and was one of the first women to work as a Geologist on offshore rigs in the United Kingdom. She joined BP in 2000 and spent the following 16 years working overseas in increasingly senior positions. She has led diverse, multicultural teams in the development of strategy, management of risk, and in driving continuous improvement across six continents.

Naomi believes that that the physical and psychological health of individuals is the single biggest contributor to societal strength and productivity, and sees Berkshire Healthcare as being a major contributor to that cause.

Dr David Buckle – Non-Executive Director

David was a GP for over 30 years. Previously he was a trainer on the GP vocational training scheme and he was one of the first GPs in Berkshire to be awarded Fellowship of the Royal College of General Practitioners by assessment. David is also Medical Director at Herts Valleys Clinical

Commissioning Group where he is responsible for Clinical Leadership, General Practice development and for medicines optimisation.

He has a considerable knowledge and experience of primary care from both a provider and commissioner perspective.

Mark Day – Non-Executive Director and Chair of the Remuneration Committee

Mark Day joined Berkshire Healthcare as a Non-Executive Director on 1 September 2016. He lives just outside Newbury and is also a Vice President of the Institute of Customer Service and a member of the Professional Council of the Global Executive Network.

Mark started his career with Crookes Healthcare (subsequently Boots Pharmaceuticals) and then moved to the Automobile Association where he embarked on his Human Resources career path. A number of different Human Resources related roles were undertaken until the organisation was acquired by the Centrica Group. Feeling that the time was right for a move into a different industry sector mark joined the Board of the Hospital Saving Association as Director of Human Resources.

Shortly after joining the Hospital Saving Association (subsequently becoming Simplyhealth) Mark assumed Director responsibility for the customer service operation and focussed on improving the personal service provided by the organisation. In addition to achieving consistent years of being in the Sunday Times 100 Best Companies to Work For, many industry awards were achieved for the exceptional service provided to both corporate clients and individual customers.

Until recently Mark was a Trustee of the Society of St James, a charity based in Southampton, which supports the homeless together with alcohol and drug dependant people. During his six years working for the charity Mark chaired the Personnel Committee and latterly became the Vice Chairman of the Society.

Mark firmly believes that people can be the only true differentiator in organisations and is keen to see Berkshire Healthcare continue to provide support across our communities based on this principle.

Chris Fisher – Non-Executive Director and Chair of the Audit Committee

Chris Fisher took up the role as Non-Executive Director on 1 October 2014. He lives with his family in Maidenhead and most of his career has been spent in the area.

He trained as an accountant locally and qualified in 1983 whilst working for the Avis Europe group of companies where he held a number of senior positions in financial, commercial and operational roles over a period of almost 22 years.

He completed an MBA at Henley in 2001 and joined the NHS the same year as Finance and Performance Director for a local Primary Care Trust. He went on to lead on commercial matters for the regional Strategic Health Authority in Newbury before taking planned partial early retirement in 2009.

Most recently, he led the project on behalf of Heatherwood and Wexham Park Hospital NHS Foundation Trust for its acquisition by Frimley Park Hospital and previously he was project director for Berkshire Healthcare's acquisition of the east and west Berkshire community health services provider organisations.

Chris chairs Health Education Thames Valley's (HETV) Assurance Committee – HETV is the organisation responsible for developing the future clinical and medical staffing required in the area.

Other interests include golf, walking his dogs and supporting his beloved Watford football club.

Ruth Lysons – Non-Executive Director, Chair of the Quality Assurance Committee and Senior Independent Director from 1 September 2016

Ruth Lysons is a veterinary surgeon who graduated from Cambridge University in 1982. She worked in two private veterinary practices, specialising in farm animal medicine. She joined the Veterinary Laboratories Agency, progressing through a number of roles to become Head of its national network of veterinary diagnostic laboratories.

From 2002 until 2011, Ruth was Deputy Director, at the Department for Environment, Food and Rural Affairs (Defra). She advised Defra Ministers on animal health policy, led a team of 40 staff, and was accountable for a budget of £50 million per annum. She was also a member of various Government committees assessing the risks posed to human health from animal diseases, and was a senior veterinary decision-maker on actions to be taken to control major animal disease outbreaks, including Foot and Mouth Disease, Avian Influenza and Swine Influenza.

Since leaving Defra, Ruth worked for Waitrose on food safety surveillance, and subsequently became an independent veterinary consultant. She is a Non-Executive Director of the British Veterinary Association, and a Trustee of the charity My Cancer My Choices (Registered Charity 1162165), which provides complementary therapies to support cancer patients in Berkshire.

Born and brought up in Reading, Ruth has lived in West Berkshire with her husband for the last 35 years. They have two grown up children, two dogs and a cat.

Mehmuda Mian – Non-Executive Director

Mehmuda Mian practised as a solicitor specialising in commercial and professional indemnity litigation. Her commitment to rigorous, high standards in public life led her to take on a regulatory function at the Law Society, investigating complaints against solicitors, and also chairing independent review panels for the NHS. She left to take up an appointment at the Police Complaints Authority. Mehmuda was subsequently appointed as one of the first Commissioners to the Independent Police Complaints Commission and is a former BBC Trustee, Non-Executive Director of the Independent Safeguarding Authority, and of the Disclosure and Barring Service.

Mehmuda is currently a Non-Executive Director on the Independent Press Standards Organisation and a member of the Disciplinary Committee of the Royal College of Veterinary Surgeons.

Julian Emms – Chief Executive

Julian was appointed Chief Executive in July 2012, following a nine-month period during which he was the acting Chief Executive. Julian started his career in the Probation Service as a Support Worker and went on to undertake a variety of roles in the service over a 10 year period before joining the NHS in 1997.

As an NHS Executive Director since 2005, Julian has wide ranging board level experience including, four years as director of operations and four years as Deputy Chief Executive. His various portfolios have encompassed operational management, strategy and business development, service redesign, organisational development, facilities and PFI. Julian was part of the Trust's successful NHS

foundation trust application in 2007 and was the project director who oversaw the integration of community health services into the Trust in 2011.

Julian's senior management roles prior to becoming a director were all joint posts with social care and focused on providing better integrated care for local people.

Alex Gild – Chief Financial Officer

Alex joined the Trust in September 2006. A business graduate and a qualified accountant he started his NHS finance career as a trainee finance assistant in 1996 and had spells working in the acute trusts in Oxford (Radcliffe Infirmary, Oxford Radcliffe and Nuffield Orthopaedic) before latterly joining South Central Strategic Health Authority.

Alex was deputy Director of Finance at Berkshire Healthcare NHS Foundation Trust and was appointed Director of Finance, Performance & Information in April 2011 (his title changed to Chief Financial Officer in March 2017). Alex has since become a member of the Board of Trustees of the Healthcare Financial Management Association and is President of the Association in 2018.

Dr Minoo Irani – Medical Director

Minoo has been working in Berkshire as Consultant Paediatrician (Community Child Health) since 2001 and has held positions as Lead Paediatrician, Locality Clinical Director and Lead Clinical Director in the Trust before being appointed as Acting Medical Director in November 2015 and was appointed as Medical Director in July 2017.

Minoo has experience of working on projects and committees within the Royal College of Paediatrics and Child Health, General Medical Council, Department of Health and Social Care and Berkshire Research Ethics Committee. He founded and led the NHS Alliance Specialists Network where he championed integrated working practices for professionals across primary and secondary healthcare services, authored health policy reports on integration of healthcare services and has published and presented on this topic at national meetings.

Helen Mackenzie – Director of Nursing and Governance

Helen qualified as a registered nurse in 1979. She has enjoyed a varied career having held a variety of nursing positions across the South East. In the 1990's she was employed by Berkshire Community Services as a Community Staff Nurse and School Nurse before getting her first management position covering South Oxfordshire. Helen held her first director appointment in 2003 and has experience from many of the sectors in the NHS including commissioning having been Deputy Chief Executive of NHS Berkshire West. She joined Berkshire Healthcare Trust in April 2012 and has found it to be one of the most rewarding positions of her career, being able to champion the improvement quality across the organisation.

In the last two years Helen has worked with the CQC as a chair of comprehensive inspections. She lives locally in Berkshire and in 2016 became a grandmother, a role she is relishing.

Bev Searle – Director of Corporate Affairs

Originally trained as an Occupational Therapist, Bev worked within Child and Adolescent Mental Health Services, inpatient and integrated community Mental Health and Substance Misuse Services, both in Berkshire and in Devon. She then worked as a general manager in NHS Services and

continued into clinical, lecturing and managerial roles across a broad range of services in health, social care and housing.

Bev has been working in Berkshire since 1997, in a number of joint health and social care roles and prior to her current role, Bev was Director of Joint Commissioning with NHS Berkshire. She joined the Trust as Director of Corporate Affairs in October 2012 and has subsequently become a member of the Board of the Social Care Institute for Excellence.

David Townsend – Chief Operating Officer

David started working for the NHS in 2004 having worked in senior roles for leading private sector, customer focused businesses. These included BP, MacDonalds, Initial and major international food producer Geest Plc. In addition to his commercial responsibilities, he led a number of transformational projects and spent 10 years in senior leadership positions.

His first role with the NHS was to set up a new collaborative organisation for the South Central region to which he was appointed Managing Director. In 2010, David was appointed Director of Operations for Berkshire Healthcare and Chief Operating Officer in 2013.

None of the Directors have any declared political activities and all are considered independent.

Board composition

Board composition is determined to be appropriate for purpose. Non-Executive Directors with specific skills have been appointed to ensure good balance. These include skills in finance, commercial operations and strategy and clinical practice and quality. The Executive Director membership is as set out within statute, Chief Executive, Finance, Medical and Nursing Directors plus the Chief Operating Officer and the Director of Corporate Affairs.

Directors Expenses

Directors are entitled to claim expenses in accordance with their terms and conditions of appointment. Expenses primarily relate to travel and car parking charges and for 2017/18, 8 Directors (out of 13) claimed expenses with an aggregate value of £8,663.97 (£8,536 in 2016/17).

Better Payment Practice Code

The Trust aims to pay suppliers and providers of goods and services promptly, and has a target of paying 95% of all invoices within 30 days of receipt. The actual performance for the Trust for financial year 2017/18 was as follows:

Non-NHS Payables	No of Invoices (count)	% of activity	Value of Invoices (£'000s)	% of value
Paid within 30 days	33,135	90%	78,934	91%
Paid over 30 days	3,813	10%	7,494	9%
Total	**36,948**	**100%**	**86,428**	**100%**

NHS Payables	No of Invoices (count)	% of activity	Value of Invoices (£'000s)	% of value
Paid within 30 days	676	88%	4,968	84%
Paid over 30 days	89	12%	973	16%
Total	**765**	**100%**	**5,941**	**100%**

The Trust did not make any payments in respect of interest under the Late Payment of Commercial Debts (Interest) Act 1998 during 2017-18.*

**For the avoidance of doubt, the Department of Health and Social Care has confirmed that there is no requirement to disclose 'potential' interest, only what was actually accrued or charged by our suppliers.*

Financial Report

The Trust ended the financial year reporting a surplus of £5.6m; representing a surplus margin of 2.2%. This is inclusive of £0.6m non-operating fixed asset impairments and £1.7m of donations. Our financial performance was better than planned, and we exceeded our agreed NHSI Control Total by £0.2m. We have received £3.5m of Sustainability and Transformation Funding, (STF) from NHS Improvement, including £1.8m for exceeding our regulatory target.

The Trust's revenues, 82.7% are predominantly generated from other NHS organisations, and we have generated income £2.7m in excess of planned levels this year, excluding donations.

Our operating costs were £1.8m higher than planned, with the Trust, like many other providers, facing continuing recruitment challenges, whilst managing the on-going increase in the demand for our services. Whilst we have seen the cost of placing mental health patients outside of our locality rise, we have also made significant inroads into our temporary staffing costs, reducing annual agency costs by £8.9m, 54%. Non-operating costs were £0.6m below plan, including £0.6m impairment costs.

The Trust has invested £7.7m in its Capital Programme this year, including £1.7m of donated funds. We have expanded our Estate, as well as investing in improving the quality and safety of our facilities. We have continued to invest in technology, further enabled by the achievement of Global Digital Exemplar (GDE) status, which brought £1.8m of Department of Health and Social Care funding in 2017/18, and will provide a further £3.2m over the next 2 years. Through donations, we have continued the development of the Renal Unit at West Berkshire Community Hospital, in Newbury.

The Trust finished the year with a net cash increase of £1.5m, and a closing cash balance of £22.2m. In addition, a rigorous approach to the management of our working capital, the Trust has benefited from unplanned GDE funding, and our internally funded Capital Programme being contained within depreciation costs.

The Trust delivered a Use of Resource Rating of 1 for 2017/18. This is a 1-4 rating scale used by NHS Improvement to assess the financial risk of an organisation, with 1 indicating the lowest financial risk of breaching licence conditions

Whilst we delivered our overall financial target, our cost improvements programme achieved £1.6m of the £4.7m savings planned. This is in addition to the substantial reduction in annual agency costs. The pressure on services has resulted in productivity savings being less than anticipated, and lower than the national NHS provider efficiency target of 2% for the year.

The financial outlook for 2018/19 remains challenging, despite recently published funding increases. The Trust works closely with its partners to develop better integrated services to Berkshire residents and patients, whilst continuing to mitigate the pressure of rising population demand and care needs.

Remuneration report

The remuneration and expenses of the Chair and Non-Executive Directors are determined by the Council of Governors, taking account of relevant market data, including the NHS Providers' remuneration survey. The remuneration of Non-Executive Directors is comprised solely of their annual fee as set out in the table below.

Senior Managers Remuneration Policy

Remuneration of the Trust's 'senior managers' (the Chief Executive and Directors and Very Senior Managers (VSM) accountable to the Chief Executive and Executive Directors) is determined by the Trust's Remuneration Committee. The Committee comprises of three Non-Executive Directors (one of whom chairs the meeting). The Chief Executive is in attendance at meetings but is not present for discussions relating to his own remuneration or terms and conditions. The Committee is supported by the Company Secretary.

The Committee does not routinely apply inflationary uplifts or increases and only applies uplifts of any kind where this is thought justified by the context. The primary aim of the Committee is to ensure that Executive remuneration is set at an appropriate level to ensure good value for money, whilst enabling the Trust to attract and retain high quality Executives. Executive Directors and VSM personnel remuneration does not include a specific performance related element. Remuneration is purely by annual salary as disclosed below and, where relevant, appropriate lease car payments. There has been no change in approach to remuneration policy for senior managers during 2017-18. All other Trust staff are covered by national NHS Agenda for Change terms and conditions.

Where any senior manager is paid above £142,500 (new guidance issued by NHS Improvement in March 2018 has increased the threshold to £150,000), the Remuneration Committee will have satisfied itself that the actual level of remuneration paid is reflective of the individual post holders level of responsibility and that the remuneration has been considered against appropriate benchmark information, local recruitment market conditions and the need to provide a reward package that ensure the recruitment and retention of high calibre senior executives.

Very senior manager contracts provide for a period of notice of six months on the part of the Trust as agreed by the Remuneration Committee. A senior manager may suffer loss of office in a number of situations and in such cases the six month notice period normally applies, however, the Trust can, at its discretion, choose to make payment in lieu of all or part of the notice period. Where loss of office is due to circumstances where summary dismissal applies, such as gross misconduct or serious performance failure for example, no notice period would apply. If loss of office was due to redundancy then the notice period would apply, as would any redundancy provisions applying generally in the NHS at the point in time; the principle being that very senior managers would be treated neither no less nor no more favourably than other Trust staff.

Annual Statement on Remuneration

The Remuneration Committee uses benchmarking information from available sources to set the level of remuneration of Executive Directors. The annual NHS Providers Pay review survey is one such source, as are the annual reports of similar organisations and a market analysis through reviewing contemporary recruitment. Affordability together with an assessment of both individual and collective performance is also taken into account. The Committee considers the pay and conditions of other employees when considering remuneration policy, but does not actively consult with employees.

Taking into account NHS Improvement's guidance on very senior managers' pay, the Remuneration Committee agreed that the Chief Executive and Executive Directors would receive the following salary uplift for 2017-18:

Chief Executive: 2% increase
Chief Financial Officer: 3.2% increase
Director of Nursing and Governance: 1.8% increase
Director of Corporate Affairs: 2% increase
Chief Operating Officer: 1.6% increase
Medical Director: 3.8% increase

The Remuneration Committee approved the business cases for transferring the Director of IM&T and the Deputy Director of Finance from Agenda for Change contracts to Very Senior Manager contracts.

The Trust Board sets the organisation's corporate objectives annually and these are used as the basis for developing personal objectives for the Chief Executive and Executive Directors. Performance is closely monitored through the year and in the context of annual appraisal.

Mark Lejman*, ***Chair, Remuneration Committee***

**Mr Lejman was the Chair of the Remuneration Committee when the Committee determined the remuneration of senior managers. With effect from 13 December 2017, Mark Day, Non-Executive Director has chaired the Remuneration Committee.*

Details of remuneration for Directors and senior managers are set out in the tables below.

Salaries and allowances (*the following information is subject to audit*)

				2017/18						2016/17					
Name	Title	From	To	Salary and fees (in bands of £5,000) *	Taxable benefits (total to the nearest £100)	Annual performance related bonuses (in bands of £5,000)	Long-term performance related bonuses (in bands of £5,000)	Pension related benefits (in bands of £2,500)**	Total (in bands of £5,000)	Salary and fees (in bands of £5,000) *	Taxable benefits (total to the nearest £100)	Annual performance related bonuses (in bands of £5,000)	Long-term performance related bonuses (in bands of £5,000)	Pension related benefits (in bands of £2,500)**	Total
				£000s	£00s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Executive Directors															
Julian Emms	Chief Executive	01/04/2017	31/03/2018	190 - 195	0	0	0	100.0 - 102.5	295 - 300	190 - 195	0	0	0	25.0 - 27.5	215 - 220
Alex Gild	Chief Financial Officer	01/04/2017	31/03/2018	145 - 150	0	0	0	82.5 - 85.0	230 - 235	145 - 150	0	0	0	47.5 - 50.0	195 - 200
Dr Minocher Irani	Medical Director	01/04/2017	31/03/2018	175 - 180	0	0	0	137.5 - 140.0	310 - 315	160 - 165	0	0	0	207.5 - 210.0	370 - 375
Helen Mackenzie	Director of Nursing	01/04/2017	31/03/2018	105 - 110	0	0	0	50.0 - 52.5	155 - 160	130 - 135	0	0	0	60.0 - 62.5	190 - 195
Beverly Searle	Director of Corporate Affairs	01/04/2017	31/03/2018	125 - 130	0	0	0	60.0 - 62.5	185 - 190	125 - 130	0	0	0	0.0 - 2.5	125 - 130
David Townsend	Chief Operating Officer	01/04/2017	31/03/2018	135 - 140	0	0	0	47.5 - 50.0	185 - 190	140 - 145	0	0	0	65.0 - 67.5	205 - 210
Non Executive Directors															
Keith Arundale	Non Executive Director	01/04/2015	31/08/2016	-	-	-	-	-	-	5 - 10	0	0	0	0	5 - 10
David Buckle	Non Executive Director	01/04/2017	31/03/2018	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Naomi Coxwell	Non Executive Director	13/12/2017	31/03/2018	00 - 05					00 - 05	-	-	-	-	-	-
Mark Day	Non Executive Director	01/04/2017	31/03/2018	10 - 15	0	0	0	0	10 - 15	5 - 10	0	0	0	0	5 - 10
Martin Earwicker	Chair	01/04/2017	31/03/2018	45 - 50	0	0	0	0	45 - 50	15 - 20	0	0	0	0	15 - 20
Christopher Fisher	Non Executive Director	01/04/2017	31/03/2018	15 - 20	0	0	0	0	15 - 20	10 - 15	0	0	0	0	10 - 15
John Hedger	Chair	01/04/2015	30/11/2016	-	-	-	-	-	-	30 - 35	0	0	0	0	30 - 35
Mark Lejman*	Non Executive Director	01/04/2015	13/12/2017	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Ruth Lysons	Non Executive Director	01/04/2015	31/03/2017	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Nighat Mian	Non Executive Director	01/06/2015	31/03/2017	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15

Notes:

- Keith Arundale terminated from his appointment as Non-Executive Director on 31 August 2016
- John Hedger terminated from his appointment as Chair on 30th November 2017
- Mark Lejman terminated from his appointment as Non-Executive Director on the 13th December 2017
- Helen Mackenzie, Director of Nursing and Governance works part time (4 days per week) and her pay is pro rata.
- Julian Emms, Chief Executive's annual salary in 2016/17 included £5.4k pay arrears from the financial year 2015/16
- Dr Minoo Irani, Medical Director's annual salary in 2016/17 was uplifted part pay through the financial year when he was appointed Medical Director.
- David Townsend, Chief Financial Officer's annual salary for 2016-17 included pay arrears of £6.7k from the financial year 2015/16.
- No members of the Trust Board received an annual or long-term performance related bonus in 2016/17 or 2017/18
- Pension Related Benefits are calculated in accordance with the Finance Act 2004. This is commonly referred to as the "HMRC method". The amount included is based on the increase in the director's accrued pension in the year.
- This will generally take into account an additional year of service together with any increases in pensionable pay. This amount is then multiplied by 20 to calculate the amount to be included in the Remuneration Report.

Top to Median Staff Pay Multiple (Ratio) (*the following information is subject to audit*)

The Trust now provides information on the ratio between the highest paid director compared to the median total remuneration for all employees, including agency, bank and other staff of the NHS Foundation Trust. In calculating the median total remuneration, all payments to employees that constitute salary are included, such as basic pay, and enhancements for unsocial, night time or weekend working. Overtime is not included as that is not regarded as salary. Employer pension contributions and cash equivalent transfer value of pensions are also excluded.

Comparative for 2016-17 has been provided.

	2017/18	**2016/17**
Band of Highest Paid Directors Remuneration (£'000)	190-195	190-195
Median Total Remuneration	£29,750	£29,885
Remuneration Ratio	6.5	6.5

Pension benefits (*the following information is subject to audit*)

Name	Title	From	To	Real increase in pension at pensionable age (bands of £2,500) £,000s	Real increase in pension lump sum at aged 60 (bands of £2,500) £,000s	Total accrued pension at pensionable age at 31 March 2018 (bands of £5,000) £,000s	Lump sum at pensionable age related to accrued pension at 31 March 2018 (bands of £5,000) £,000s	Cash Equivalent Transfer Value at 1 April 2017 £,000s	Real increase in Cash Equivalent Transfer Value £,000s	Cash Equivalent Transfer Value at 31 March 2018 £,000s	Employer's contribution to stakeholder pension £,000s
Executive Directors											
Julian Emms	Chief Executive	01/04/2017	31/03/2018	2.5 - 5.0	2.5 - 5.0	60 - 65	150 - 155	959	111	1,070	0
Alex Gild	Chief Financial Officer	01/04/2017	31/03/2018	2.5 - 5.0	2.5 - 5.0	40 - 45	100 - 105	536	82	618	0
Dr Minocher Irani	Medical Director	01/04/2017	31/03/2018	5.0- 7.5	7.5 - 10.0	50 - 55	140 - 145	907	98	1,005	0
Helen Mackenzie	Director of Nursing	01/04/2017	31/03/2018	0 0- 2.5	5.0 - 7.5	45 - 50	140 - 145	0	0	0	0
Beverly Searle	Director of Corporate Affairs	01/04/2017	31/03/2018	2.5 - 5.0	7.5 - 10.0	45 - 50	140 - 145	0	1,079	1,079	0
David Townsend	Chief Operating Officer	01/04/2017	31/03/2018	0 0- 2.5	5.0 - 7.5	20 - 25	65 - 70	457	69	526	0

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. Where a member has a CETV of £0 the member has reached Normal Retirement Age.

During 2017/18, the Trust did not operate a performance related element to senior managers' remuneration. The only non-cash element of the most senior managers' remuneration packages is pension related benefits accrued under the NHS Pension Scheme. Contributions are made by both the employer and employee in accordance with the rules of the Scheme.

All of the senior managers are employed on contracts of service and are substantive employees of the Trust. Their contracts are open ended employment contracts which can be terminated by the Trust by six months' notice. Other Trust staff are covered by the terms and conditions of the national NHS 'Agenda for Change' provisions.

Julian Emms
Chief Executive
24 May 2018

Statement as to disclosure to auditors

So far as the Directors are aware, there is no relevant audit information of which the auditors are unaware, and the Directors have taken all the steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Staff report

For the last six years, staff engagement has been a strategic organisational development objective for Berkshire Healthcare and we recognise the importance of high levels of staff engagement as a direct contributor to patient care, the patient experience and high quality outcomes.

We are really pleased that our overall rating for staff engagement has increased year on year, making us one of the top performing Community and Mental Health Trusts in the country. The main initiatives helping us to achieve high staff engagement during 2017-8 were:

- Our 'Listening into Action' programme, now in its sixth year, which is aimed at improving patient care by listening to staff, acting on their ideas and empowering them to take their suggestions forward
- Our Brighter Together initiative – entering its fourth year - which supports staff innovation, and which was a direct response to staff on how they could take forward creative ideas for patient care.
- Our leadership development programmes, starting in 2013 with our Excellent Manager Programme and followed by our Senior Clinical Leadership and Compassionate Leadership programmes
- The Quality Improvement Programme announced in 2017 and launched that autumn. This is already giving groups of staff and services the training and tools to take ownership for developing and implementing the improvements to their patient care, service delivery and areas of working.

The National NHS Staff Survey continues to be a key source of evidence of our performance and progress. This is supplemented by our local annual PULSE survey carried out in June and the Staff Friends and Family Tests (which tell us how many of our staff would recommend the Trust as a place to work or receive treatment) which are run online three times year and are open to all Berkshire Healthcare staff.

Summary of performance – results from the 2017 NHS staff survey

Berkshire Healthcare is a combined Mental Health, Learning Disability and Community Trust, and in the National Staff Survey, our results are compared with 28 other similar Trusts. In comparison with our scores last year and with other combined Mental Health, Learning Disabilities and Community Health Trusts, our results showed that for the 32 Key Findings:

- Our overall staff engagement score has continued to improve year on year
- This year there were 22 results for which we had better than average scores, compared with 20 in 2016
- For 6 of the 22 better than average scores, our score equalled the best score, compared with 4 in 2016
- 6 Key Findings were average scores; compared with 7 in 2016
- 4 Key Findings were worse than average scores; compared with 5 in 2016

The Key Findings where our score equalled the best were:

- KF 4: Staff motivation at work: 4.04 out of 5
- KF 7: Percentage of staff able to contribute to improvements at work: 76%
- KF 8: Staff satisfaction with level of responsibility and involvement: 3.98 out of 5
- KF 6: Percentage of staff reporting good communication between senior management and

staff: 47%

- KF 3: Percentage of staff agreeing that their role makes a difference to patients 92%
- KF 23: Percentage experiencing physical violence from other staff in the last 12 months

Response rate

The table below shows that the response rate for 2017 was two percentage points lower than 2016 and one percentage point lower than the average for similar trusts. Questionnaires were sent to all staff eligible to receive the survey.

Response rate				
	2016/17 (previous year)	**2017/18 (current year)**		**Trust improvement/ deterioration**
	BHFT	**BHFT**	***Benchmarking group (trust type) average***	
Response rate	46%	44%	45%	decrease in % points

The top 5 ranked scores

The Top 5 ranking scores were for Key Findings (KF):

- KF6. Percentage of staff reporting good communication between senior management and staff
- KF4. Staff motivation at work
- KF8. Staff satisfaction with level of responsibility and involvement
- KF3. Percentage of staff agreeing that their role makes a difference to patients/service users
- KF1. Staff recommendation of the organisation as a place to work or receive treatment

Top 5 ranking scores				
	2016/17 (previous year)	**2017/18 (current year)**		**Trust improvement/ deterioration**
	BHFT	**BHFT**	***Benchmarking group (trust type) average***	
Key finding 6	43%	47%	34%	Increase and equals best score
Key finding 4	4.05 score	4.04 score	3.93 score	Decrease of 0.01; and equals best score
Key finding 8	3.94 score	3.98 score	3.90 score	Increase of 0.04 and equals best score
Key finding 3	92%	92%	89%	No change and equals best score

Top 5 ranking scores				
Key finding 1	3.89 score	3.88 score	3.68 score	Decrease of 0.01 and equals best score

The bottom 5 ranked scores.

The bottom 5 ranking scores were for Key Findings:

- KF16. Percentage of staff working extra hours
- KF27. Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse
- KF24. Percentage of staff/colleagues reporting most recent experience of violence
- KF20. Percentage of staff experiencing discrimination at work in the last 12 months
- KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

Bottom 5 ranking scores				
	2016/17	**2017/18**		**Trust improvement/ deterioration**
	BHFT	**BHFT**	***Benchmarking group (trust type) average***	
Key finding 16	75%	77%	71%	Increase – deterioration
Key finding 27	55%	53%	57%	Decrease – deterioration
Key finding 24	80%	83%	88%	Increase – Improvement
Key finding 20	12%	13%	11%	Increase - deterioration
Key finding 21	86%	86%	86%	No change

Areas where staff experience has improved or deteriorated

The table below shows where there has been a statistically significant improvement or deterioration in staff experience.

Key Findings	**2016/17**	**2017/18**	
	BHFT	**BHFT**	***Improved or deteriorated***
KF10. Support from immediate managers	3.87	3.92	Improved
KF8. Staff satisfaction with level of responsibility and involvement	3.94	3.98	Improved
KF6. Percentage of staff reporting good communication between senior management	43%	47%	Improved

Key Findings	2016/17	2017/18	
and staff			
KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months	36%	39%	Deteriorated

Workforce Race Equality Standard (WRES) 2017

The table below shows the answers from the National staff survey which will form part of our 2018 WRES submission and inform action plans. The progress made is very encouraging and reinforces the commitment to delivering the Equality Employment Programme.

WRES 2017 results		2017	Ave*.	2016
KF 25: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White BME	22% 27%	25% 28%	22% 27%
KF 26: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White BME	18% 21%	20% 23%	18% 26%
KF 21: Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White BME	89% 74%	88% 76%	90% 68%
Qu 17b: In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White BME	7% 11%	6% 11%	5% 17%

**Average (median) for similar trusts*

Health and Wellbeing

With element 1a of the national Health and Wellbeing CQUIN requiring improvements in responses to questions 9a), 9b) and 9c) from the national staff survey, our 2017 versus 2015 scores to these questions have shown we have not achieved the targeted improvements. Our results have remained level or marginally improved as shown in the table below.

National Staff Survey (NSS) question measures of success	BHFT NSS 2015 score	BHFT NSS 2016 score	Target for 2017 NSS	Actual 2017
Question 9a: Does your organisation take positive action on health and well-being?	**36% Yes**	**36% Yes**	**41% Yes**	**36.5**

	National Staff Survey (NSS) question measures of success	BHFT NSS 2015 score	BHFT NSS 2016 score	Target for 2017 NSS	Actual 2017
	Providers will be expected to achieve an improvement of 5% points in the answer "yes, definitely" compared to baseline.				
1.	**Question 9b:** In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? Providers will be expected to achieve an improvement of 5% points in the answer "no" compared to baseline	**76% No**	**77% No**	**81% No**	**76%**
2.	**Question 9c:** During the last 12 months have you felt unwell as a result of work related stress? Providers will be expected to achieve an improvement of 5% points in the answer "no" compared to baseline.	**60% No**	**64% No**	**65% No**	**61.3%**

Areas of concerns, future priorities and target

The overall 2017 results are better than the previous years and the areas of concern need to be seen in that context.

The WRES results show that whilst there are still concerns to be addressed, the Equality Employment Programme is making the necessary progress. Funding to continue the programme will be reviewed by the Diversity Steering Group.

Health and Wellbeing is a concern and is seen as a key element of addressing retention of staff. Actions have been prioritised and are being taken forward:

- Surveying staff about these three specific points, for their views and solutions.
- Identifying the additional resources that would be needed to accelerate development and implementation of initiatives in response to the suggestions from staff that the survey raises
- Adopting the NHS Improvement methodology, implementation of service specific retention plans will help identify where health and wellbeing is a root cause of turnover; and will engage staff in developing solutions.

Staff numbers (*the following information is subject to audit*)

Average number of employees (whole time equivalent basis)

	Permanent Number	Other Number	2017/18 Total Number	2016/17 Total Number
Medical and dental	163	10	**173**	**188**
Administration and estates	900	54	**954**	**890**
Healthcare assistants and other support staff	702	132	**834**	**871**
Nursing, midwifery and health visiting staff	1,051	138	**1,189**	**1,263**
Nursing, midwifery and health visiting learners	-	-	-	**47**
Scientific, therapeutic and technical staff	701	33	**734**	**825**
Healthcare science staff	12	1	**13**	**2**
Other	-	-	-	**1**
Total average numbers	**3,528**	**369**	**3,897**	**4,087**

Staff gender split at end of year 2017-18

The following table provides information on the gender split for Trust staff at the end of the year:

	Male	Female	Total
Non-Executive Directors	4	3	7
Executive Directors	4	2	6
Senior Managers	91	324	415
Other staff	626	3,250	3,876

The following information is subject to audit

Reporting of Compensation Schemes - Exit Packages 2017/18

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	1	-	**1**
£10,001 - £25,000	1	-	**1**
£25,001 - 50,000	1	-	**1**
£50,001 - £100,000	1	-	**1**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**4**	**-**	**4**
Total resource cost (£)	149,000	0.00	**149,000**

Note 7.4 Reporting of compensation schemes - exit packages 2016/17

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	1	1	**2**
£10,001 - £25,000	1	2	**3**
£25,001 - 50,000	2	1	**3**
£50,001 - £100,000	2	-	**2**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
Total number of exit packages by type	**6**	**4**	**10**
Total resource cost (£)	226.000	70,000	**296,000**

Note 7.5 Exit packages: other (non-compulsory) departure payments

	2017-18		2016-17	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	4	70
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**-**	**-**	**4**	**70**

Off Payroll Arrangements Disclosure

The NHS Foundation Trust reports arrangements whereby individuals are paid through their own companies (and so are responsible for their own tax and national insurance arrangements, not being classed as Trust employees). The costs of these off payroll engagements are recorded in the expenditure of the Trust, within consultancy costs.

Table 1: For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last for longer than six months

Number of existing engagements as of 31 March 2018	No
Of which:	
No. that have existed for less than one year at time of reporting.	0
No. that have existed for between one and two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	No
Of which:	
Number assessed as within the scope of IR35	30*
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	30
Number of engagements reassessed for consistency/assurance purposes during the year	2
Number of engagements that saw a change to IR35 status following the consistency review	0

* The 30 individuals who were assessed in April 2017 as being within the scope of IR35 relates to GPs and locum Doctors providing support to the WestCall Out of Hours Primary Care Service which is based in Wokingham in West Berkshire. All GPs and locum Doctors assessed as within the scope of IR35 were paid via the foundation trust Payroll with statutory deductions taken at source. In November 2017, GPs and locum Doctors working for the WestCall Out of Hours Primary Care Service were transferred to a new GP and Medical Bank which has resulted in all individuals becoming employees of the Trust.

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	0

Other staff related matters

In accordance with the requirements of the Companies Act 2006 and the Large and Medium-sized Companies Regulations 2008, the Trust makes these additional declarations:

- The Trust addresses the employment, training and career development needs of all disabled persons through use of the following key policies and procedures:
    - Equality Strategy 2016-20;
    - The Department of Work and Pensions 'Two Ticks' scheme;
    - 'Time to Change' – anti-stigma campaign on mental illness;
    - Equal Opportunities and Diversity policy;
    - Workforce Development policy.

The above are co-ordinated now by the work of the Equality and Diversity Manager and the Equality Human Resources Manager.

- The Trust actively seeks to provide employees systematically with information of concern to them as employees through the following:

- Regular publication of our electronic newsletter;
- Regular meetings with representatives of recognised staff unions;
- Regular meetings with staff representatives for our Lesbian Gay Bisexual and Transgender and Black Asian and Minority Ethnic networks
- Elected staff representatives forming part of the NHS Foundation Trust's Council of Governors.

The Trust has a broad range of staff engagement and communications arrangements. Executive responsibility for communications rests with the Director of Corporate Affairs. There are regular staff briefings using newsletters, intranet resources, podcasts and team briefings and considerable use is made of web based survey applications to obtain staff views and feedback. During the year, the Trust continued to implement and benefit from the national NHS programme called 'Listening into Action'. The programme provides a structured methodology for embedding a listening, engaging and empowering style of leadership across the organisation. Also, through the Brighter Together initiative, the Trust encourages and supports staff innovation and improvements to patient care and services.

Regular meetings with senior managers and clinical leaders provide a forum for setting out and discussing key issues facing the Trust, including financial, economic and quality considerations. Information from these meetings is used in cascade staff briefings to ensure all employees understand key factors influencing performance and can be encouraged to get involved in managing performance relative to their position in the organisation. This is reinforced through the application of the Trust's annual staff review process covering objective setting, personal development and performance appraisal. The Trust has also implemented a formal succession planning and talent management framework to assure the flow of suitably qualified and capable staff to meet organisational need.

The sickness rate for the Trust for the year to March 2018 was 3.70%.

The full time equivalent days recorded sickness absence was 49,299 and the average annual sickness days per full time equivalent was 13.51. This is based on an average number of full time equivalent posts of 3,645.

The Trust has appointed a Freedom to Speak Up (FTSU) Guardian. The FTSU Guardian is an important role and acts as an independent and impartial source of advice to any member of staff who may wish to raise a concern. Information for staff on how to contact the FTSU is contained on the Trust's internal Intranet. The FTSU Guardian is supported by both the Regional Guardian network and by the National Guardian's Office.

The Trust has developed Anti-Bribery and Conflicts of Interests Policies to line with the requirements of the Anti-Bribery 2010 Act and Guidance from NHS England on Managing Conflicts of Interests.

The Trust's Standards of Business Conduct (incorporating declarations of hospitality, gifts, business interests and commercial sponsorship and conflicts of interest) Policy sets out the high standards of probity which the Trust requires of all staff.

Trade Union Disclosure

Table 1 - Relevant union officials

Total number of employees who were relevant Trade Union officials during 2017-18

Number of employees who were relevant Trade Union officials during 2017-18	*Full-time equivalent employee number*
17	14.25

Table 2 - Percentage of time spent on facility time

Percentage of time relevant Trade Union officials employed by the Trust during 2017-18 spent on working on facility time:

Percentage of time	Number of employees
0%	11
1-50%	6
51-99%	0
100%	0

Table 3 - Percentage of pay bill spent on facility time

The percentage of the total pay bill spent on paying employees who were relevant Trade Union officials for facility time during 2017-18:

First Column in Table 2 above	Figures
Total cost of facility time	£16,902.15 (per annum)
Total pay bill	£169,800,000 (per annum)
The percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.01%

The Trust does not allow Trade Union representatives to attend meetings during work time which are defined by ACAS as: “time for which there is no specific right to be paid including meeting full-time officers, attending regional or branch meetings”.

Counter fraud activity

The Trust operates a robust arrangement for minimising the risk of fraud and meets the requirements of the Secretary of State that each health body nominate an officer to act as its Local Counter Fraud Specialist. As well as handling suspected cases of fraud, the service provides awareness and education support to help embed an ‘anti-fraud’ culture throughout the organisation. There is a clear policy on counter fraud together with other provisions to support staff in raising concerns about possible fraudulent activity.

Health and safety

The Trust's arrangements for the health and safety of staff, patients, visitors and others are set out in a clear organisational policy that emphasises the organisation's commitment to providing, a safe place to work and a healthy environment for all. A comprehensive suite of policies and procedures are in place to ensure that risks to the health and safety of all are minimised and these policies and procedures are reviewed regularly to ensure the effectiveness of the Trust's health and safety management system.

The Trust produces an annual Health and Safety report, which reviews the Trust's performance on a range of categories, comparing results to the previous 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 on the previous year and the Trust is below the national average for Mental Health Trusts.
- During 2017 the Royal Berkshire Fire and Rescue Service undertook, two fire safety visits, several site specific risk assessment visits at Prospect Park Hospital for the purpose of updating their own records, checks at all inpatient sites with cladding and a joint training exercise with the Trust.
- Compliance in statutory training, for Fire Safety, Health and Safety and Manual Handling was on or above a target of 90% for all months except October and November 2017 when manual handling training compliance dipped to 89%.

NHS Improvement Single Oversight Framework Ratings

	Annual Plan	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Use of Resource Ratings (Score 1-4, with 1 being best and 4 worst)	1	1	1	1	1

Julian Emms
Chief Executive
24 May 2018

COUNCIL OF GOVERNORS

The Trust's Council of Governors plays a crucial role in the governance of the Trust providing a forum through which the Board of Directors is accountable to the local community. The Council discharge a number of key responsibilities including:

- Representing the interests of the Trust's members and stakeholder organisations in the governance of the Trust;
- Appointing or removing the Chair and other Non-Executive Directors;
- Approving the appointment (by the Non-Executive Directors) of the Chief Executive;
- Deciding the remuneration, allowances and other terms and conditions of office of the Non-Executive Directors;
- Holding the Non-Executive Directors to account for the performance of the Board;
- Considering the annual accounts, plus any report of the external auditor on them, and the annual report;
- Appointing the External Auditors;
- Developing and approving the Trust's membership strategy;
- Providing views to the Board of Directors on the Trust's forward planning;
- Undertaking functions requested from time to time by the Board of Directors;
- Attending events in order to engage with members and the public;
- Attendance at the Annual Members Meeting.

Membership of Council

During 2017/18 there were 32 positions on the Council of Governors:

- 23 elected from the public and staff constituencies
- 9 appointed from local authorities, universities and voluntary organisations

The elected governors were drawn from the following constituencies:

- Public constituency – total of 19
- Staff constituency – total of 4

The following table shows the attendance record of Governors at Council meetings during the year:

Name	Constituency	Meetings attended/possible
Linda Berry	Public - Bracknell	02/04
Pat Rodgers	Public - Bracknell	04/04
Victor Rones	Public - Bracknell	01/01
Mukesh Bansal	Public – West Berkshire	00/02
Raymond Fox	Public – West Berkshire	01/02
Verity Murricane	Public – West Berkshire	00/04
June Leeming	Public – Windsor, Ascot & Maidenhead	01/01
Peter Stratton	Public - Windsor, Ascot & Maidenhead	02/02
John Barrett	Public – Windsor, Ascot & Maidenhead	04/04
Tom O'Kane	Public – Windsor, Ascot & Maidenhead	01/04
Ruffat Ali-Noor	Public – Slough	02/04
Amrik Banse	Public – Slough	03/04

Name	Constituency	Meetings attended/possible
Nigel Oliver	Public – Slough	03/04
Andrew Horne	Public – Wokingham	03/04
Krupa Patel	Public – Wokingham	02/04
Gary Stevens	Public – Wokingham	02/04
Keith Asser	Public - Reading	01/04
Paul Myerscough	Public – Reading	02/04
Tom Lake	Public – Reading	03/04
Paul Sahota	Public – Rest of England	00/01
Julia Prince	Staff – Clinical	04/04
Guy Dakin	Staff – Non-Clinical	01/01
June Carmichael	Staff - Non-Clinical	03/04
Natasha Berthollier	Staff – Clinical	03/04
Amanda Mollett	Staff – Non-Clinical	02/03
Isabel Mattick	LA – Bracknell	04/04
Munawar Sohail	LA – Slough	00/02
Bet Tickner	LA - Reading	03/04
Adrian Edwards	LA – West Berkshire	04/04
Shamsul Shelim	LA – Windsor and Maidenhead	00/03
Richard Dolinski	LA – Wokingham	01/04
Craig Steel	Thames Valley University	02/04
Suzanna Rose	British Red Cross	03/04
Ali Melabie	Alzheimer's Triple A	01/04

LA = Local Authority

During 2017/18 there were four formal meetings of the Council held in public with publicity given through the Trust's website.

In September 2017, the Trust held a public Annual Members Meeting where the Trust's Annual Report and Accounts were presented.

The annual election of Lead and deputy Lead Governor also took place in September 2017 with Governors appointing Paul Myerscough as Lead Governor and appointing Krupa Patel as Deputy Lead Governor.

The Council has also put in place a structure of committees and steering groups to help fulfil its duties and each Committee reports back to the full Council at each Council meeting. The Committees/Groups are:

- Membership & Engagement Group
- Living Life to the Full Group
- Appointments and Remuneration Committee
- Quality Assurance Group

Strong working relationships continue between the Council and Board of Directors with regular engagement, involving Executive and Non-Executive Director attendance at Council meetings, joint meetings between Council and the Board, including two meetings a year specifically with Non-Executive Directors, and regular attendance of Governors at Board meetings. The Chief Executive

attends all meetings of the full Council and other Executive Directors attend as and when required. The meetings held with Non-Executive Directors have been useful in supporting Governors to discharge their duty to hold the Non-Executive Directors to account for the performance of the Board and for seeking assurance on service quality and financial sustainability.

For new Governors joining the Trust during the year induction training was provided involving the Trust Chair, Lead Governor and Company Secretary.

A number of Governors were actively involved in membership recruitment during the year attending a variety of events, including World Mental Health day and at local community events. Membership strategy is overseen by the Council's Membership and Engagement Group, supported by the Trust's Marketing and Communications team. The Group provided oversight of the refresh of the Trust's membership strategy during the year and continued to explore ways in which Governors can become more engaged with members and the public.

Governors have an opportunity to submit written questions in advance of the informal Joint meetings with the Trust Board and Council of Governors. The Chief Executive and other Executive Directors provide answers to the questions at the meetings which are recorded in the minutes. The Chair holds monthly meetings with the Lead Governor to discuss governor related issues and concerns.

The Trust's Constitution sets out the process for the Council of Governors to remove the Trust's Chair and Non-Executive Directors in the event that all other means of engaging with the Trust Board have been exhausted.

Farewell and welcome

In 2017/18 a number of Governors left and we welcomed others. Whilst it is always disappointing to lose enthusiastic and experienced Governors, Council benefits immensely from the injection of different perspectives and ideas that new Governors bring.

We were saddened by the death of June Leeming in January 2018. June stepped down as a Public Governor for Windsor, Ascot and Maidenhead in October 2017 having joined the Council in April 2013. June made a significant contribution to the work of the Council, including serving as Deputy Lead Governor.

Our thanks go to departing Governors: Robert Lynch, Public Governor, Mukesh Bansal, Public Governor, Ali Melabie, "Triple A", Partnership Governor and Amanda Mollett, Staff Governor.

We warmly welcomed: Peter Stratton, Public Governor, Ray Fox, Public Governor, Paul Sahota, Public Governor, Guy Dakin, Staff Governor and Cllr Shamsul Shelim, Partnership Governor, Royal Borough of Windsor and Maidenhead.

Governor Expenses

The role of Governor is unpaid; however, they are entitled to claim reimbursement of expenses, such as travel and subsistence costs. During 2017-18, twelve Governors (out of 32) claimed an aggregate total of £2,190 in expenses (£3,560 in 2016-17). The majority of expenses relate to travel costs and the quantum of this is primarily a function of distance from home to meeting locations.

Elections

Public and Staff Governors are elected by the membership of the relevant constituency and they serve for a period of three years. They can be re-elected and can serve for a maximum of nine consecutive years. The following table provides information on the results of Governor Elections held during the year:

Date of Election	Constituency	Election turnout %
November 2017	Reading	7.9
November 2017	Wokingham	11.5
November 2017	Staff – Non-Clinical	26.9

All elections were completed and supervised by Electoral Reform Services Ltd and were conducted in accordance with the Trust's Constitution.

Partnership Governors are appointed by the relevant organisation.

Register of interests

A register of interests is maintained for Governors. It is available by contacting the Trust's Company Secretary.

MEMBERSHIP

Berkshire Healthcare became an NHS foundation trust in 2007. This status allows us to make a range of decisions independently from direct government control. NHS foundation trusts are accountable to their staff, patients and local communities through their members and governors. All NHS foundation trusts have a duty to engage with their local communities and encourage local people to become members of their organisations.

NHS Foundation Trusts are also required to maintain a membership which is representative of the communities they serve. Our members and governors help us shape our plans for the future and make sure that the services we provide reflect what is needed locally.

Anyone can become a member of our Trust, however the minimum age is 12 years. The Marketing and Communications team is responsible for recruiting and engaging with our membership.

During 2017/18 we grew our membership by 155 from 11,568 to 11,723.

We have worked towards maintaining membership numbers rather than growing them over the last year, as we are comfortably over our target number of 10,000.

Attending events to explain the benefits of membership remains the most effective way to obtain new members. Reading Pride continues to be our single most successful recruitment event, with 180 new members this year. We also attended other key community events, mainly across the summer months, with a further 90 members.

Our staff automatically become members of Berkshire Healthcare, but can 'opt out' if they choose to do so.

Engagement with members

Over the last year engagement with our members has included invitations to attend our Annual General Meeting, information out about voting governors onto the Council and a digital newsletter covering key health topics and information about the Trust. Our new membership database means we can now produce engagement reports for our digital communications, and generate improved data reports (including areas such as demographics, health and involvement interests). We have supplied these to interested teams and governors, and the data is also used by the Marketing and Communications team to analyse trends and inform recruitment activity. The last email report showed that the most popular stories were what discounts members are eligible for, and the Secretary of State for Health, Jeremy Hunt's visit to Prospect Park Hospital.

Our current membership numbers in each local authority are shown below.

Current public membership by local authority area (on 2 April 2018)

Locality	Public	% of Membership	Base	% of Locality
Bracknell	939	12.65	121,427	13.43
Reading	1,859	25.05	164,138	18.15
Slough	746	10.05	148,694	16.44

Locality	Public	% of Membership	Base	% of Locality
West Berkshire	733	9.88	157,132	17.38
Windsor and Maidenhead	648	8.73	149,715	16.56
Wokingham	974	13.12	163,218	18.05
Rest of England	1,274	17.17	n/a	n/a
Out of Trust Area	249	3.36	0	0.00
Total	**7,422**	**100.00**	**904,324**	**100.00**

Most of our members live in Berkshire, however some live further away and have an interest in our organisation. They may be

- carers who look after, or are responsible for, someone who uses our services
- members of staff
- someone who has moved away from the county and wishes to maintain links with us

These members are part of our 'Rest of England' constituency. The 'Out of Trust Area' category refers to members whose postcode is not recognised or who live overseas.

The table below shows the size of our current membership, and the movement in numbers of members compared to 2016-17.

Membership size and movements (on 29 March 2018)

Public constituency	2016/2017	2017/2018	Percentage change
At year start (April 1)	6,588	7,277	10.5%
New members	767	317	-58.7%
Members leaving	66	175	165%
At year end (31 March)	7,277	7,419***	2.40%
Staff constituency	**2016/2017**	**2017/2018**	**Percentage change**
At year start (April 1)	4,476	4,262 **	-5.40%
New members	823	822	-0.10%
Members leaving	1,008*	864	-16.67
At year end (31 March)	4,291**	4304	0.30%

*we had more leavers in 2016/17 than usual as we transferred our staff bank to NHS Professionals.

**Regular cleanses of the database, and the daily updating of members, means there is a small difference in numbers every day. Staff numbers were checked against our internal staff records to ensure final accuracy.

*** minor differences in total numbers of public members compared to other analysis tables due to report generation on different dates.

The following table provides analysis of our public membership by age, ethnicity, socio-economic group and gender. Eligible membership (population) figures have been provided by Membership Engagement Services (MES), our database provider, and are taken from the 2011 census.

The 'Index' column refers to how 'on target' we are with representing the communities we serve. A score under 100 shows an under representation and a score above indicates an over representation. The minimum age to be a member is 12 years.

Analysis of public membership (on 2 April 2018)

Age	**No of public members**	**population**	**index**
0-16	42	205,160	2
17-21	191	50,089	46
22+	5,837	649,075	110
Not stated	1,352*	0	0
Gender	**No of public members**	**population**	**index**
Unspecified	630	0	0
Male	2,498	450,405	68
Female	4,290	453,919	115
Transgender	4	0	0
Ethnicity	**Number of public members**	**population**	**index**
Asian	591	111,616	61
Black	232	29,968	90
Mixed	134	22,158	70
Other	1,108*	8,250	1,560
White	5,357	689,878	90
ONS/Monitor Classifications	**Number of public members**	**population**	**index**

Age	No of public members	population	index
AB	2,089	86,677	86
C1	2,145	82,933	93
C2	1,359	48,349	101
DE	1,528	47,624	115
Total membership	**7,422**	**904,324**	

** Not all members have provided full details for classification.*

Plans for 2018/19

Whilst we remain comfortably over our target of 10,000 members our strategy aims to improve the alignment of our membership to the demographics of the population of Berkshire. As outdoor community events provide the best opportunities for recruiting members, this year we aim to increase our attendance at events in the east of the county where we hope to recruit more Asian and mixed race members.

Our membership strategic goals for the coming year are:

1. To ensure that the membership is representative of our local communities
2. To maintain or exceed our target membership of 10,000 (but not to exceed 12,000)
3. To promote opportunities for members to become a governor, and highlight elections to the Council of Governors.

In order to meet points 1 and 2, we will use analysis of our database to inform where our main areas of focus should be.

Membership recruitment events during 2018/19 will include:

- June - Royal Berkshire Hospital League of Friends Fete
- June - East Reading Festival
- June - Windsor Duck Race and Summer Fete
- July - Bracknell Show
- September - Reading Pride

We are continuing to investigate further events in the east of Berkshire

We will also encourage patients, carers and other interested people to become members by working with Patient Participation Groups and local Healthwatch organisations.

To meet point 3, and to maintain engagement of our members, we will issue twice yearly newsletters, as well as providing additional correspondence about elections and becoming a governor.

Members are encouraged to communicate with our governors and directors at any time. Initial contact should be made to the Company Secretary who will assist in putting a member in touch with the appropriate person. The Director of Corporate Affairs has executive responsibility for membership.

The Company Secretary can be contacted at Berkshire Healthcare, Fitzwilliam House, Skimped Hill Lane, Bracknell, RG12 1BQ, telephone 01344 415600.

Further information about our membership can be found on our website:
www.berkshirehealthcare.nhs.uk.

PUBLIC INTEREST DISCLOSURES

Accounts note

NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the NHS Foundation Trust Financial Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2017/18 NHS Foundation Trust Annual Reporting Manual issued by NHS Improvement. The accounting policies contained in that manual follow International Financial Reporting Standards and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Cost allocation

Berkshire Healthcare NHS Foundation Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust

Quality Account 2017/18

caring for and about you is our top priority

committed to providing good quality, safe services

working together with you to develop innovative solutions

"Our vision is to be recognised as the leading community and mental health service provider by our staff, patients and partners"

What is a Quality Account?

A Quality Account is an annual report about the quality of services provided by an NHS healthcare organisation. Quality Accounts aim to increase public accountability and drive quality improvements in the NHS. Our Quality Account looks back on how well we have done in the past year at achieving our goals. It also looks forward to the year ahead and defines what our priorities for quality improvements will be and how we expect to achieve and monitor them.

About the Trust

We are a community and mental health Trust, providing a wide range of services to people of all ages living in Berkshire. To do this, we employ over 4,500 staff who operate from our many sites as well as out in people's homes and in various community settings.

Having been rated as 'Good' by the Care Quality Commission– our ambition is to now reach 'Outstanding'.

We are also a digital pioneer, having been named by NHS England as a 'Global Digital Exemplar'– one of only seven mental health Trusts in the country to gain this status. This will allow us to transform patient care through new technologies.

We deliver joined up physical and mental health services, helping people to remain independent at home for as long as possible and providing the care and support that best meets the needs of our patients, in the most suitable location. From early years to end of life, we offer a wide range of services to keep you and your family well. We run a number of specialist clinics and services aimed at young people, adults and older people to support and treat mental health, physical health and sexual health conditions.

We work in partnership with Berkshire's two acute hospital Trusts, Royal Berkshire Hospital NHS Foundation Trust and Frimley Health NHS Foundation Trust. We also work closely with Berkshire's six local authorities and a diverse range of community and charitable organisations.

As a foundation Trust we are accountable to the community we support. NHS Improvement regulate our financial stability, and have given us a financial sustainability risk rating of 4, which is the best rating we could have (they rate from 1 to 4, with 1 being at most risk and 4 being the least risk). The Care Quality Commission oversee patient quality and safety – and they rate us as 'Good'

Table of Contents for Quality Account 2017/18

Quality Account Positive Highlights and Overall Summary 2017/18

Patient Experience

- The Trust is implementing a project to improve transition to adult mental health services for young people in our Child and Adolescent Mental Health Services (CAMHS)
- The Trust continues to prioritise and report on patient satisfaction to inform improvement and to involve people who use our services in the development and implementation of our plans and strategies

Patient Safety

- The Trust has launched a Quality Improvement (QI) programme and this has continued throughout the year
- The Trust has continued implementing its zero suicide programme
- Targets have been met relating to the development of cat. 2 pressure ulcers following a lapse in care by Trust staff. Community health wards continue to meet falls targets
- An IAPT (Talking Therapies)- long term conditions pilot has been implemented

Clinical Effectiveness

- Trust services have been assessed against NICE Guidelines relating to falls, pressure ulcers and patient experience of adult mental health services
- An internal audit of the Trust's adherence to National Guidance on Learning from Deaths resulted in substantial assurance being awarded to the Trust

Organisational Culture

- The Trust achieved positive results in the 2017 national staff survey
- The Trust continues delivering the Excellent Manager programme as well as values based recruitment and appraisal
- The Trust continues delivering its 'freedom to speak up programme', ensuring that staff are able to raise concerns in a variety of ways

Care Quality Commission (CQC) Rating

The Trust continues to be rated as 'Good' by the CQC and is committed to maintaining and improving on this rating

The Trust has set quality priorities for 2018/19 in the following areas:

Patient Safety Priorities

- To drive improvement through the Trust Quality Improvement (QI) Programme
- To deliver 'Harm Free' objectives relating to falls, self-harm and suicide
- To achieve reductions in urgent admissions, and delayed transfers of care for inpatients

Clinical Effectiveness Priorities

- To demonstrate evidence-based services by reviewing them against NICE guidance
- To continue reviewing, reporting and learning from patient deaths

Patient Experience Priorities

- To achieve a 95% satisfaction rate in our Friends and Family Test, and 60% of staff reporting use of service user feedback to inform decisions in their department
- To reduce our use of prone restraint by 90% by the end of 2018/19
- To focus on understanding and supporting outcomes of care that are important to patients
- To contribute to Integrated Care System work streams to improve outcomes

Organisational Culture Priorities

- To achieve improvements in staff feeling empowered to make improvements at work, staff recommending the Trust as a place to receive treatment and a reduction in assaults on staff
- To reduce vacancies by 10%
- To train an additional 24 services in our Quality Management Improvement System
- To achieve the objectives set out in the Equality Plans for each area

Figure 1- Summary of Trust achievement against 2017/18 Quality Account Priorities

Priority and Indicator		Results 2016/17	Results 2017/18	Comment & Change from 16/17- 17/18
Patient Experience				
Initiate project to improve transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health services		N/A	**Met**	**Target Met**
Friends and Family Test- Achieve a response rate of at least 15%		N/A	**11.25% (Q4)**	**Target Not Met**
Friends and Family Test- % of patients likely or extremely likely to recommend the service to a friend or family member	Community Services (Mental health and physical health combined)*	95%	**96%**	**Change: +1%**
	Mental Health Inpatients*	74%	**67%**	**Change: -7%**
	Community Hospital Inpatients*	95%	**97%**	**Change: +2%**
	Minor Injury Units and Walk-in Centre*	95%	**98%**	**Change: +3%**
Trust Patient Satisfaction Survey- % of Patients rating the service they received as good or very good	Community Mental Health	85%	**82%**	**Change: -3%**
	Community Physical Health	93%	**95%**	**Change: +2%**
	Mental Health Inpatients	72%	**67%**	**Change: -5%**
	Patients in Community Hospitals	97%	**99%**	**Change: +2%**
Carer Friends and Family Test- % of carers likely or extremely likely to recommend the service to a friend or family member		96%	**97%**	**Change: +2%**
Continue Patient Leadership Programme		Met	**Met**	**Target Met**
National Community Mental Health Survey- Overall result (score out of 10)		7.2	**7.3**	**Change +0.1**
Patient Safety				
Initiate Trust Quality Improvement Programme		N/A	**Met**	**Target Met**
Continue Zero Suicide Programme		Met	**Met**	**Target Met**
Number of Pressure Ulcers developed following a lapse in care by Trust staff	Community Patient or Inpatient Category 2 pressure ulcers (Target- Less than or equal to 19)	N/A	**14**	**Target Met**
	Community or Inpatient Category 3 and 4 pressure ulcers (Target- Less than or equal to 9)	N/A	**15**	**Target Not Met**
Rate of inpatient falls per 1000 bed days on wards for older people	Older Peoples Mental Health Wards (Target- less than or equal to 8 per 1000 bed days)	6.62	**9.66**	**Target Not Met**
	Community Health Wards (Target- less than or equal to 8 per 1000 bed days)	4.95	**4.65**	**Target Met**
Smoking cessation for mental health inpatients- Meet CQUIN and Quality Schedule targets		N/A	**Met**	**CQUIN Target Met**
Initiate an Improving Access to Psychological Therapies (IAPT)- Long Term Conditions (LTC) expansion across Berkshire		N/A	**Met**	**Target Met**
Clinical Effectiveness				
Compliance with Trust NICE guidance implementation targets	Compliance with NICE Guideline on Pressure Ulcers	N/A	**94%**	**Target Met**
	Compliance with NICE Guideline on Falls	N/A	**95%**	**Target Met**
	Compliance with NICE Guideline on Patient Experience in Adult Mental Health	N/A	**91%**	**Target Met**
Gain internal audit assurance on the Trust's adherence to the National Guidance on Learning from Deaths (March 2017)		N/A	**Substantial Assurance from internal audit**	
Organisational Culture				
National NHS staff survey results- Percentage of staff agree or strongly agree they would recommend our Trust as a place to receive treatment (target 77%)		75%	**75%**	**Target not met**
Continue delivering the Excellent Manager Programme, Values Based Appraisal and Values Based Recruitment to ensure that we promote a culture of shared values and related behaviours across the entire organisation.		N/A	**Met**	**Target Met**
Continue the Trust 'freedom to speak up programme', ensuring that staff are able to raise concerns in a variety of ways.		N/A	**Met**	**Target Met**

***Specific Friends and Family Test targets have been set for 2018/19.**

Part 1. Statement on Quality by the Chief Executive of Berkshire Healthcare NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust has continued to deliver effective, safe and efficient care for its patients through 2017/18. We have a Trust-wide vision to be recognised as the leading community and mental health provider by our patients, staff and partners.

The Trust continues to be rated as 'Good' by the Care Quality Commission (CQC) and we are committed to achieving an 'Outstanding' rating in 2018.

We have successfully introduced an organisational Quality Improvement (QI) programme which will enable us to apply a consistent approach to continuous improvement by developing the ability of each and every staff member to make improvements to the way we deliver care for our patients. This programme has supported the development of our priorities for 2018/19 detailed within this account.

We are committed to ensuring that patients have a positive experience of the care we provide and we continue to prioritise learning from patient experience surveys, complaints and compliments. Overall, feedback from these results is positive, and we aim to maintain and improve on this during 2018/19.

Patient safety remains of paramount importance to us, and our Trust board monitors performance in this area through scrutiny of a variety of patient safety metrics, several of which are shared in this report. We maintain robust governance, patient safety, incident and mortality reporting systems which are able to highlight areas for improvement in a timely manner allowing for learning.

Our clinical effectiveness agenda helps to ensure that we are providing the right care to the right patient at the right time and in the right place. Our clinical audit and NICE programme allows us to measure our care against current best practice leading to improvement. This report details the work undertaken in this area.
The National Quality Board launched its Learning from Deaths policy in March 2017 in response to the CQC's report 'Learning, Candour and Accountability'. It has become increasingly important for Trusts to evidence that they are systematically and continuously reviewing patient outcomes including mortality (patients who have died). It is acknowledged that most deaths do not occur as a result of a direct patient safety incident. None the less, it is important that opportunities for learning from deaths and learning from the review of the care provided and the experience in the period prior to the person's death are not missed, and this is scrutinised by our Board and reported publicly.

Berkshire Healthcare is committed to the principles of system working and is actively involved with the Berkshire West and Frimley Integrated Care Systems in finding sustainable population based solutions for meeting the physical and mental health needs of our patients and service users.

This report demonstrates the breadth of improvement work that is being undertaken, as well as the commitment of Trust staff to improve services for patients across the county.

The information provided in this report is, to the best of my knowledge, accurate and gives a fair representation of the current services provided

Julian Emms CEO

"I would rate them positively in every way, both in their care towards my mother & their interaction and involvement with me in her care program… CMHT work with my mum has been invaluable. If I was allowed to give specific praise & name individuals in this review I would! All I can say is the nursing staff in the elderly mental health team have been excellent. Personally I have attended the 6 week course they run on understanding Alzheimer's; whilst much of the content I already knew I would still strongly suggest this course to others, as the 1 or 2 'nuggets' of information each week were invaluable. Keep up the good work!"

From a relative of a patient- Community Older Adult Mental Health Service- Maidenhead

Part 2. Priorities for Improvement and Statements of Assurance from the Board

2.1. Achievement of Priorities for Improvement for 2017/18

ⓘ This section details the Trust's achievements against its quality account priorities for 2017/18. These priorities were initially identified, agreed and published as part of the Trust's 2016/17 quality account. Specific priorities have been set in the areas of patient experience, patient safety, clinical effectiveness and organisational culture

These quality account priorities support the Trust's quality strategy for 2016-20 (see Appendix A) to provide accessible, safe, and clinically effective community and mental health services that improve patient experience and outcomes of care through the following six elements:

- Patient experience and involvement – for patients to have a positive experience of our services and receive respectful, responsive personal care
- Safety – to avoid harm from care that is intended to help
- Clinical Effectiveness – providing services based on best practice
- Organisation culture –patients to be satisfied and staff to be motivated
- Efficiency – to provide care at the right time, way and place
- Equity – to provide equal care regardless of personal characteristics, gender, ethnicity, location and socio-economic status.

2.1.1 Patient Experience and Involvement

ⓘ One of the Trust's priorities is ensuring that patients have a positive experience of our services and receive respective, responsive personal care. This sub-section details our performance against our patient experience priorities for 2017/18.

Our 2017/18 Patient Experience Priorities:

1. To improve transition to adult mental health services for young people in our Child and Adolescent Mental Health Services (CAMHS)

2. To increase response rates for the Friends and Family Test (FFT) to at least 15% in each service and to continue to prioritise and report on patient satisfaction leading to improvements.

3. To involve people who use our services in the development and implementation of our plans and strategies

Transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services

ⓘ The Trust has established strong arrangements for service user and family engagement in our CAMHS and this has helped to inform actions required to improve transition into adult services. We recognise how important this is; given that 50% of young people receiving CAMHS transfer into adult services.

Transition from CAMHS to Adult Mental Health Services has been addressed as part of a Commissioning for Quality and Innovation (CQUIN) project in 2017/18. This CQUIN aims to incentivise improvements to the experience and outcomes for young people as they transition out of CAMHS into Adult Mental Health Services.

Actions taken to meet the aim included the following:

- A transition policy was been agreed and distributed across the organisation
- Tools were developed to aid the process, including a transition care plan
- Joint agency planning for transition was rolled out across the localities
- Training and presentations took place across children's services to increase understanding of transition requirements and to embed the processes outlined in the transition policy and Standard Operating Procedure
- Engagement with clinical directors was undertaken to ensure that the transition process was embedded across services
- Engagement with Community Mental Health Team (CMHT) leads was undertaken to outline requirements, in accordance with the plan
- Ownership and expectations of the project were embedded in the CAHMS leadership team

In order to demonstrate that the requirements of the CQUIN were met, the following was undertaken:

1. A case note audit in order to assess the extent of Joint-Agency Transition Planning; and
2. A survey of young people's transition experience ahead of point of transition (Pre-transition / Discharge readiness); and
3. A survey of young people's transition experience after the point of transition (Post- Transition Experience)

The results from these three exercises demonstrated the consistent effort within the Trust over the last three years to set up a transition process in order to improve the experience of young people and their families and prevent vulnerable young people from falling between gaps in the service. In particular, the study found that:

- 88.9% of young people audited had evidence of joint agency transition planning and 11.1% had the requirements partially met.
- 88.6% of the young people audited had evidence of discharge planning completed.
- 80% of young people responding to the survey who had completed a transition into Adult Mental Health Services were satisfied with their pre-

transition experience and 60% agreed that their plan had helped achieve their transition goals.

However, there was a gap identified in services for young people with neurodevelopmental disorders, particularly Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD), and the varying prescribing practices between health providers appear to contribute to concerns around this. Families did not feel supported when discharged from CAMHS to their GP for medical monitoring while awaiting an appointment within the Adult ADHD service. The young people also indicated their preference for more frequent contact from the Adult Mental Health Services. In addition, some families believed that the transition process had been rushed and should have been discussed earlier on in treatment. It would have also been beneficial to meet a clinician from the adult service more than once to feel more at ease about transferring into to the care of another clinician, as some young people found the change difficult to adjust too.

The transition report will be disseminated and shared with the CAMHS and Adult Mental Health Services to inform further planning and development of our transition process.

Patient Friends and Family Test (FFT)

ⓘ The Friends and Family Test (FFT) is used by most NHS funded services in England. It is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The FFT asks people if they would recommend the services they have used, and can be completed by text messaging after discharge, by card or on the internal Trust patient survey.

The Trust aim for 2017/18 was to achieve a response rate of at least 15% in each service for the Friends and Family Test. Figure 2 details achievement against this target and shows that the response rate stayed below the target during the year, but was at its highest in Quarter 4. It is believed that the low response rate during the year has been impacted on by staff capacity to support the FFT programme and resource has been identified to address this.

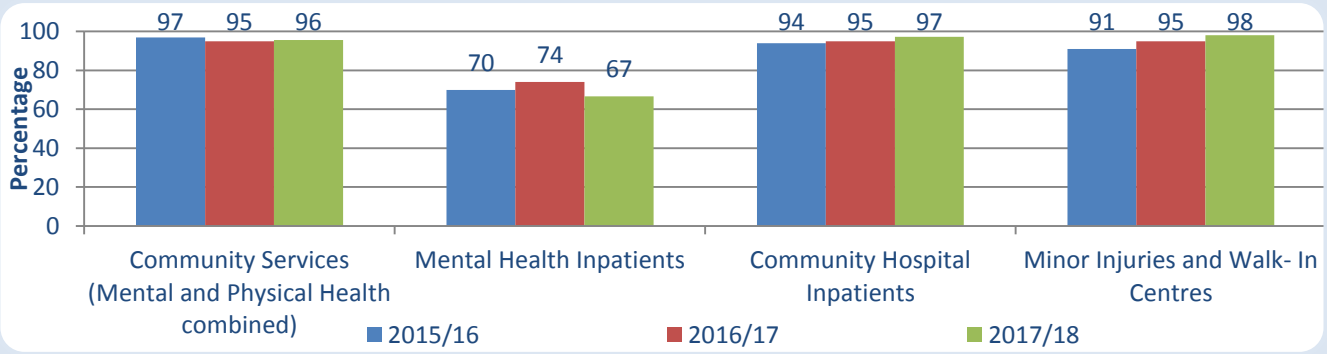
Figure 2: Response Rate for Patient FFT

Timeframe	Q1	Q2	Q3	Q4
% Response Rate	7.04	9.6	6.8	11.25

Source: Trust Patient Experience Reports

Figures 3 and 4 below demonstrate the Trust's achievement in relation to recommendation rate in the patient FFT. The figures demonstrate an increase in the percentage of patients that were either likely or very likely to recommend community services, community hospital inpatient and minor injuries and walk-in centres in 2017-18 compared with 2016-17. The figures also show that 67% of mental health inpatients would recommend the service in 2017/18, compared with 74% in 2016-17. However, these figures should be interpreted with caution due to the low number of responses by mental health inpatients.

Figure 3- Patient Friends and Family Test (FFT): Percentage of patients very likely or likely to recommend the service to a friend or family member.



Source: Trust Patient Experience Reports. Please note that the management of the Slough Walk-In Centre transferred to another organisation on 1st September 2017.

Figure 4- Patient Friends and Family Test- total number of responses

Survey and Service	2016/17			2017/18		
	Total no. of respondents	Respondents likely or extremely likely to recommend service		Total no. of respondents	Respondents likely or extremely likely to recommend service	
		No.	%		No.	%
Community Services- Mental Health & Physical Health Combined	11339	10815	95	15399	14718	96
Mental Health Inpatients	141	104	74	87	58	67
Community Hospital Inpatients	887	845	95	1057	1028	97
Minor Injuries Unit and Walk in Centre	5869	5577	95	3094	3035	98

Source: Trust Patient Experience Reports. Please note that the management of the Slough Walk-In Centre transferred to another organisation on 1st September 2017.

Carer Friends and Family Test (FFT)

ⓘ A Friends and Family Test for carers has also been created which asks if carers would recommend Trust services. Whilst this is not mandated nationally, the Trust recognises the crucial role that carers have and the value of their feedback.

Figures 5 and 6 below demonstrate the Trust's achievement in relation to the Carer Friends and Family Test. The figure shows that 97% of respondent carers in 2017/18 were likely or very likely to recommend Trust services to a friend or family member. This is 1% above the 2016/17 figure.

Figure 5- Carer Friends and Family Test: Percentage of carers extremely likely or likely to recommend the service to a friend or family member

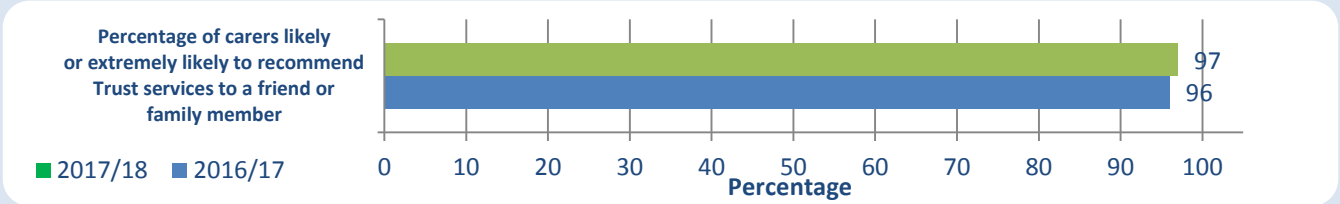


Figure 6- Carer Friends and Family Test- total number of responses

Survey and Service	2016/17			2017/18		
	Total no. of respondents	Respondents likely or extremely likely to recommend service		Total no. of respondents	Respondents likely or extremely likely to recommend service	
		No.	%		No.	%
All carers	207	198	96	269	261	97

Source: Trust Patient Experience Reports Please note that the Trust does not have a response rate for this survey.

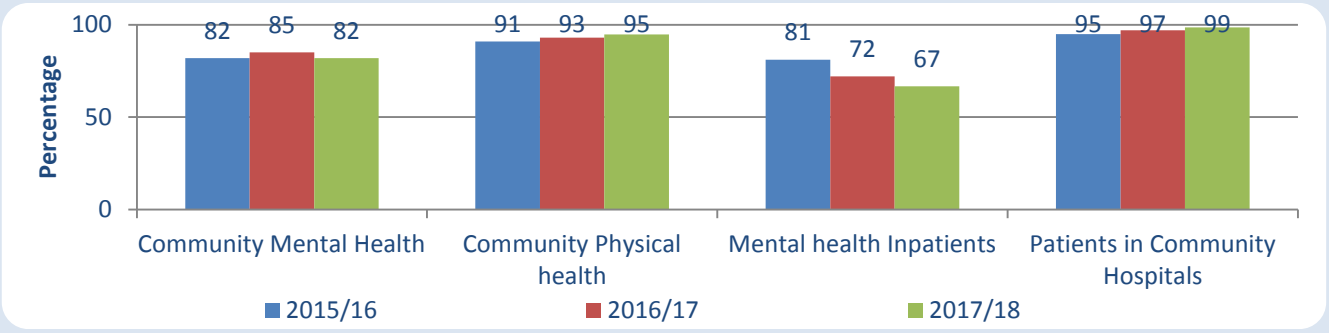
Trust Patient Satisfaction Survey

ⓘ The Trust also carries out its own patient satisfaction survey throughout the year to further ascertain and assure levels of patient satisfaction.

Figures 7 and 8 below demonstrate the Trust's performance in relation to this survey.

The figures show that in 2017/18, 82% or more respondents rated the service they received from Trust community mental health services, community physical health services and community hospitals as good or very good. 67% of mental health inpatients responding gave a rating of good or very good, but this figure is based on a small numbers of respondents (6).

Figure 7- Trust Patient Survey: Percentage of patients who rated the service they received as very good or good.



Source: Trust Patient Experience Report

Figure 8- Trust Patient Survey- total number of responses

Survey and Service	2016/17			2017/18		
	Total number of respondents	Total rating service as good or very good	% rating service as good or very good	Total number of respondents	Total rating service as good or very good	% rating service as good or very good
Community Mental Health	1254	1067	85	1203	985	82
Community Physical Health	9228	8544	93	12193	11559	95
Mental Health Inpatients	271	196	72	6	4	67
Patients in Comm. Hospitals	622	601	97	341	336	99

Source: Trust Patient Experience Reports

The Patient Leadership Programme

ⓘ The Patient Leadership Programme aims to establish a group of people that have received training and support to work with us to design and improve patient services.

Patient Leaders are engaging with the Quality Improvement team and work around improving access to activities in the community for carers in Bracknell.

The Trust are proactively co-facilitating the Patient Leadership Programme with the Royal Berkshire Hospital who have led the training and are looking at opportunities for patient leaders to be involved in projects across both Trusts.

Learning from Complaints and Compliments

The Trust has continued to respond to and learn from complaints and compliments during the year.

Figures 9 and 10 below show the number of complaints and compliments received by the Trust.

There were a total number of 209 formal complaints received in 2017/18 and this is the same as the number of complaints received in 2016/17.

Community Mental Health Teams (CMHTs)/Care Pathways received the highest number of formal complaints during 2017/18 (44 complaints in total) and these accounted for 22 % of the total complaints received by the Trust. In comparison CMHTs received 32 total complaints in 2016/17 and 30 in 2015/16. Care and treatment remains the main theme of complaints across the CMHTs, accounting for half the complaints received.

The community inpatient wards have seen a reduction in formal complaints from 17 in 2016/2017 to 11 in 2017/2018.

Child and Adolescent Mental Health Services (CAMHS) have seen an increase in formal complaints from 18 in 2016/2017 to 26 in 2017/2018. The majority of the complaints received relate to care and treatment. Three of the twenty six complaints received in 2017/2018 involved waiting times. There has been work 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.

Crisis Resolution and Home Treatment Teams (CRHTT) received 20 complaints in 2017/2018, one fewer than the previous year. Care and treatment, communication and attitude of staff are the main themes of complaints received, and this aligns with the main themes for all complaints received.

All of our mental health inpatient wards are based at Prospect Park Hospital in Reading. During 2017/18, the mental health inpatient wards received 25 complaints. Care and treatment was the main theme of the complaints received, making up 68% of these complaints. There are no other emerging themes. There were fewer complaints about our older person's inpatient wards (Orchid Ward and Rowan Ward).

There were no formal complaints received about community or inpatient Learning Disability Services in quarters three and four of 2017/18.

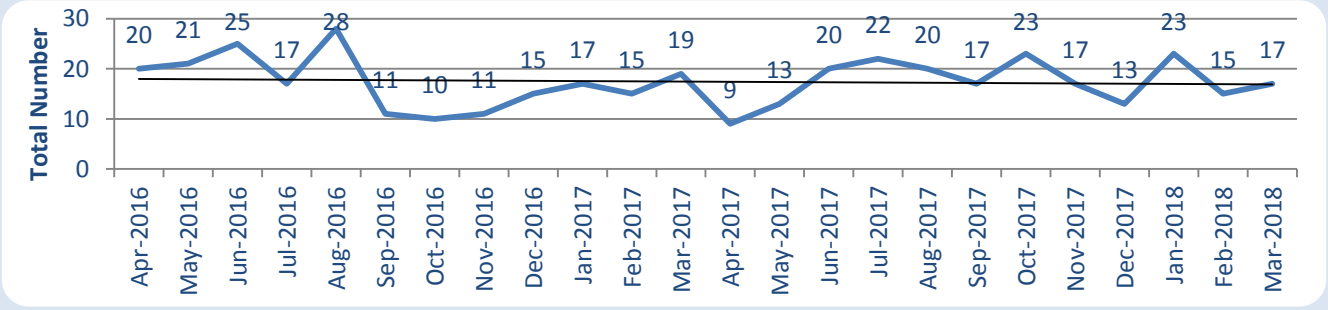
All services review the findings from complaint investigations and these are discussed in the locality patient safety and quality meetings with actions identified and monitored to affect positive change. This information is also available via real time dashboards accessible to both the Locality and Clinical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

During 2017/18 the Trust achieved a complaints response rate of 100% within the timescale agreed with the complainant. In addition, 100% of new complaints were acknowledged within three working days.

The average number of days taken to resolve formal complaints during quarter four for 2017/18 was 24. This represents an increase from 18 in quarter three, and a decrease from 25 in quarter two and 27 in quarter one of 2017/18. This remains a significant decrease in comparison with 33 days in quarter three of 2016/17.

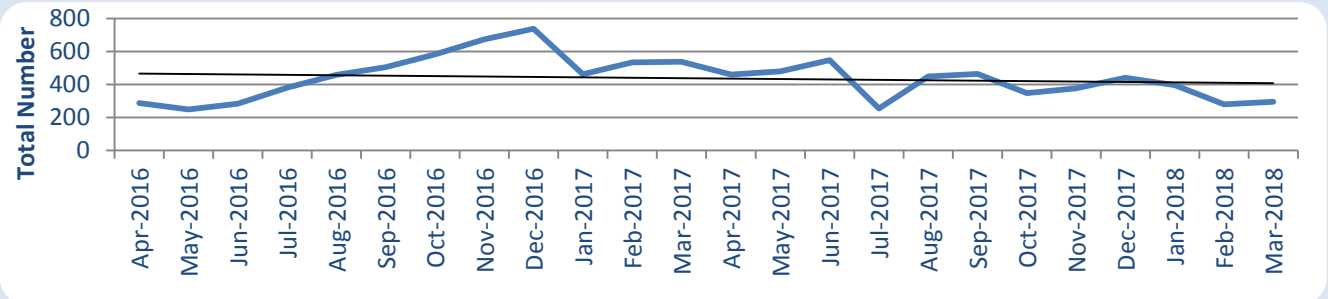
The Trust uses complaints to help inform service improvements, some of which are detailed later in this report. Please also note that the number of complaints, together with response and resolution times is included within section 3 of this report as they are indicators of quality.

Figure 9- Complaints received



Source: Trust Complaints Report

Figure 10- Compliments received



Source: Trust Compliments Report- this is based on compliments being submitted voluntarily by services

National NHS Community Mental Health Survey 2017

ⓘ The National Community Mental Health Survey is an annual exercise that aims to ascertain the experiences of people that receive specialist care or treatment for a mental health condition. Feedback from people about their experiences of our community mental health services is crucial in helping us highlight good care and to identify potential risks to the quality of services.

The results of the 2017 National Community Mental Health Survey were published in November 2017.

The Survey Sample. Patients were eligible to receive and respond to this survey if they had been seen by Community Mental Health Services between 1st September 2016 and 30th November 2016. Surveys were sent to 850 people meeting this inclusion criteria, with responses received from 241 of them (29%). This is an increase in the Trust response rate from 27% in the 2016 survey, and above the 2017 survey national rate of 26%.

About the Survey and how it is scored. The 2017 survey contained 36 questions organised across ten sections. Each question and section was scored out of a total mark of 10 and given a RAG rating (Red, Amber or Green) to indicate how the Trust had scored in relation to an expected range of scores. For example, an amber score indicated that the Trust score was not significantly different than average for that question, with a green score indicating that the Trust scored better and a red score worse.

Summary of Trust results. The Trust scored amber (about the same as other Trusts) across all sections of the 2017 survey- the same as in the 2016 survey. The Trust also scored amber across all questions in the 2017 survey, with the exception of two questions:

- Organising your care: Do you know how to contact this person (the person who is in charge of organising your care and services) if you have a concern about your care? Trust Score- Amber/ Green.
- Changes in who people see: What impact has this had on the care you receive?
  Trust Score- Green, the highest score of all Trusts for this question.

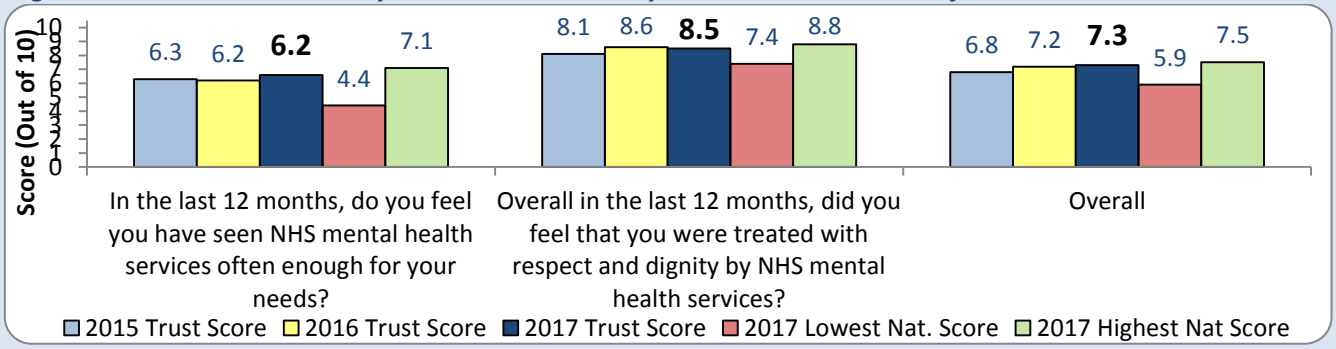
In addition, there has been an improvement in Trust scores relating to contacting the crisis team, where the Trust scored in the red range in the 2016 survey, but improved to the amber range in the 2017 survey.

Respondents' overall view of care and experience. Figure 11 below gives an overview of scores for the Trust in relation to respondents' overall views of the care and service they received and their overall experience. The 2017 Trust scores (shown by the dark blue bar in the middle of the chart) are compared with the highest and lowest scores achieved by other Trusts in 2017 (the red and green bars), and with the comparable Trust score in both 2015 and 2016 (the light blue and yellow bars).

These results are to be shared with the Community Mental Health Teams and the wider organisation. An analysis of the Trust reports and an associated action plan has been produced to be made available to our commissioners as part of our Quality Schedule.

The overall Community Mental health score for the Trust is also included within section 2.4 of this report as it is a core indicator.

Figure 11- National Community Mental Health Survey Results - Overall view of care and services



Source: National Community Mental Health Survey

2.1.2 Patient Safety

ⓘ The Trust aims to prevent errors in healthcare that can cause harm to patients. The errors that occur in healthcare are rarely the fault of individuals, but are usually the result of problems with the systems staff work in. Regardless, NHS patients should be treated in a safe environment and be protected from avoidable harm.

Our 2017/18 Patient Safety Priorities:

1. To drive quality improvement through the use of improvement methodology and supporting innovation
2. To continue implementing the Zero Suicide initiative, working to achieve a 10% reduction in numbers of people known to us taking their own lives by 2021
3. To provide 'Harm Free Care' in relation to two specific aspects of our community health services:
   - To continue to improve on the prevention and reduction of pressure ulcers developed due to a lapse in our care during the year, maintaining the level of performance against current indicators
   - To continue to achieve low numbers of falls on our older people's inpatient wards (less than eight per 1000 bed days)
4. Responding to people's needs for both physical and mental health care through prioritising support to stop people smoking in our inpatient mental health services and developing psychological support for people with long term physical health problems through our talking therapies service (IAPT)

Throughout the year, the Trust's aim has been to foster an environment where staff members can be confident to raise concerns about patient safety. Learning occurs with respect to errors, incidents, near misses and complaints across the organisation. Initiatives to achieve this have been implemented during 2017/18. The Trust has continued to engage with and contribute to cross organisational initiatives such as the patient safety collaborative.

The Trust has also signed up to the 'Sign up to Safety' pledges and through this has committed to put safety first, continually learn, be honest and transparent, collaborate in learning and support staff, to help them understand and improve on when things go wrong.

A list of Trust quality concerns and information relating to the Duty of Candour are also documented within this section. Further information on Trust patient safety thermometer metrics, including those relating to various types of harm, are included in Appendix D.

"I took my mother to the 'Falls Clinic' where the staff were not only efficient and diligent but kind and humorous. Her wonderful doctor and nursing team and physiotherapist did a complete range of tests on her and took their time to listen. We both felt she couldn't be in better hands and are very grateful. Thank you St Mark's.

From a relative of a patient- Mobility and Falls Service - St Marks Hospital, Maidenhead

The Trust Quality Improvement Programme

ⓘ The Trust introduced an organisational Quality Improvement (QI) Programme in 2017/18 as part of its commitment to achieve an 'Outstanding' rating by the CQC. This programme will enable a consistent approach to continuous improvement across the whole Trust and will be achieved by introducing new techniques, education, tools and training that focus on what patients value most.

The Trust Quality Improvement Programme was launched by the Chief Executive in April 2017 and has continued throughout the year.

As part of the programme, the Trust commissioned a partnership of KPMG, Thedacare (a world leader in healthcare improvement) and Western Sussex Hospitals to help develop new ways of working. This has been achieved in a variety of ways, including introducing new techniques, education, coaching tools and training. Staff have been trained in new Quality Improvement techniques, with many invited to take part in improvement events and workshops.

A Head of Quality Improvement, together with five Quality Improvement Practitioners have been appointed from inside the Trust to help drive and sustain the programme in the long term, and to build capacity and capability.

Ultimately, the Trust wants to provide all staff with the right support, knowledge and skills to give them the confidence to make changes and take away the frustrations that stop them focusing on the important parts of their job which really make a difference to patient care and experience. The Trust also wants to empower staff to solve problems rather than wait for the managers to do so.

Workstream Updates.

The work required to set in motion and sustain Quality Improvement throughout the Trust is set out in four workstreams. These are currently being progressed by the Quality Improvement Team, and a summary of progress against each of these at the end of 2017/18 is given below.

1. **Strategy Deployment**
   Identifying a small number of strategic priorities and cascading these through the organisation

The development of a mechanism for prioritising Trust projects continues. The aim of this is to ensure that all Trust projects are aligned to where the Trust wants to be (the "True North" direction of the Trust) and that they do not overburden the workforce

2. **Quality Management and Improvement System (QMIS)**
   A management system that aligns performance and daily improvement to the Trust's strategic goals.

QMIS training has been introduced to two cohorts of staff with a third cohort starting the training in Quarter 4 of 2017/18. Training for senior leaders also started from Quarter 4 of 2017/18.

3. **Improvement projects**
   Making improvements in areas that are too complex to be resolved through daily continuous improvement techniques

A project has been initiated to develop an end-to-end pathway for some of our most challenging mental health patients, including those with non-psychotic personality disorder. Detailed process maps for each part of the pathway have been produced that outline clinical detail and the process to follow. The design of the new clinical pathway has been co-produced with service users. Work has also been undertaken with the finance team looking at the resource required for the implementation of the future pathway.

4. **Quality Improvement office**
   Ensuring structured accountability, support and dedicated resources are in place for improvement activity. Developing capabilities for improvement across the Organisation

The QI Team have developed the training material provided by KPMG to make it more interactive and engaging, and are developing a Trust-wide training strategy. In addition, the QI team are working on the roll-out of QI over the next 2 years. The Head of Quality Improvement is also working closely with the Global Digital Exemplar programme team.

Suicide Prevention- Zero Suicide

ⓘ The Trust's vision is to develop a culture of zero suicide where patients, families and carers feel supported to manage illness when in crisis.

The Trust Zero Suicide programme was initiated in 2016. Four areas were prioritised to achieve the Trust vision, and these are based on the best available evidence, Trust values, data from Serious Incidents (SIs), staff feedback and resources:

- Leadership
- Optimising systems (RiO patient management system, use of data and audit)
- Training
- Support for service users, staff and families

The initial action plan focussed on the development of risk documentation that incorporated a risk summary, risk management plan and safety plan. The aim was to provide staff with the tools to assist them with their engagement and assessment. A programme of work and development of resources to assist with implementation was successful and this system is now fully operational. Monitoring was improved through the production of a suicide surveillance dashboard which also helped to inform learning and training.

Building upon the progress made in 2016/17, the Trust then focused on the following goals during 2017/18:

1. To achieve a 10% reduction from the 2015/16 baseline rate of suicides of people under Berkshire Healthcare NHS Foundation Trust mental healthcare by 2020/21.
2. To demonstrate an increase in positive staff attitude and a proactive approach to suicide prevention.
3. To develop an optimised RiO clinical record system for recording risk
4. To ensure families, carers and staff feel supported and know where they can get specific support after a suicide.

Progress made against each of these goals during the 2017/18 year is detailed below.

Goal 1: A 10% reduction from the 2015/16 baseline in suicides of people under Berkshire Healthcare NHS Foundation Trust mental healthcare by 2020/21.

Figure 12 below shows the yearly rate of suicides per 10,000 people under Trust mental healthcare. The 2015/16 rate was 9.2 per 10,000 people under Berkshire Healthcare NHS Foundation Trust mental healthcare, and whilst the Trust have met the 10% target reduction it is important to view this over a sustained period given the very small numbers and recognising the natural peaks and troughs in suicide rates.

Figure 12- Number of suicides per 10,000 people under Berkshire Healthcare NHS Foundation Trust Mental Healthcare

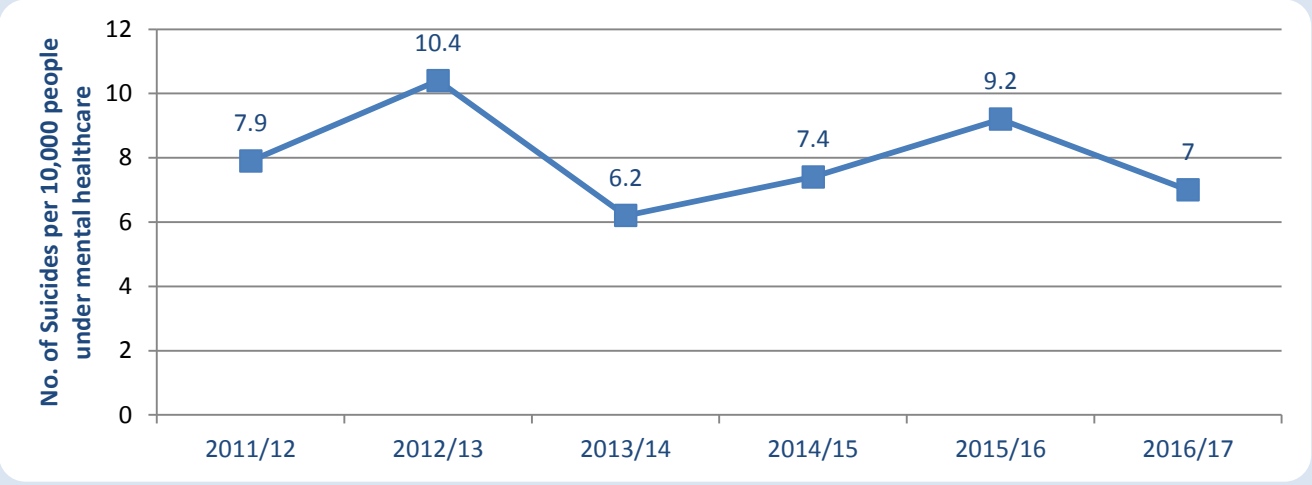


Figure 13 below shows the number of suicides of patients under Trust mental healthcare reported per month since April 2016. The rolling year total is also shown.

Figure 13- Suicides of patients under Berkshire Healthcare NHS Foundation Trust mental healthcare Number per month and rolling year total per month

Source: Trust Performance Assurance Framework

Goal 2: To demonstrate an increase in positive staff attitude and a proactive approach to suicide prevention

It is the aim of the Trust that staff will report an increase in confidence and competence in suicide prevention. This will be achieved through delivery of updated and improved suicide prevention and awareness training. Current training includes:

- Mandatory clinical risk one day induction training and mandatory monthly smart risk training. All materials for these courses have been updated based on evaluations, feedback and dashboard data
- A 3-day suicide awareness course
- Bespoke team training delivered in 1-2 hour workshops using incident data and near miss information from across the Trust and wider
- Specialist training modules
- Safety plan training sessions

The 3-day suicide awareness course continues to be well attended and evaluated. It has also been possible to see that those completing the training are more likely to achieve compliance with risk audit standards (detailed in Goal 3). New materials have been devised to focus on safety planning and learning from Serious Incidents, and the safety planning aspect will be the focus for improvement going forward

Figure 14 below shows the number of participants undertaking suicide prevention related training courses during 2017/18.

Figure 14- Suicide prevention training undertaken during 2017/18

Training description	Number of staff undertaking training during 2017/18
3-day suicide awareness training	139
Crisis intervention training	21
Bespoke crisis telephone training	17

The extent of the change in confidence and competence of staff in suicide prevention will be measured with reference to the results of the Trust Zero Suicide Workforce Survey, the first of which was undertaken in April 2017. Figure 15 below details some of the results of this survey. The Trust will not be undertaking this survey again until May 2018 due to the demand on the Zero Suicide Workforce Survey, which is an international database. Improvement will

be measured once this survey has been undertaken again.

Figure 15- Trust Zero Suicide Workforce survey results relating to confidence of workforce- 2017

Respondent Group	Question	Total number responding to this question	Respondents that agreed or strongly agreed with statement	
			Number	%
All Respondents (Includes those working in clinical, managerial, support and admin roles, in both an inpatient and/or outpatient setting)	I have the knowledge and training needed to recognise when a patient may be at elevated risk for suicide	593	407	69%
	I am confident in my ability to respond when I suspect a patient may be at elevated risk of suicide	592	437	74%
Respondents that stated they are responsible for conducting screenings of suicide risk	I have the knowledge and skills needed to screen patients for suicide risk	263	246	94%
	I am confident in my ability to respond when I suspect a patient may be at elevated risk of suicide	263	234	89%
Respondents that stated that they are responsible for conducting suicide risk assessments for patients who screen positive for suicide risk	I have the knowledge and skills needed to conduct a suicide risk assessment.	246	221	90%
	I am confident in my ability to conduct a suicide risk assessment.	246	213	87%

Goal 3: To develop an optimised RiO clinical record system for recording risk

The Trust implemented a new risk summary at the beginning of January 2017. This summary consists of a simplified format that allows the practitioner to complete one form to cover risk assessment, risk management and crisis contingency/service user focussed safety plan. The summary was launched alongside a range of user guides, frequently asked questions and a new policy and standard operating procedures.

The implementation of this risk summary has been measured using a new qualitative audit system that looks for evidence that the risks and needs of the individual have been accurately captured through genuine engagement and that a collaborative plan is in place to manage any modifiable risks.

The risk audits continue to show a steady improvement and the focus will now be to ensure that that safety plans are in place and on the quality of the safety planning. The audit has been revised to capture this work.

Goal 4: Families, carers and staff will feel supported and know where they can get specific support after a suicide.

A support leaflet has been developed for families and carers, and 'Help is at Hand' material is provided to all families as part of the Trust's Duty of Candour. In addition, face-to face support is also provided and a support after suicide psycho-educational intervention has been developed and is being tested.

Carer training on suicide awareness, mental health first aid and also Zero Suicide has been made

available, with six carers have undertaken Mental Health First Aid training. Zero Suicide online training has also been well received. The Trust has no way of knowing the exact number of Trust participants undertaking this online training, but as of April 2018 6453 people have completed the course overall. Each person completing the training will be provided with the skills they need to approach situations where they may encounter someone with suicidal thoughts. They will also be supported to better understand and be able to help anyone expressing suicidal thoughts or behaviours.

The Trust have secured the screening of the film 'Suicide- the ripple effect' in Camberley on 25th April 2018. In this film Kevin Hines shares his journey in relation to his suicide attempt. He is also filmed meeting with families and survivors all over the world.

As summarised under Goal 2 above, a range of support is available for staff, and a leaflet summarising this has been devised. This information is also included in the induction guide for staff. In addition, permission has been given to the Trust to utilise the resources of PAPYRUS, a national charity for the prevention of young suicide.

The extent to which staff feel that they are supported is being measured with reference to the results of the Trust Zero Suicide Workforce Survey, the first of which was undertaken in April 2017. Figure 17 below details some of the results of this survey. The Trust will be undertaking this survey again in May 2018, at which point improvement will be measured.

Figure 17- Trust Zero Suicide Workforce survey results relating to support to workforce- 2017

Respondent Group	Question	Total number responding to this question	Respondents that agreed or strongly agreed with statement	
			Number	%
All Respondents (Includes those working in clinical, managerial, support and admin roles, in both an inpatient and/or outpatient setting)	This organisation provides me access to ongoing support and resources to further my understanding of suicide prevention.	602	356	59%
Respondents Who Reported that they interacted with a patient who ended his/her life by suicide.	I felt supported by this organisation when a suicide occurred.	256	128	50%

In 2018/19, the programme of work will focus on the following:

- To continue supporting those in a leadership role in promoting the message that suicide is preventable, supporting their staff and teams to develop suicide awareness and ensuring we have a "no blame" culture that focuses on learning from incidents.

- To continue working on ensuring those who are under the care of secondary mental health services are offered a robust safety plan and that this is collaborative and shared with other stakeholders as appropriate. The Trust have recruited two peer volunteers to work on our inpatient wards to assist with this work.

- As well as providing support for service users and our staff, the Trust will keep a focus on involving and supporting carers.

Pressure Ulcer Prevention

ⓘ Pressure ulcers, sometimes known as 'bed sores' or 'pressure sores', are damage to the skin and underlying tissues caused by pressure or pressure and friction. They can range in severity from a red patch or blister to a complex open wound. Pressure ulcers are graded from 1 (superficial) to 4 (most severe).

The aim of the pressure ulcer prevention priority during 2017/18 was to provide the best care to patients through prompt and thorough risk assessment, education of patients and carers, and early intervention to ensure prevention of pressure damage in the first instance.

In pursuance of this aim, the Trust target was to demonstrate continuing improvement during the year, maintaining the level of performance against current indicators on pressure ulcers that have developed following a lapse in care by Trust staff.

Current interventions to ensure sustained best practice include completion of a pressure ulcer risk assessment. Waterlow and Malnutrition Universal Screening Tool (MUST) scores are completed on admission and, together with the patient's clinical condition, inform the development and implementation of an appropriate care plan, advice and education to minimise the risk. From April 2016, 'avoidable' pressure ulcers are referred to as Lapse in Care (LiC) and 'unavoidable' as Appropriate Care Given (ACG)

Progress against this priority has been monitored throughout 2017/18 using the following metrics, the results of which are detailed in the figures below:

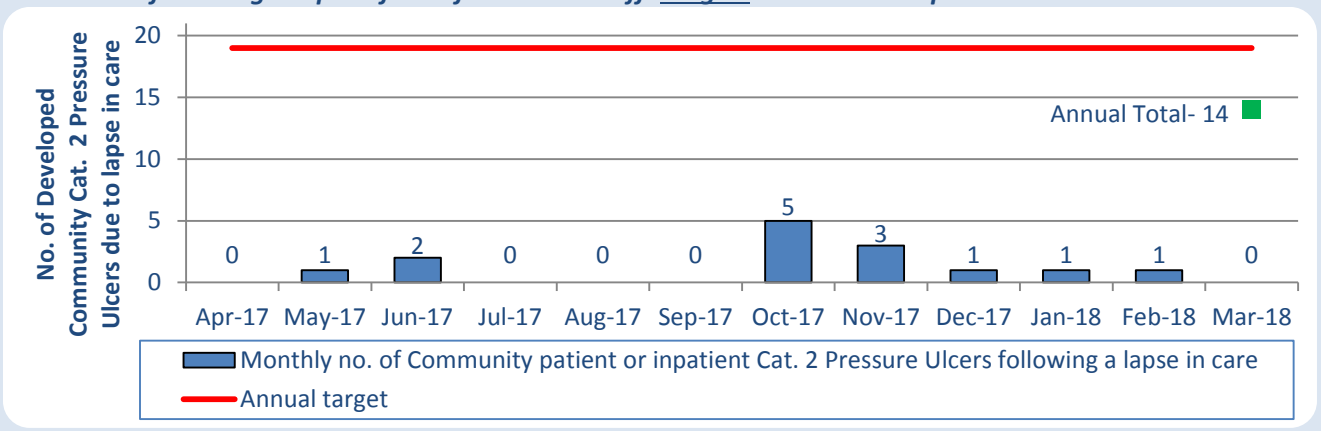
1. To achieve fewer than or equal to 19 community patients or inpatients annually developing Category 2 pressure ulcers which occurred following a lapse in care from Trust staff.
2. To achieve fewer than or equal to 9 community patients or inpatients annually developing Category 3 and 4 pressure ulcers which occurred following a lapse in care from Trust staff.
3. To monitor Trust point prevalence of new pressure ulcers as reported in the Classic Safety Thermometer

The charts below show that, during 2017/18, the Trust has kept below the target of 19 community patient or inpatient category 2 pressure ulcers following a lapse in care (LiC) by Trust staff. However, the Trust has exceeded the target of 9 category 3 and 4 pressure ulcers following a lapse in care by Trust staff (this does not necessarily mean that the pressure ulcer would have been prevented).

Focussed work as part of the Trust's wider quality improvement programme is being undertaken and learning events are continuing for every developed Category 3 and 4 pressure ulcer in the community with a potential lapse in care, and all pressure ulcers category 2 and above that have developed on our inpatient wards. These are positive events that are well attended by clinicians and supported by a senior manager and specialist Tissue Viability Nurse who are all engaged in looking for opportunities for improvement. There are processes in place to ensure local actions are undertaken and any learning is shared with wider teams. All teams have identified pressure ulcer champions who attend a quarterly forum. This provides support to their wider teams, however the workforce pressures on teams is considered to be attributing to the increase in developed pressure ulcers where there is an identified lapse in care.

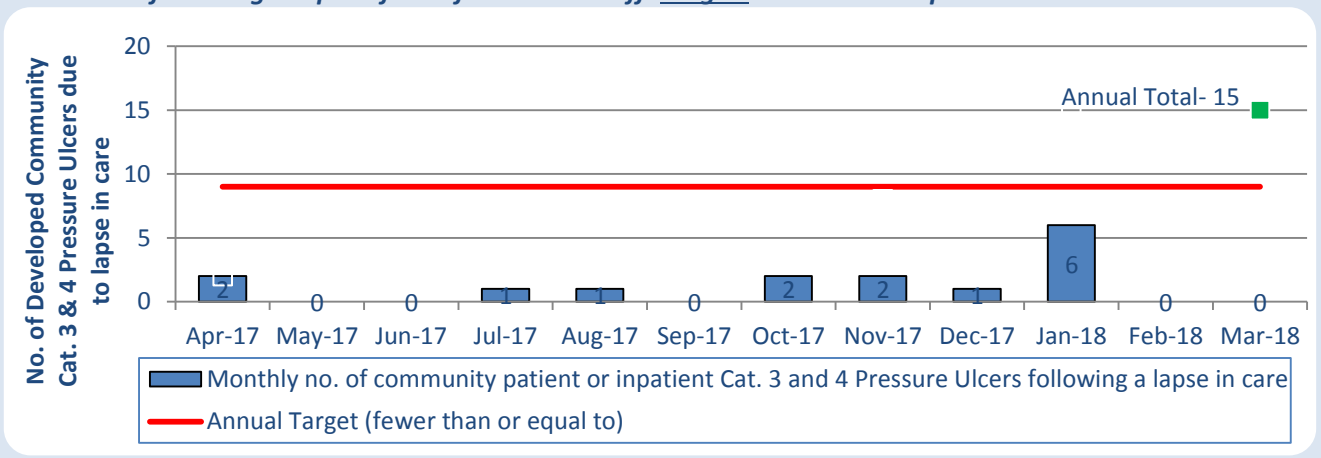
The numbers shown are subject to change as the investigation of some incidents is in progress and are subject to confirmation following the learning event.

Figure 18- Number of developed community patient or inpatient Cat. 2 pressure ulcers which occurred following a lapse of care from Trust staff. Target- Less than or equal to 19



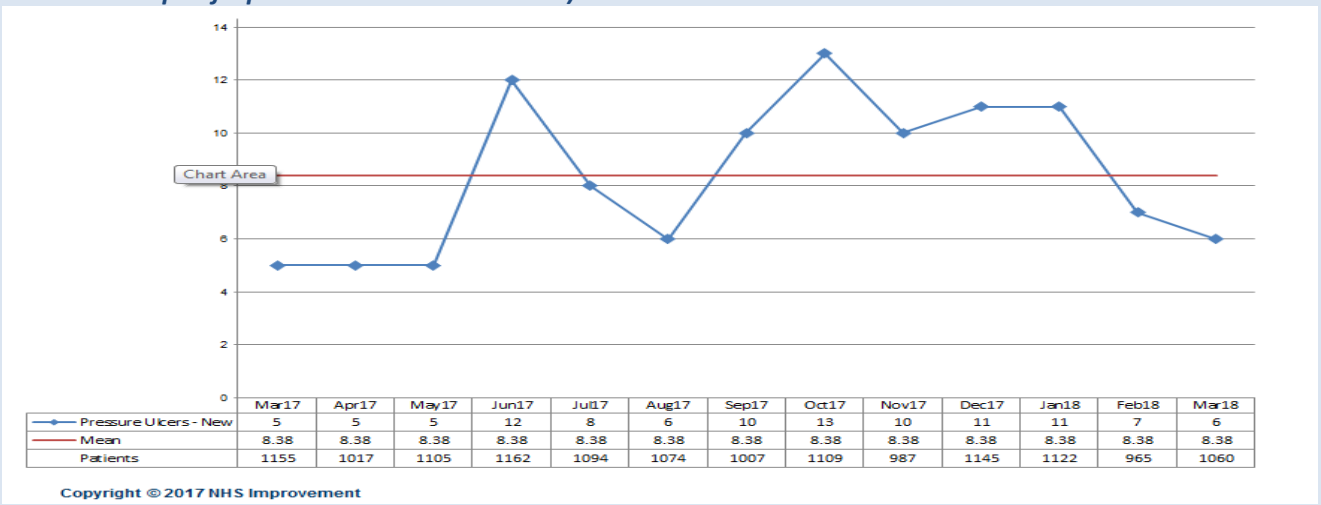
Source: Trust incident data (Datix) based on finally approved incident

Figure 19- Number of developed community patient or inpatient Cat. 3 and 4 pressure ulcers which occurred following a lapse of care from Trust staff. Target: Less than or equal to 9



Source: Trust incident data (Datix) based on finally approved incidents

Figure 20- Point prevalence of new pressure ulcers (all developed Pressure Ulcers for the Trust recorded at a specific point in time each month*)



Source: Safety Thermometer

* **Please note** that the above Safety Thermometer chart does not show the total number of new pressure ulcers for the Trust, but only those that are recorded at a specific point in time each month.

Falls on older peoples inpatient wards

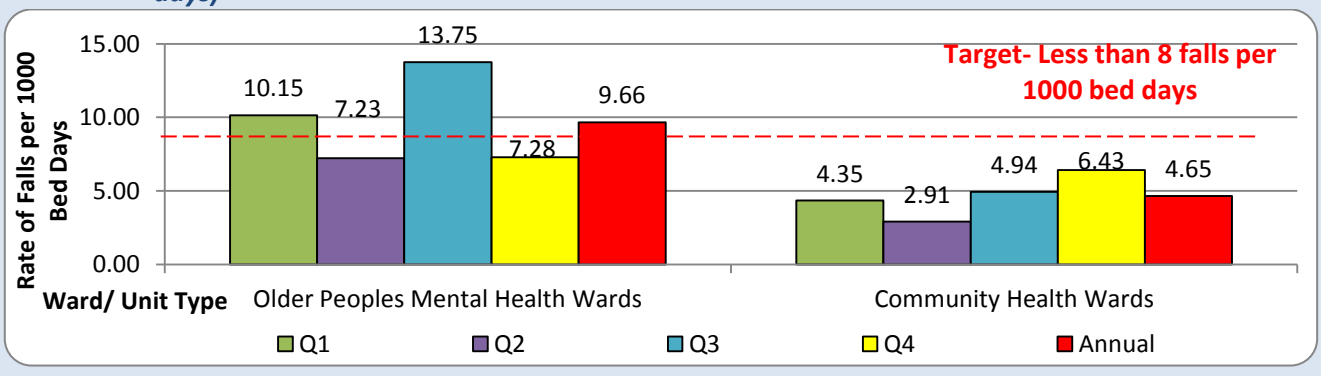
ⓘ The Trust considers prevention of falls a high priority. The Royal College of Physicians report that falls are the most commonly reported type of patient safety incident in healthcare. Although most people falling in hospital experience no or low physical harm (such as minor cuts and bruises), others suffer severe consequences, such as hip fracture, head injury or, on rarer occasions, a fall will be fatal (falls are the commonest cause of death from injury in the over 65s). The personal consequences of a fall for the individual can be significant and even 'minor' falls can be very debilitating.

During 2017/18, the Trust aimed to continue to achieve low numbers of falls experienced by inpatients on older people's inpatient wards (less than 8 per 1000 bed days). The Trust Falls Strategy was written and ratified in the autumn of 2015 in response to the recognition that its falls focus and assessments were not standardised across all its wards and that numbers were at times high, both on mental health and community wards, with no real understanding as to why that was. Many of the reasons people fall are out of the control of the Trust (e.g. co-morbidity) but equally the Trust can learn from many of the reasons people fall, and change practice.

During this year the Trust has worked closely with the Oxford Academic Health Science Network (OAHSN) across the Thames Valley to implement evidence-based ways of reducing falls in its services. This includes implementing the Royal College of Physicians FallSafe care bundles, which involves the analysis of falls data on each ward, completing a gap analysis and then identifying suitable care bundles to implement on each ward to reduce falls. Work is in progress to add the falls paperwork to the RiO risk summary on the patient record used on the Older People's Mental Health (OPMH) wards, and once that is done the Trust will resume the FallSafe work on Rowan and Orchid Wards (older people's mental health wards at Prospect Park Hospital) with the Oxford AHSN.

Progress against this priority was monitored by analysing the number of inpatient falls against a target of no more than 8 per 1000 bed days. Figure 21 below shows the Trust's performance against this target, together with the total number of falls. The figure shows that the target rate has been met for Community Health Wards but not for Older Peoples Mental Health (OPMH) Wards. Both of the Trust's OPMH Wards are undertaking Quality Improvement Training (QMIS) and have selected falls as their driver metric. They will be using and analysing their falls data to understand the root cause of falls on the wards and will introduce a number of countermeasures over the coming months using Plan Do Study Act (PDSA) methodology. In addition to this Rowan Ward (an Older People's Mental Health Ward at Prospect Park Hospital) are trialling 2 different assistive technologies to help staff monitor patients at risk of falls.

Figure 21- Rate of falls per 1000 bed days- Split by Ward Type (Target- less than or equal to 8 per 1000 bed days)



Number of Falls in 2017/18	Q1	Q2	Q3	Q4	Total
Older Peoples Mental Health Wards	26	18	37	19	100
Community Health Wards	57	39	63	86	245

Please note- patients may fall more than once, and this table represents the total number of falls, not the total number of individual patients that have fallen

Responding to people's needs for both physical and mental health care

ⓘ As a provider of both community and mental health services, the Trust is in an ideal position to deliver holistic services to individuals which assess and respond to their physical and mental health needs. As a result of this, the Trust prioritised support to help people stop smoking in our mental health inpatient services, as well as developing our psychological support for people with long term physical health problems through Talking Therapies.

Targeted smoking cessation for mental health inpatients

The Trust is committed to enhancing the quality of life of its patients. To this end, targets were set as part of the Commissioning for Quality and Innovation (CQUIN) programme and Quality Schedule relating to targeted smoking cessation for mental health inpatients. CQUINs enable commissioners (such as the Clinical Commissioning Groups) to reward excellence, by linking a proportion of service providers' income to the achievement of national and local quality improvement goals.

For the CQUIN target, the sample included all unique adult mental health inpatients admitted during 2017/18 (i.e. if a patient was admitted in both Quarter 1 and Quarter 2 of 2017/18, then they were excluded from the Quarter 2 analysis).

For the quality schedule the sample included 25 patients, from which patients who smoke were identified and assessed against the audit criteria.

The table below details the Trust's performance against these targets. Actions have been put in place to address where criteria are not being met and include reminding ward staff to complete RiO documentation correctly and to follow and complete the admission protocol accurately. This will be supported by the ward managers. In addition, the Drug and Alcohol Lead will continue to support, educate and mentor staff to ensure patients are being asked throughout their admission whether they would like Nicotine Replacement Therapy (NRT) and/or referral to smoking cessation groups.

Figure 22- Trust performance in relation to targeted smoking cessation for mental health inpatient metrics

Quality Reference and Requirement	Target	Quarter	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
		Patients Audited	223	204	142	134
CQUIN 9a- Percentage of unique adult patients who are screened for smoking status AND whose results are recorded.	90%	% of patients meeting requirement	**100%**	**96%**	**94%**	**94%**
CQUIN 9B- Percentage of unique patients who smoke AND are given very brief advice	90%	% of patients meeting requirement	**92%**	**96%**	**93%**	**83%**
CQUIN 9C- Percentage of unique patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication.	30%	% of patients meeting requirement	**92%**	**76%**	**73%**	**61%**
Quality Reference and Requirement	**Target**	**Patients Audited**	**25**	**25**	**25**	**25**
		Pts identified as smokers	**12**	**12**	**10**	**7**
Quality Schedule- Percentage of eligible patients who are identified smokers and are offered Nicotine Replacement Therapy (NRT) within 2 hours of admission	95%	Number and % of patients meeting requirement	**11/12 (92%)**	**7/12 (58%)**	**8/10 (80%)**	**7/8 (88%)**
Quality Schedule- Percentage of those patients who have consented to Nicotine Replacement Therapy (NRT), and where this therapy is commenced within 2 hours of admission	95%	Number and % of patients meeting requirement (of those consenting to NRT)	**6/7 (86%)**	**0/4 (0%)**	**2/5 (40%)**	**½ (50%)**

Source: Trust CQUIN and Quality Schedule Reports relating to Smoking Cessation for Mental Health Inpatients

Improving Access to Psychological Therapies (IAPT) - Long Term Conditions (LTC) expansion across Berkshire 2017/18

The Improving Access to Psychological Therapies (IAPT) service in Berkshire, known as 'Talking Therapies', is a nationally recognised highly performing service. This service was awarded an NHS England/Clinical Commissioning Group (CCG) grant to become an Early Implementer Integrated IAPT-LTC pilot site: two (one in East Berkshire and one in West Berkshire) of 22 nationally.

The initial tranche of funding has secured the staff resources to build up the new integrated service from the pre-existing IAPT service. The new service has focussed on chronic obstructive pulmonary disease (COPD), asthma, diabetes, cardiac conditions, and Medically Unexplained Symptoms (MUS). Ongoing funding is required from the CCG's in 2018/19 to secure staff resources to meet the Five Year Forward view to increase access to IAPT treatments for people with an anxiety and depression diagnosis alongside a physical health condition.

Initial service user satisfaction scores have been above 94% and treatments have yielded a 55% recovery rate (against a target of 50%). Reduced A&E attendance by IAPT-LTC service users has also been demonstrated.

In Berkshire, the new staff have completed specialist training and have started integrating within practice surgeries and running drop-in sessions for surgery patients. The focus is on treatment for patients with co-morbid presentations and those who are frequent attenders and high users of surgery resources. The limited results available to date are encouraging from both a patient quality and cost reduction perspective.

Work continues with specialist nurses to integrate the service into rehabilitation clinics and education sessions for patients with diabetes, Chronic Obstructive Pulmonary Disease (COPD) and heart failure. Members of the psychological therapies team are attached to more than 10 surgeries to date and are also integrated with specialist nurses.

Psychological training, known as PiPP care and 10 minute Cognitive Behavioural Therapy, has been delivered to over 100 health professionals to date and a mental resilience module has been developed and offered to practice staff at all levels.

The new IAPT-LTC service is collecting routine activity and outcome data and is also taking part in a national and Thames Valley wide health utilisation evaluation study due to report in September 2018 in conjunction with the Academic Health Science Network and Oxford University.

New and innovative service developments resulting from this funding have also included the Psychological Interventions in Nursing and Community services (PINC) project, developed out of a Royal Borough of Windsor and Maidenhead pilot, which offers a psychological programme to community nurses and patients to help improve management of selected patients' physical and mental health needs. This service has supported treatment of painful on-going conditions and patients with agoraphobia, for whom the treatment resulted in successful re-integration into healthy, independent life in the community.

Another initiative has seen the extension of HealthMakers from Bracknell into Slough and Windsor, Ascot and Maidenhead under the management of Talking Therapies within Berkshire Healthcare. HealthMakers are a group of volunteers with long term health conditions that provide peer support to others managing their long term health conditions. So far, HealthMakers have made a difference to the lives of people in Bracknell by acting as patient peers and facilitators who work closely with local health services to improve patient care and quality of life. The service also delivers structured, evidence-based training to help others become HealthMakers and has now established a programme of self-management courses to complement Talking Health.

These initiatives are not only having an impact at a healthcare level but are also enabling the residents of Berkshire to play a more active, safe and supported role in managing their own health conditions with confidence.

Overall the IAPT-LTC team are extending and continuing the work of the established Talking Health team and have demonstrated cost reductions, improvements in physical health markers (e.g. HbA1c) and benefits to the wider health system.

Quality Concerns

ⓘ The Quality Assurance Committee of the Trust Board identify and review the top quality concerns at each meeting to ensure that appropriate actions are in place to mitigate them. They are identified through some of the information sources provided in this account, together with intelligence received from performance reports, our staff and stakeholders.

The Trust is currently rated as 'good' overall by the Care Quality Commission (CQC).

Acute Adult Mental Health Inpatient Bed Occupancy
Bed occupancy continues to be consistently above 90%. Patients have high acuity, there is disruption for patients who are on leave with concerns about where they will go on their return and patients are being placed out of area (this increases suicide risk on their discharge). The Chief Operating Officer continues to lead a bed optimisation programme to try and alleviate this pressure. Delayed discharges have stabilised although Sorrel Ward at Prospect Park Hospital has its female beds closed as the ward is being refurbished. The new bed management system is working well and the number of out of area placements is reducing but the pressure remains on local beds.

Locked Wards
Our inpatient assessment and treatment unit for people with learning disabilities and psychiatric intensive care unit are both locked units managing very challenging and vulnerable patients, who frequently assault staff. Both of these units continue to experience leadership challenges, high turnover of staff and agency use and therefore potentially provide a poor patient experience. Regular supervision is in place along with recruitment plans. Professional leads are working closely with staff to ensure standards of practice are maintained. Both wards are monitored robustly by Executive Directors.

Shortage of permanent nursing and therapy staff
Mental and physical health inpatient and community services are now affected by shortages of permanent nursing and therapy staff. This has a potential impact on the quality of patient care and experience, and increases our costs. Community nursing services are experiencing significant staff shortages alongside increased demand for care. There are 10 inpatient beds closed in the West of Berkshire due to lack of staff. Prospect Park Hospital has recruited 60 staff since January 2017 which is alleviating the pressure there. A recruitment and retention programme is being developed for community nursing services.

Duty of Candour

ⓘ The Duty of Candour is a legal duty on hospital, community and mental health Trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate, truthful information from health providers.

Berkshire Healthcare NHS Foundation Trust has an 'Open Communication (Being Open) a Duty to be Candid' policy that supports our culture of openness when things go wrong. To promote and help embed this policy, face to face training has been provided and there is also a page on our intranet where staff can access information, flow charts and advice.

The Trust Patient Safety Team monitor incidents reported on our incident reporting system (Datix) to ensure that where incidents meet the requirement for formal Duty of Candour that this is undertaken.

The Trust process for formal Duty of Candour include meeting with patients and families, apologising for their experience, explaining the investigation process, inviting them to be involved in the investigation and then sharing the report and findings when the investigation is complete. We also ensure that support is offered to patients, family and carers as appropriate. The Duty of Candour supports the Trust learning from deaths programme detailed in Section 2.3.6. The table below details the total number of incidents requiring formal duty of candour during the year. The trust considers that the Duty of Candour was met in all cases.

Month	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Incidents with formal DOC	8	8	15	4	6	10	8	14	7	22*	23*	30*

*Q4 increase relates to pressure ulcers detected at time of initiating duty of candour. However, at the time of writing, we do not know if these will be due to lapse in care as this is being investigated. However, most of them will not be due a lapse in care

2.1.3 Clinical Effectiveness

ⓘ Clinical effectiveness aims to ensure that each patient receives the right treatment in the right place at the right time. Achieving this requires the application of the best knowledge (derived from research, clinical experience and patient preferences) to achieve optimum processes and outcomes of care for patients.

Our 2017/18 Clinical Effectiveness Priorities are as follows:

1. To demonstrate our delivery of evidence-based services by reporting on the implementation of NICE guidance related to Trust priorities identified in this Quality Account
2. To review, report and learn from deaths in line with new national guidance as it is published. Information on learning from deaths is included is included within the 'Statements of assurance from the board' in Section 2.3.6 of this report

Implementing National Institute for Health and Care Excellence (NICE) Guidance related to Trust priorities identified in this Quality Account

ⓘ Since 1999, NICE have provided the NHS, and those who rely on it for their care, with an increasing range of advice on effective, good value healthcare. NICE guidelines, technology appraisals and quality standards provide valuable evidenced-based information on clinically effective and cost-effective services.

Falls in Older people: Assessing Risk and Prevention

To support the falls priority in the patient safety section of this Quality Account, a re-assessment of compliance against NICE Clinical Guideline 161- Falls in Older People- has been undertaken.

This assessment was completed with input from the Trust lead for falls and included a review of 31 NICE recommendations that were deemed to be applicable to the Trust. These recommendations covered the areas of; risk identification and assessment, strength training and exercise, home hazard and safety intervention, psychotropic medications, falls prevention programmes and preventing falls during hospital stays.

The assessment found that the Trust was meeting 29 (94%) of the 31 recommendations.

Areas identified as not meeting recommendations included; the Trust not having a formal strength and balance training programme. However, a strength and balance programme was being piloted in one of the localities, and Trust physios are also available in the community and on wards to give advice.
In addition, NICE does not recommend using a falls prediction tool as a method of assessing patients' risk. However, Trust wards do use a traffic-light assessment tool, but only as the first stage of a more in depth assessment and care planning approach.

Pressure ulcers: Prevention and Management

To support the prevention of pressure ulcers priority in the patient safety section of this Quality Account a reassessment of compliance against NICE Clinical Guideline 179 on Pressure Ulcer Prevention and Management has been undertaken.

This assessment was completed with input from the Trust Tissue Viability Nurses (representing adult community services, adult community inpatient services and Older Peoples Mental Health Services), Children's Services (including Community Children's Nurses, Willow House Adolescent Unit, and Children's Respite Units), and Learning Disability Services.

The assessment included a review of 93 NICE recommendations that were deemed to be applicable to the Trust. These recommendations covered the areas of risk assessment, skin assessment, repositioning, nutritional supplements and hydration, pressure redistribution devices, care planning, information and training

The assessment found that the Trust was meeting 88 (95%) of the 93 recommendations.

Areas identified as not meeting recommendations included; ensuring that screening and assessment of risk is undertaken on adult mental health inpatient wards. These wards are working with the Tissue Viability Nurses to implement a suitable system to ensure this. In addition, pressure ulcer training and information is being reviewed to ensure that recommendations are being met in these areas.

Service User Experience in Adult mental Health.
To support the patient experience priority in this Quality Account, an assessment of compliance against NICE Clinical Guideline 136 on Service User Experience in Adult Mental Health has been undertaken.

This assessment was completed with input from the Clinical Director and Clinical Lead for Zero Suicide, Inpatient Mental Health Services, Community Mental Health Services, the Common Point of Entry Team and the Crisis Resolution and Home Treatment Team.

The assessment included a review of 89 NICE recommendations that were deemed to be applicable to the Trust. These recommendations covered the areas of access to care, assessment, community care, crisis care, hospital care, discharge and transfer of care and treatment under the Mental Health Act.

The assessment found that the Trust was meeting 81 (91%) of the 89 recommendations.
Areas identified as not meeting recommendations included; waiting times for patients to see a mental health professional once referred (due to demand on services), content of appointment letters and the length of one-to-one time spent with inpatients. These have been highlighted to service leads with action being undertaken to address these findings

Other clinical effectiveness activity, including that relating to service improvements, clinical audit research and learning from deaths, are reported later in this report in Section 2.3- 'Statements of Assurance from the Board'.

2.1.4. Organisational Culture

ⓘ The Trust is committed to acting in line with our values, with a strong focus on delivering services which provide good outcomes for patients and their families. We will listen and respond to our staff and provide opportunities for training and development

Our 2017/18 Organisational Culture Priorities are as follows:

1. To improve on our National NHS staff survey results, with at least 77% of our staff saying they would recommend our Trust as a place to receive treatment
2. To continue delivering our Excellent Manager Programme, providing a strong foundation for all managers in our Trust
3. To continue Values Based Appraisal and Recruitment to ensure that we promote a culture of shared values and related behaviours across the entire organisation
4. To continue the Trust Intelligence Monitoring Group, thus enabling the review of a range of relevant indicators, including incidents, complaints and workforce data. Please see the 'Quality Concerns' paragraph in the patient safety section of this report for further information on this
5. To continue the Trust Freedom To Speak Up programme, ensuring that staff are able to raise concerns in a variety of ways

2017 National NHS Staff Survey

ⓘ The results from the National NHS Staff Survey are used by the Trust to inform local improvements in staff experience and wellbeing. This is important as a positive staff experience plays an important part not only in staff welfare, but also in helping to maintain and improve on patient safety and experience.

The Trust took part in the 2017 NHS National Staff Survey between September and November 2017.

The Survey Sample.

The survey was conducted online, resulting in it being open to over 4000 of the Trust's employees, 1,796 (44%) of whom responded. This is slightly lower than the Trust's 2016 response rate of 46% and the 2017 national response rate of 45% for similar Trusts (29 combined mental health, learning disability and community health services Trusts).

Summary of Trust Results.

The survey contained 32 Key Findings. The Trust results were benchmarked against the other 28 similar Trusts and showed:

- Better than average scores for 22 key findings (compared with 20 in 2016), with 6 equalling the best score
- Average scores for 6 key findings (compared with 7 in 2016)
- Worse than average scores for 4 key findings (compared with 5 in 2016)

The Key Findings (KF) where the Trust score equalled the best amongst similar trusts in 2017 were:

- KF4: Staff motivation at work: 4.04 out of 5
- KF7: Percentage of staff able to contribute to improvements at work: 76%
- KF8: Staff satisfaction with level of responsibility & involvement: 3.98 out of 5
- KF6: Percentage of staff reporting good communication between senior management and staff: 47%
- KF3: Percentage of staff agreeing that their role makes a difference to patients: 92%
- KF23: Percentage experiencing physical violence from other staff in the last 12 months: 1%

In addition, the Trust achieved a top 3 score amongst its peers in the following areas:

- Percentage of staff satisfied with the opportunities for flexible working patterns: 63%
- Staff recommendation of the organisation as a place to work or receive treatment: 3.88 out of 5
- Effective team working: 3.93 out of 5
- Recognition and value of staff by managers & the organisation: 3.65 out of 5

The Trust achieved a worse than average score amongst similar trust in 2017 in the following areas:

- Percentage of staff experiencing discrimination at work in last 12 months: 13%– peer avg. 11%
- Percentage of staff working extra hours: 77%- peer avg. 71%
- Percentage of staff/colleagues reporting most recent experience of violence: 83%– peer avg. 88%
- Percentage of staff reporting most recent experience of harassment, bullying or abuse: 53%– peer avg. 57%

The staff engagement score for the Trust in the 2017 survey was 3.93 out of 5, which was an improvement on the 2016 score of 3.91, and is important due to the link between staff engagement and the provision of good quality, safe services. In addition, one of the Trust targets for 2017/18 was for at least 77% of our staff saying they would recommend our Trust as a place to receive treatment. This target was just missed as the 2017 survey results show that 75% of respondents agreed or strongly agreed that they would be happy with the standard of care provided by the organisation if a friend or relative needed treatment. This is the same result as in 2016.

Please note that the overall National Staff Survey score for the Trust is also included within section 2.4 of this report as it is a core indicator.

The Workforce Race Equality Standard (WRES) requires organisations to demonstrate progress against a number of indicators of workforce equality, with some of these indicators based on the Trust's National Staff Survey results. Figure 23 below details these findings for the Trust, separated into scores for white and black and minority ethnic (BME) staff. The Trust has made positive progress in relation to three of the four survey results during 2017, whilst the score for KF25 (staff experiencing harassment or bullying from patients/ public) is the same as in the 2016 survey. The Trust continues making a consistent and sustained commitment over time to make progress in this area, and have in place a programme of work to achieve this.

Figure 23- Staff survey results relating to the Workforce Race Equality Standard

Description	Race	Trust Scores (%) 2014 (%)	2015 (%)	2016 (%)	2017 (%)	2017 Average (median) for combined MH/LD and community Trusts (29 Trusts)
KF25- Percentage of staff experiencing harassment or bullying from patients / public in the last 12 months	White	21	23	22	22	25
	BME	32	25	27	27	28
KF26- Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	19	19	18	18	20
	BME	23	27	26	21	23
KF21- Percentage of staff believing the Trust provides equal opportunities for career progression or promotion	White	88	91	90	89	88
	BME	76	74	68	74	76
Q17b- In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues	White	5	5	5	7	6
	BME	13	14	17	11	11

Source- 2017 National Staff Survey

Figure 24 below details further results from the 2017 staff survey and compares them with the Trust's results in prior years, and the median score for similar Trusts in 2017.

Figure 24- Annual comparison of Trust scores

Question and reference		Trust Score 2015 (%)	Trust Score 2016 (%)	Trust Score 2017 (%)	2017 Average (median) for combined MH/LD and community Trusts (29 Trusts)
Q2a	*I look forward to going to work (often or always)*	67	67	**65**	59
Q2b	*I am enthusiastic about my job (often or always)*	79	79	**78**	73
Q5f	*How satisfied am I that the organisation values my work (Satisfied or very satisfied)*	48	51	**55**	44
Q8c	*Senior managers try to involve staff in important decisions (agree or strongly agree)*	43	43	**47**	34
Q8d	*Senior managers act on staff feedback (agree or strongly agree)*	43	43	**46**	32
Q12a	*My organisation treats staff who are involved in an error, near miss or incident fairly (agree or strongly agree)*	56	60	**61**	53
Q12b	*My organisation encourages us to report errors, near misses or incidents(agree or strongly agree)*	92	91	**92**	89
Q12c	*When errors, near misses or incidents are reported my organisation takes action to ensure that they do not happen again (agree or strongly agree)*	78	78	**78**	68
Q12d	*We are given feedback about changes made in response to reported errors, near misses and incidents (agree/ strongly agree)*	65	67	**68**	60
Q13b	*I would feel secure raising concerns about unsafe clinical practice (agree or strongly agree)*	73	76	**77**	73
Q13c	*I am confident that my organisation would address my concern (agree or strongly agree)*	66	67	**67**	60
Q21a	*Care of patients / service users is my organisations top priority (agree or strongly agree)*	80	81	**82**	72
Q21b	*My organisation acts on concerns raised by patients and service users (agree or strongly agree)*	82	81	**81**	75
Q21c	*I would recommend my organisation as a place to work (agree or strongly agree)*	65	67	**66**	58
Q21d	*If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation (agree or strongly agree)*	74	75	**75**	67

Source: 2017 National Staff Survey

Excellent Manager Programme

ⓘ The Excellent Manager Programme was launched in 2013 and has proven successful in shifting culture, and engaging and motivating staff. The programme covers a range of managerial capabilities including vital conversations, maximising individual and team performance and leading service development and change.

All existing mangers have been trained and the programme will continue to be delivered to newly recruited or promoted managers and those seeking to progress within the Trust.

One measure of success has been seen in the annual staff survey which has demonstrated year-on-year increases in managers seeking views, manager support, staff feeling valued and engaged and improvement in general communication.

Values Based Recruitment

ⓘ Values based recruitment is a way of assessing candidates' strengths and development needs in relation to the values we are looking for to be successful in a role at Berkshire Healthcare NHS Foundation Trust. A number of assessment methods can be used to assess the candidates' performance against a pre-determined set of behavioural indicators.

Values-based recruitment went live in the Trust in early 2016 and was another important milestone in making real our commitment to our values and behaviours. Because of the involvement of colleagues, the Trust is confident that it has a first class approach that both recruiting managers and candidates will value.

Values Based Appraisal

ⓘ It is the policy of Berkshire Healthcare NHS Foundation Trust that every member of staff has an annual review, incorporating a review of performance against objectives, a review of behaviours against Trust values, setting of new objectives for the coming year and a personal development review and plan

The Trust values based appraisal process matches the values based recruitment process and ensures that Trust values run throughout the organisation and are reinforced. As such, the Trust values are embedded within the appraisal documentation.

In 2017, 96.5% of staff had a values-based appraisal conducted. This exceeded the Trust target of 94%. As a result, the target for 2018 will be increased to 97%.

Freedom to Speak Up

Following a review by Sir Robert Francis, a national 'Freedom to Speak up' policy was developed that contributes to a more open and supportive culture that encourages staff to raise any issues of patient care, quality or safety. It is expected that all NHS organisations in England adopt this policy as a minimum standard to help to normalise the raising of concerns

The Trust's Freedom to Speak Up Guardian role is now fully embedded and staff are aware of this additional resource or avenue to raise concerns.

In the period April 2017 to March 2018 there have been six concerns raised and investigated using the Trust's policy on raising concerns and whistleblowing. All of these cases are now closed, with an average completion time of 51 days against the target of an average 53 days.

The Trust will remind staff of the avenues open to them to raise any concerns they have. If preferred, concerns can be raised anonymously via a dedicated whistleblowing helpline telephone number which is managed by an external Employee Assistance Programme provider.

Compassionate Leadership Programme

The Compassionate Leadership Programme has been developed to support the Trust in becoming a consistently compassionate organisation by 2020. Its aims are to develop motivation to care for ourselves, to inspire and motivate managers and teams to lead with compassion, to develop compassionate charters within teams to enhance team resilience and wellbeing and to enhance compassionate resilience within the workforce

The Compassionate Leadership Programme includes a two-day course on Compassionate Leadership and a one-day Introduction to Compassionate Resilience.

As at the end of 2017/18, 404 staff have attended the two day programme, with 483 staff attending the one-day course or a team event. Anecdotal feedback from individuals and teams has been extremely positive so far, and the programme is being evaluated for its impact.

Making it Right (MiR).

The Making it Right programme has been introduced in response to Trust Workforce Race Equality Standard (WRES) data. The programme has the overall aim of seeking to close the gap between the work experience of our white staff and our Black, Asian and Minority Ethnic (BAME) staff. It is part of the Trust's ongoing commitment to develop a high performing, diverse and inclusive workforce.

The Making it Right Programme pilot draws on best practice evidence aiming for; fair recruitment for all, career progression for all, zero tolerance of bullying and harassment, prioritising staff health and wellbeing and ensuring all individuals are valued and feel included. There has been wide consultation and input into the design and development of the programme.

The Programme is made up of three one day workshops which aim to develop participants' attitude, knowledge and skills. This in turn will enable them to communicate in a range of professional settings, compete effectively for jobs and feel

empowered to conduct themselves constructively when faced with discrimination or conflict at work. Participants are also assigned a mentor and paired together for the duration of the pilot.

The pilot was evaluated in February 2018 and showed encouraging signs that the training modules and mentoring programmes have been well constructed and have a good fit with the needs of BAME staff. The programme benefited by having been trialled before the roll-out of the formal pilot. It was also clear from participants' responses that the resulting training course was well designed, stimulating, content-rich and professionally delivered.

Nursing Associates

ⓘ In 2017 a number of new initiatives were being introduced to broaden opportunities for people to enter the nursing profession. There were no changes to the requirement that anyone joining the nursing profession must complete a degree in nursing. However, going forward, there are now opportunities in the Trust 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.

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

The Trust is a lead employer in the Thames Valley pilot. Eight Trust employees started on this two-year programme in April 2017, attending university one day a week. For the remainder of the time they are working in the clinical settings with nine 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 most are likely to stay in their new role for a few years to consolidate the learning and to fill the skills gap. 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.

There has been a great deal of interest and support for this role in the Trust. A new cohort of trainees is due to start in the spring of 2018 with the cohort size to double to at least 16.

"I have read a lot of generally negative comments on the internet about CAHMS in general but I would like to say the reception staff at Wokingham CAHMS are exceptional. I went there to complain however I was dealt with so professionally that I left there with a smile on face and the feeling that they were trying to do the best for us. Well done and Thanks."

Child and Adolescent Mental Health Services (CAMHS), Wokingham

2.1.5. Other Service Improvement Highlights in 2017/18

ⓘ In addition to improvements resulting from the priorities detailed above, services have undertaken additional initiatives to improve the quality, safety and experience of care provided to patients. Details of some of these improvements are detailed below in separate sections relating to the area of improvement

The Trust also participates in quality improvement programmes and accreditation schemes that are facilitated by the Royal College of Psychiatrists. These are a key part of the Trust annual plan. A table detailing the projects that the Trust is participating in, including the accreditation status of Trust services, is included in Appendix G

2.1.6. Improvements in Community Health Services for Adults

The New Vision of Care programme in East Berkshire enabled local stakeholders to deliver an ambitious new model of care that integrates care around each individual and supports them to maximise their independence. This is being taken forward by the Frimley Health and Care Integrated Care System (ICS) work streams.

The Frail Elderly Programme in Berkshire West has developed integrated ways of working in West Berkshire, Reading and Wokingham to develop joined up community services in partnership with GPs and Local Authorities as well as community and voluntary sector organisations.

Some of our Community Inpatient Wards have started implementing the Digital Inpatient Community Project, resulting in patients being admitted/discharged/transferred within an hour on the Trust electronic patient record system (RiO). Six Step Up beds were introduced in December 2017, receiving admissions directly from the patient's home serving as an alternative to an acute hospital admission.

Reading Community Matrons. Associate community matrons have been introduced into the service. Data shows that MDT meetings are continuing to reduce hospital admissions as well as GP/ out- of-hours contacts for patients that have been assessed by community matrons.

The Integrated Pain and Spinal Service (IPASS) moved into its 3rd year in operation and has continued to demonstrate a significant reduction in appointment wait times The integrated nature of the service has also led to a 1/3rd reduction in repeat secondary care attendances and has empowered patients to self-manage. The service has been commended by commissioners, who have put IPASS forward for a Health Service Journal award for which they were subsequently chosen as a finalist for the category Acute, Community and/or Primary Care Services Redesign.

The Musculoskeletal (MSK) Physiotherapy Service has demonstrated that 80% of service patients completing treatment experience statistically significant improvement following their physiotherapy intervention.

Reading Adult Acute Speech and Language Therapy team (SLT) work in the Royal Berkshire Hospital providing assessment, therapy, advice and support, as part of various medical MDTs, for all adults with swallowing (dysphagia) and communication difficulties. The team secured funding and have recruited into the Intensive Care Unit, thus improving safe tracheostomy weaning. The team also won a grant from UK Parkinson's Disease Excellence Network and were awarded funds to employ a highly specialist SLT to audit and improve SLT services. The specialist stroke team won the Royal Berkshire Hospital NHS Foundation Trust CEO's Transforming Services fund to provide endoscopic swallowing assessment for stroke patients. Alongside the catering team, the SLT team also reviewed the ward menus to ensure safe food texture options were available and provided training for the catering team in this. Through collaborative working, the team helped influence Royal Berkshire Hospital to change the kosher and Afro-Caribbean meals provider to comply with safe feeding recommendations.

The Nutrition & Dietetics Service. In order to reduce waiting times, the service are piloting monthly groups for parents with an infant with cow's milk allergy, enabling them to provide timely milk-free weaning

advice and reduce the number of appointments offered. As part of the Making Mealtimes Matter initiative, service staff assist ward-based staff at the Royal Berkshire Hospital at mealtimes, on a monthly basis, helping to increase their presence on the wards and building a good rapport with patients and nursing staff.

The Hearing and Balance Service continue to maintain their United Kingdom Accreditation Service (UKAS) accreditation status for Improving Quality in Physiological Services (IQIPS). Public awareness about hearing aids and hearing loss was also highlighted by the service at a combined charities fair attended by the Prime Minister at Maidenhead Town Hall.

The Sexual Health Service is participating in the National HIV pre-exposure prophylaxis clinical trial, a four and a half year clinical trial that will shape the future of the national HIV prevention strategy.

The Tissue Viability Team introduced a live line service In September 2017, offering advice and support to Trust clinicians in managing hard to heal and complex wounds.

The Diabetes Service Education for patients continues to be delivered through the Diabetes Education Through Adult Learning (DEAL), Carbohydrate and Insulin Calculation Education (CHOICE) and Xpert education programmes, and the service have received Quality Institute for Self-Management Education and Training (QISMET) accreditation.

2.1.7. Improvements in GP Out-of-hours Services and Urgent Care Services

WestCall is the out of hours (OOH), GP-led primary care service in West Berkshire. Following a comprehensive review of the position and challenges facing the WestCall service, new 'non-medical' practitioner posts were introduced into the service. This allows multidisciplinary working within the service to provide greater capacity to meet demand and allow the service to be more robust and will allow the team to spend more time focussing on the quality impact of our care delivery. Westcall has also been fully involved in the delivery of the TVIII Clinical Advisory Hub, and Emergency Department Streaming detailed further below.

The Thames Valley 111 (TV111) Clinical Advisory Hub. The TV111 Clinical Advisory Service hub, based at The Old Forge in Wokingham, provides an enhanced clinical assessment service and provides a GP to review calls through clinical streaming for particular patient groups; those over 85 years, under 5 years, complex frail elderly and Ambulance Green calls. Calls can be transferred directly from 111 to the GP or receive a call back within 10 minutes.

Emergency Department Streaming. Toward the end of 2017, the Trust was asked to provide primary care services at the front door of the Royal Berkshire Hospital (RBH) Emergency Department. This has a positive impact on the flow of patients through the Emergency Department. Whilst the service has only been operational for 4 months, it continues to grow steadily and now provides care to approximately 250 patients each week.

The Minor Injuries Unit (MIU) at West Berkshire Community Hospital, in liaison with the Royal Berkshire Hospital (RBH) have introduced a pathway to refer patients with acute soft tissue knee injuries into clinic at the RBH. This has reduced delay in assessment for patients who previously would have gone to their GP if their knee injury wasn't healing or would have taken up an appointment in fracture clinic before being referred on. Furthermore, the team have developed a new pathway with the physiotherapy team at West Berkshire Community Hospital that allows MIU to make direct referrals, thereby reducing the need for patient to see their own GP for a referral.

"The Audiology department bent over backwards to replace my mother's hearing aids after they were lost following a stroke. THANK YOU!"

From a relative of a patient- Hearing and Balance Service– King Edward VII Hospital Windsor

2.1.8. Improvements in Services for Children, Young People and Families (CYPF), including Child and Adolescent Mental Health Services (CAMHS)

Over the past year the Trust has undertaken a major project to continue transforming our Children, Young People and Families (CYPF) Services. Physical and mental health services have been brought together under one directorate. Initial Changes to our new, integrated CYPF Services went live on 2nd May 2017. A new CYPF online resource was launched for Children, Young People and Families, which has been designed and created alongside our service users, parents, carers and fellow professionals in education and healthcare. They have aimed to address the key questions that are asked by service users, providing them with the tools and information they require to self-manage in the community, alongside clear advice on when to seek further help and signposting to the best place to find it. You can access the online resource at: https://cypf.berkshirehealthcare.nhs.uk/.

The Health Visiting Service was re-accredited at level 3 of the UNICEF Baby Friendly Initiative (BFI) Accreditation. This high level of BFI accreditation allows the Trust to be nationally recognised.

The Community Child and Adolescent Mental Health Service (CAMHS). The new Community CAMHS Eating Disorders team is now well-established and meeting access and waiting time standards. A CAMHS Rapid Response service has now been funded following a successful pilot in East and West Berkshire in 2016/17. Service user engagement remains a core principle of the service with models of engagement and participation developed in CAMHS now informing the development of a strategy that has been rolled out more widely across CYPF services.

Work has been undertaken to improve prevention and early intervention services across the county. However, referrals to CAMHS have continued to increase in line with the national picture and this is starting to have an effect on waiting times, particularly in the Autism Assessment, ADHD and CAMHS Eating Disorder teams. These issues have been raised with our commissioners and we are engaged in work with our partners to review care pathways and improve joint working across the different providers involved in caring for these patients.

2.1.9. Improvements in Services for Adults with Learning Disabilities

During the past year, a new Intensive Support Team for people with learning disabilities has been established as part of the local response to "Transforming Care" for people with learning disabilities. This team has been developed to provide a specialist service to those adults with learning disabilities who are at risk of admission to inpatient services as a result of a significant change in their behaviour.

The specialist inpatient service (Campion Unit at Prospect Park Hospital) has been working towards achieving accreditation by the Royal College of Psychiatry through the Quality Network for Inpatient Learning Disability Services (QNLD). In December 2017, the service hosted an external peer review, when a team of reviewers visited the ward and spent the day with patients and staff. The service was accredited by the Royal College of psychiatrists in January 2018.

The service has also continued developing how they review and learn from the deaths of people with learning disabilities. The national Learning Disabilities Mortality Review (LeDeR) Programme has also been implemented locally during this year with service staff being trained to undertake these reviews.

2.1.10. Improvements in Mental Health Services for Adults, Including Talking Therapies and Older Peoples Mental Health Teams

Adult Mental Health Services

The 7 day working Quality Standard was introduced in 2016 as part of the Trust's commitment towards ensuring that there is senior medical input into care of inpatients at Prospect Park Hospital. Admission to hospital is a critical point in patient care. The 7 day Working Quality Standard requires the admitting junior doctors to discuss all out of hours admissions until 12 midnight with the consultant psychiatrist on call. This helps avoid unnecessary delays in commencement of treatment for patients admitted out of hours. Unless immediately necessary, admissions after 12 midnight are discussed with the teams the following morning.

Talking Therapies (IAPT). Talking Therapies were accredited by the Accreditation Programme for Psychological Therapies Services (APPTS) in October 2017. A key development in the service has seen the setting up of 'Our space' cafes in three localities to support service users after discharge from the service, to help prevent relapse following therapy and to sustain health benefits. The core Talking Therapies service has been developed to increase access to evidence based Psychological therapies across all CCG's. In addition, 39 therapists have received high intensity and psychological wellbeing practitioner training to support service growth. Working with the Common Point of Entry team (CPE) has been enhanced by a daily presence of an IAPT clinician or supervisor within the CPE hub to share decision making and support risk assessment across primary and secondary care service entry.

Community Mental Health Team (CMHT) accreditation. The Trust CMHTs are working towards the Royal College of Psychiatrists' Accreditation for Community Mental Health Services (ACOMHS). Bracknell CMHT has been the first to register. The process has required self-assessment against a rigorous set of standards, and has already driven up quality through initiatives such as standardising staff induction programs and providing reflective practice sessions facilitated by psychologists. This process has also encouraged the service to develop more standardised transfer pathways from Child and Adolescent Mental Health Services.

Windsor Ascot and Maidenhead (WAM) CMHT-Sectorisation. WAM CMHT identified the potential for improvement in multi-disciplinary and partnership working with primary care, and devised a process of 'sectorisation', whereby the team was sub-divided and aligned more closely with GP practices. This has resulted in shorter, more clinically relevant meetings. As the sectors are aligned to primary care surgeries, relationships with GPs have improved, and there has been excellent feedback from MDT staff.

West Berkshire CMHT has introduced a complex case forum which focuses on a single service user leading to the development of a plan for moving forward with the individual. This forum helps staff remain open to their patients, as well as sharing the problems with the team which increases the available information and team understanding.

The Circle of Friends (Mother and Baby Group) aims to provide a care pathway for mothers accessing mental health services, promoting a smooth transition to community based groups and the provision of ongoing support for mothers with severe and enduring and perinatal mental health conditions.

The Perinatal Mental Health service offers care to women and their families across Berkshire requiring intervention during pregnancy or in the first year post-partum. The provision of a perinatal Cognitive Behavioural Therapy (CBT) intervention, which is delivered in the woman's home, has been supplemented and complemented by perinatal nursery nurses delivering perinatal frame of mind support. The access that referrers and the team have to our perinatal psychiatrists and perinatal pharmacy has enhanced the advice that the women receive in respect of prescribing at this critical time.

The Lived Experience Group has grown in number and six of the members have talked about their experience to enhance the training we deliver. Alongside the ladies with lived experience, the perinatal team has contributed to regional awareness training delivered to nearly 200 individuals working with women during the perinatal period. The team have also delivered local training during the year to midwives and Health Visitors and have also supported

the training of nursery nurses to deliver the maternal well-being interventions at the post-natal check.

The Perinatal Trauma Pilot Project is now delivering specialist intervention to this cohort of women as part of national funding and. In addition to service development, the national funding is enabling an enhanced range of services and interventions for women who require them across Berkshire.

MOON is the name for the maternal wellbeing aspect of the Trust online support network, SHaRON. MOON has continued to grow during the past year and the numbers activating to use the resource is steady. The clinical moderating team is now supported by six women who have used MOON and who have completed recruitment to hold voluntary contracts with the Trust as peer moderators for MOON.

Assertive Intervention Stabilisation Team (ASSiST) is the service in east Berkshire which supports people with emotional instability, through psychological, social and practical interventions. The service aims to reduce the amount of time people spend as inpatients with mental health services, as hospital stay can be unhelpful for this patient group. This year, the ASSiST team have developed an inpatient group at Prospect Park Hospital (PPH) to help give confidence to the inpatients about community services waiting to support them upon discharge. The ASSiST team have also co-produced an innovative structure for Friends and Family sessions. ASSiST patients identified and scripted difficult social interactions, which were acted by ASSiST staff and filmed Lastly, ASSiST has worked with patients to co-produce a smoother discharge pathway to primary care. This includes using Safety plans and instructions on how their particular mental health difficulties can be best managed in the future, all co-developed with patients.

Hope House is a new recovery-focused supported living project, developed as a joint initiative between the Trust, Slough Borough Council and Lookahead Housing Association. Hope House is a 10 bedded unit with self-contained accommodation where residents stay for up to two years, with tailored support according to their needs. Several services are involved in providing flexible support to patients, including Slough CMHT, HOPE Recovery College, and ASSiST Team. Residents can then graduate to an independent block of six flats close by to Hope House, where they can stay for a further period to build confidence and progress their recovery.

Recovery colleges in East Berkshire. The Trust is commissioned to provide Recovery Colleges in two localities in East Berkshire. Hope College has now been running in Slough for 3 years, and Opportunity Recovery College has been running in Windsor Ascot and Maidenhead since October 2017. Key to the recovery college principles are adoption of education and training opportunities to promote mental health and recovery. The feedback from the clients has been positive.

Volunteer Peer Mentors. In November 2017**,** seven service users graduated from a ten-week volunteer ready induction programme run by Hope College, to become fully fledged volunteer peer mentors. Slough has now trained over 40 peer mentors who are actively supporting others with mental health problems in social and therapeutic activities and recovery college courses. Volunteers also assist on the CMHT reception, meeting and greeting clients and helping the reception team with anything they need.

Volunteers at Compass Recovery College have lived experience of their own Mental Health problems and feel they would like to give something back to the community. Their activities include running a games group, serve beverages and delicious cake at Caversham Court Kiosk, helping out with mother and baby groups and providing a social group. Some of the groups have been running for over 10 years and we are extremely lucky to have such dedicated volunteers.

Early Intervention in Psychosis Services (EIP). The Royal College of Psychiatrists EIP Network carried out a Developmental Review of the service during the year. The team are awaiting the full report, but verbal feedback from the visit has been very positive. In addition, a review was undertaken by the South West Early Intervention in Psychosis Peer Review pilot, with positive feedback.

The Oxford Academic Health Science Network awarded £5000 to the EIP service to implement a Personal Training Pilot during the year. The project involved a 12 week Personal Trainer pilot in Reading and Slough for 8 participants with a BMI of between 25 and 35 who were at the 'contemplation/ determination/ action' stages of change. In conclusion, the results indicated suitability of the intervention and the service are looking to expand in a more sustainable and inclusive way, targeting those whose physical health is deemed high-risk, as well as

clients new to the service to preserve their physical health.

Volunteers are also being recruited into the EIP service to support service users with improving their physical health and reducing social isolation. Art Therapy is also now provided within the EIP service. Finally, An EIP Young Person's group has been established in Slough for patients aged 25 and below.

The Crisis Resolution and Home Treatment Team (CRHTT). The last year has seen a substantial increase in the provision of psychology in CRHTT, with Assistant Psychologists (AP's) now playing an important role in each Home Treatment Team. Psychologists within CRHTT continue to support staff across the service offering regular clinical case reflection groups. Training in Solution Focused Therapy is being rolled out to all staff across CRHTT and to date has been well received.

Eye Movement Desensitization and Reprocessing Therapy (EMDR) continues to be delivered where possible within CRHTT and have demonstrated a clinically significant improvement, most notably a reduction in the desire for suicide post treatment. A recent audit of selected cases showed a 70% reduction in contacts with CRHTT and 79% reduction in admissions for those treated on the project.

The Intensive Management of Personality-disorders and Clinical Therapy Team (IMPACTT) has been rolling out evidence based therapy programmes across Berkshire for service users with Emotionally Unstable Personality disorder (EUPD) who present with current self-harm and chronic suicidal thinking and behaviours. All therapy programmes are being evaluated using valid outcome measures. In addition to the therapy work, the IMPACTT team have been rolling out a teaching programme for colleagues from other services within the organisation (such as inpatient wards, CRHTT and CMHT) to help them build confidence and skill with service users who present with self-harming/ chronic suicidal thinking and may meet criteria for an emotionally unstable personality disorder.

The Psychological Medicine Services (PMS) - Frequent attenders Pathway (FAP) has been looking at patients frequently attending the Emergency Department since January 2016. Multi-agency professional meetings are scheduled quarterly to discuss these clients and formulate individualised management care plans.

The Liaison and Diversion Service identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders, to help improve health and criminal justice outcomes. A single model of service has been established across Thames Valley. Services have been established within Reading Crown Court and there is an all age and all vulnerability service in Milton Keynes.

The Community Health Psychology Service (CHPS) have delivered training sessions with GPs around working with a psychological approach for patients with fibromyalgia, which received very positive feedback. Excellent feedback was also received for a training course delivered as part of the Oxford Clinical Psychology Doctorate on Working at the End of Life.

The Neuropsychology Service offers a service for adults in three main clinical areas: Acquired Brain Injury, adult diagnostic assessment for Autism/Asperger's Syndrome and adult diagnostic and medical treatment service for adults with ADHD. The team have recently set up long term support or self-help groups in all three clinical areas for those who have been through the system of initial diagnosis and pyscho-educational groups, and still have needs for continuing support.

Family Safeguarding Service. The Trust is part of the new Family Safeguarding Model being developed in Bracknell Forest Borough Council and West Berkshire District Council that builds upon new approaches in Children's Social care. The approach is described as a whole system change to child protection services, focusing on the children and families at the highest level of risk due to domestic abuse, mental health and substance misuse (known as the 'Toxic Trio'). Under the new service, the Trust has been commissioned to employ adult mental health workers and clinical psychologists, who are co-located with child protection social workers, domestic abuse and substance misuse workers, and work closely with police and probation services. The project is in its early stages of implementation with the expectation that the service will evolve over time. It is anticipated that addressing the mental health of parents will have a positive impact on outcomes for vulnerable children.

Older People's Mental Health Services (OPMH)

Memory Clinic Accreditation (ongoing cycle of quality improvement). All Trust Memory Clinics are accredited under the Royal College of Psychiatrists Memory Services National Accreditation Programme (MSNAP) and are preparing for their next MSNAP Peer Review.

Parity of provision for Younger People with Dementia (YPWD). Berkshire East Clinical Commissioning Groups (CCGs) approved funding to extend the YPWD Charity provision of workshops and weekday respite for YPWD and their carers to 5 days a week. This is equivalent to that provided in Berkshire West.

A Listening into Action (LiA) project has achieved its objective of defining a YPWD pathway which has been adopted across Berkshire. Teams are currently embedding the pathway in practice and monitoring the process for referrals to the YPWD charity and an Admiral Nurse to ensure it is robust. Each OPMH Service now has at least one YPWD Champion and have formed a network with members of the YPWD Charity.

The model of care for Young People with Dementia used in the Wokingham Memory Service is to be published as an example of positive practice by the Royal College of Psychiatrists.

The Dementia Care Advisor Pathway was funded by Thames Valley Strategic Clinical Network (TVSCN), with the aim of comparing Dementia Care Advisor provision across Berkshire. The resulting report proposed a best practice pathway that has been presented to Commissioners and various stakeholders. The Trust has been invited to present the paper at a TVSCN workshop in May 2018. Reading CCG have incorporated most of the report recommendations into a revised Dementia Care Advisor Service Specification.

Patient and Carer engagement. OPMH services hold forums and feedback sessions to seek feedback from patients and carers about their experience of pathways and processes and how they can be improved.

Dementia Pathway Reviews An Integrated Care System (ICS) outpatient workstream has been established in Berkshire West to review existing Memory Clinic pathways and identify opportunities to improve effectiveness and efficiency and maximise our ability to manage future demand and referral to diagnosis targets.

Training for Primary Care Practitioners. At the request of Berkshire West Clinical Commissioning Group, Wokingham OPMH is developing a training session to improve the skills and confidence of Practice Nurses and Healthcare Assistants in exploring patients/carers concerns about memory problems and obtaining the information required to request a Memory Clinic Assessment rather than asking the GP to make the referral.

Long term Conditions- Psychological Interventions in Nursing and Community (PINC) Services. Following a successful pilot in 2016 in WAM, PINC Services have been extended to the whole of East Berkshire in 2017 alongside IAPT and HealthMakers to provide therapy for people with long term conditions. PINC sees people who require a home visit and is an integrated service based with the community/district nurses. PINC was awarded innovative project of the year by the Trust in 2017, and a paper concerning PINC was presented at the national IAPT Connect 2017 conference at the British Library. A consultant has been shortlisted for a Winston Churchill Fellowship Award to visit similar services in the USA in 2018 and has had a paper "Integrating care in the UK" accepted by the American Psychological Association for their 2018 annual conference. In a further development, Health Education England (HEE) have awarded a grant for a pilot of a PINC type service with the Heart Failure and COPD services in East Berkshire in 2018.

2.1.11. Improvements in Pharmacy

The Trust is a Mental Health Global Digital Exemplar site. All mental health wards in PPH have now implemented Electronic Prescribing and Medicines Administration (ePMA). The system enables seamless linking between ePMA and the Trust patient record. EPMA is currently being rolled-out in the trust and benefits realisation evaluations are expected in the future. Standard benefits noted in other NHS trusts where the system has been implemented include legible prescriptions, no missing drug charts, improved audit trail and surveillance and ability to prescribe remotely. Dispensing processes have also been noted to be safer and timelier.

2.2. Setting Priorities for Improvement for 2018/19

ⓘ This section details Berkshire Healthcare NHS Foundation Trust's priorities for 2018/19. Specific priorities have been set in the areas of patient experience, patient safety, clinical effectiveness and organisational culture. They have been shared for comment with Trust governors, local Clinical Commissioning Groups (CCGs), Healthwatch Organisations and Health Overview and Scrutiny Committees. Responses to this consultation are included in Appendix H, together with the Trust response to each comment made by the stakeholders

2.2.1. Patient Safety Priorities

1. To drive quality improvement through the continued delivery of the Trust Quality Improvement Programme

2. To align our efforts and work to deliver the following harm-free objectives:
   - Reducing patient falls incidents by 50%
   - Reducing patient self-harm incidents by 30%
   - Reducing rates of suicide of people under our care by 10% by 2021

3. All our services will contribute to an Outstanding overall Care Quality Commission rating

4. At a system level, to achieve reductions in urgent admissions and delayed transfers of care across our inpatient services, working in collaboration with provider partners and commissioners.

2.2.2. Clinical Effectiveness Priorities

1. To demonstrate our delivery of evidence-based services by reporting on the implementation of NICE guidance related to Trust priorities identified in this Quality Account, specifically:
   - Depression in Adults (to support Zero Suicide)
   - Self Harm (to support Harm Free Care)
   - Psychosis and Schizophrenia in adults
   - Bipolar Disorder

2. To continue to review, report and learn from deaths in line with new national guidance as it is published

2.2.3. Patient Experience Priorities

1. To achieve a 95% satisfaction rate in our Friends and Family Test and 60% of staff reporting use of service user feedback to make informed decisions in their department

2. To reduce our use of prone restraint by 90% by the end of 2018/19

3. All our services will focus on understanding and supporting outcomes of care that are important to patients

4. At a system level, to contribute to Integrated Care System work streams to improve patient experience and outcomes.

2.2.4. Organisational Culture Priorities

1. To achieve improvements in the following key areas:
   - 66% of our staff feeling they can make improvements at work
   - 75% of our staff recommending our Trust as a place to receive treatment
   - A 20% reduction in assaults on staff

2. Our recruitment and retention plans will reduce vacancies by 10%

3. An additional 24 services will be trained in our Quality Improvement System

4. To achieve the objectives set out in the Equality Plans for each area

5. At a system level, to participate in Integrated Care System work streams, enhancing job satisfaction and career development opportunities.

2.2.5. Monitoring of Priorities for Improvement

All priorities detailed above will be monitored on a quarterly basis by the Trust Quality Assurance Committee as part of the Quality Report and the Board of Directors will be informed of performance against agreed targets. The Trust will report on our progress against these priorities in our Quality Account for 2019.

2.3. Statements of Assurance from the Board

During 2017/18 Berkshire Healthcare NHS Foundation Trust provided and/or sub-contracted 52 relevant health services.

Berkshire Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2017/18 represents 100% of the total income generated from the provision of relevant health services by Berkshire Healthcare NHS Foundation Trust for 2017/18.

The data reviewed aims to cover the three dimensions of quality – patient safety, clinical effectiveness and patient experience. Details of a selection of the measures monitored monthly by the Board which are considered to be most important for quality accounting purposes are included in Part 3. These incorporate more than three indicators in each to the key areas of quality.

2.3.1. Clinical Audit

ⓘ Clinical audit is undertaken to systematically review the care that the Trust provides to patients against best practice standards. Based upon audit findings, the Trust makes improvements to practice to improve patient care. Such audits are undertaken at both national and local level.

National Clinical Audits and Confidential Enquiries

During 2017/18, 15 national clinical audits and 6 national confidential enquiries covered relevant healthcare services which Berkshire Healthcare NHS Foundation Trust provides.

During that period Berkshire Healthcare NHS Foundation Trust participated in 100% (n=15/15) national clinical audits and 100% (n=6/6) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust was eligible to participate in during 2017/18 are shown in the first column of Figure 25 below.
This column also details the national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in during 2017/18.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in and for which data collection was completed during 2017-18 are also listed below in Figure 25 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (detailed in the second column of fig 25).

Figure 25- National Clinical Audits and Confidential Enquiries Undertaken by the Trust

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2017/18	Data collection status and number of cases submitted as a percentage of the number of registered cases required by the terms of the audit (where applicable)
1. National Clinical Audits (N=15)	
National Clinical Audit and Patient Outcomes Programme (NCAPOP)	
Falls and Fragility Fractures Audit programme (FFFAP) - Fracture Liaison Service Database	Data Collection: April 2017 to March 2018. 612 patients submitted, across 1 service (final figure not yet available). Report due: TBC. Please note that this service was taken over by the Royal Berkshire Hospital on 1/10/17.
Learning Disability Mortality Review Programme (LeDeR)	Data Collection: April 2017 to March 2018 26 (100%) patients submitted, across 1 service. Report due: TBC
National Audit of Anxiety and Depression	Registration: January 18 – March 18 Data Collection: June 18 – Sept 18. Report due: TBC 2019
National Audit of Psychosis	Data Collection: October 2017 to November 2017. 100 (100%) patients submitted, across 3 services. Report due: June 2018

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2017/18	Data collection status and number of cases submitted as a percentage of the number of registered cases required by the terms of the audit (where applicable)
National COPD Audit - Pulmonary Rehabilitation (2017)	Data Collection: January 2017 to July 2017. 49 (100%) (West) plus 38 (97%) (East) patients submitted, across 2 services. Service level reports published: 25th January 2018. National report published: 12th April 2018
National Diabetes Audit - National Diabetes Foot Care Audit	Data Collection: Continuous. 76 (100%) patients submitted, across 1 service. Reported published: March 2018
National Diabetes Audit - National Diabetes Audit (Secondary Care)	Data Collection: April 2017 to March 2018. 1844 (100%) patients submitted, across 1 service. Report Published: 14th March 2018 Insulin Pump report due: April 2018
National End of Life Care Audit	Registration February 2018 – March 2018. Data Collection: June 2018 – October 18. Report due: May 2019
National Sentinel Stroke Audit	Data Collection: Continuous. 703 (97%) patients submitted for 2017/18, across 4 services (final figure not yet available). Annual report for 16/17 published: Dec 17
National Audit of Intermediate Care (NAIC)	Data Collection: May 2017 to August 2018. Data submitted across 11 services. Benchmarking Project. Reports published: December 2017
Non- NCAPOP Audits	
Prescribing Observatory for Mental Health (POMH-UK) - Prescribing high dose & combination antipsychotics on adult & PICU wards	Data Collection: February 2017. 75 (100%) patients submitted, across 5 services. Reported: October 2017
Prescribing Observatory for Mental Health (POMH-UK) - Use of depot/Long Acting antipsychotic injections for relapse prevention	Data Collection: May to June 2017. 139 (100%) patients submitted, across 5 services. Report published: January 2018
Prescribing Observatory for Mental Health (POMH-UK) - Prescribing for bipolar disorder (use of sodium valproate)	Data Collection: September to October 2017 181 (100%) patients submitted, across 7 services (final figure not yet available). Report due: May 2018
Prescribing Observatory for Mental Health (POMH-UK) – Rapid Tranquilisation re-audit	Data Collection: March 2018 – May 2018. TBC patients submitted, across TBC service (final figure not yet available). Report due: Sept 2018
UK Parkinson's Audit: (Elderly care)	Data Collection: May 2017 to October 2017. 20 (100%) patients submitted, across 1 service. Service level report published: March 2018. National report due: May 2018
National Confidential Enquiries (N=6)	
Child Health Clinical Outcome Review Programme - Young People's Mental Health	Data Collection: April 2017 to March 2018. TBC patients submitted, across TBC service (final figure not yet available). Report due: TBC
Mental Health Clinical Outcome Review Programme - a. Suicide by children and young people in England(CYP) b. Suicide, Homicide & Sudden Unexplained Death c. The management and risk of patients with personality disorder prior to suicide and homicide	a. Data Collection: April 2017 to March 2018. 1 Questionnaire sent out to the Trust, 1 submitted. Report due: May 2018 b. Data Collection: April 2017 to March 2018 31 Questionnaires sent out to the Trust, 24 submitted (final figure not yet available, to be confirmed at end of Q4). Report due: Oct 2018 c. Data Collection: April 2017 to March 2018. 0 Questionnaires sent out to the Trust, 0 submitted. Report due: June 2018
NCEPOD - a. Chronic Neurodisability study	a. Data Collection: April 2016 to March 2017 (extended). 0 patients submitted, across 1 service. The Trust completed the organisational survey and were not required to collect data as we do not admit this patients.1 patient was identified for the case note review for paediatric community care and the questionnaire was submitted. Report published: March 2018

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2017/18	Data collection status and number of cases submitted as a percentage of the number of registered cases required by the terms of the audit (where applicable)
b. Mental Health Conditions in Young People	b. Data Collection: April 2016 to March 2017 (extended) 35 patients submitted, across 1 service and 9 patients (emergency attendances) for the retrospective data collection. The Trust submitted 8 questionnaires for 3 patients only. All service users were included in the data collection. (aged 11 – 25 years who present to hospital with anxiety, depression, an eating disorder or an episode of self-harm, during the study period).Report due: April 2018

Source: Trust Clinical Audit Team

The reports of 7 (100%) national clinical audits were reviewed by the Trust in 2017-18. This included 4 national audits for which data was collected in earlier years with the resultant report being published in 2017/18. Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare provided as detailed in Appendix B.

Local Clinical Audits

The reports of 63 local clinical audits were reviewed by the Trust in 2017/18 and Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare which are detailed in Appendix C.').

2.3.2. Research

ⓘ The Trust participates in research activity to help provide new knowledge that has the potential to be valuable in managing and treating patients. It is important that such research is open to critical examination and open to all that would benefit from it

The number of patients receiving relevant health services provided or sub-contracted by Berkshire Healthcare NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 1113 from 51 active studies.

2.3.3. CQUIN Framework

ⓘ The Commissioning for Quality and Innovation (CQUINs) payments framework was set up from 2009/2010 to encourage NHS providers to continually improve the quality of care provided to patients and to achieve transparency. CQUINs enable commissioners (such as the Clinical Commissioning Groups) to reward excellence, by linking a proportion of service providers' income to the achievement of national and local quality improvement goals.

A proportion of Berkshire Healthcare NHS Foundation Trust's income in 2017/18 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2017/18 and for the following 12 month period can be found in Appendix E & F.

The income in 2017/18 conditional upon achieving quality improvement and innovation goals is £2,135,032 against named CQUINs (anticipated- with results due in June 2018), with a further £1,708.000 against STP conditions (anticipated- with results due in June 2018).

The associated payment received for 2016/17 was £3,949,099.

2.3.4. Care Quality Commission (CQC)

ⓘ The Care Quality Commission (CQC) is the independent regulator for health and social care in England. It ensures that services such as hospitals, care homes, dentists and GP surgeries provide people with safe, effective, compassionate and high-quality care, and encourages these services to improve. The CQC monitors and inspects these services, and then publishes its findings and ratings to help people make choices about their care.

Berkshire Healthcare NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered with no conditions attached to registration.

The Care Quality Commission has not taken enforcement action against Berkshire Healthcare NHS Foundation Trust during 2017/18.

Berkshire Healthcare NHS Foundation Trust is subject to periodic reviews by the Care Quality Commission.

The CQC visited the following wards during May 2017:

- Willow House, child and adolescent mental health ward, and found that there were some elements of safeguarding that needed improvement and therefore rated the unit as requires improvement for safety
- Bluebell Ward, Prospect Park Hospital finding that improvements were required in record keeping, ward environment and the process of governance involving audits.

The Trust remains overall rated as good across all five domains. The Trust expect a focused CQC inspection, including a well led assessment, to be undertaken by the CQC during 2018/19.

Berkshire Healthcare NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2017/18:

- CQC Review of the Bracknell Forest Health and Social Care System.

Berkshire Healthcare NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the CQC:

- The Trust have been working with Bracknell Local Authority to agree a new integrated service model. This will be a joint team, working 7 days a week, comprising health and social care staff to actively support and keep people at home and/or in a community setting, thereby preventing hospital admission. The team will also In-reach to Frimley Park to support timely and safe discharge back to a community setting.

Berkshire Healthcare NHS Foundation Trust has made the following progress by 31 March 2018 in taking such action:

- The resource required to support the new model has been approved and we are now awaiting final contractual sign off, to allow the recruitment process to begin.
- Further discussions are also on going in local workshops with Bracknell Local Authority and Primary Care to further develop the ICS Integrated Decision Making Hub model (IDMH)

By law, the Care Quality Commission (CQC) is also required to monitor the use of the Mental Health Act 1983 (MHA), to provide a safeguard for individual patients whose rights are restricted under the Act.

The CQC has carried out the following unannounced Mental Health Act (MHA) visits during the 2017/18 financial year.

- 22nd and 23rd May- Bluebell Ward, Prospect Park Hospital
- 23rd June 2017- Rose Ward, Prospect Park Hospital
- 17th October 2017- Bluebell Ward, Prospect Park Hospital
- 19th January 2018, Orchid Ward, Sorrell Ward, Snowdrop Ward and Daisy Ward, Prospect Park Hospital
- 21st February 2018- use of seclusion visit, Campion Ward, Bluebell Ward, Sorrel Ward, Daisy Ward, Snowdrop Ward and Rose Ward, Prospect Park Hospital

2.3.5. Data Quality and Information Governance

ⓘ It is important that data used by NHS services is of a high quality so that it can be best used to inform decisions on the management of patients. In addition, data must be of a high quality to help inform organisational decision-making and planning.

The Secondary Uses Service (SUS)

Berkshire Healthcare NHS Foundation Trust submitted records during 2017/18 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

— Which included the patient's valid NHS number was:
100% for admitted patient care
99.9% for outpatient care and
100% for accident and emergency care.

— Which included the patient's valid General Medical Practice Code was:
100% for admitted patient care;
100% for outpatient care; and
100% for accident and emergency care.

Information Governance

ⓘ Information Governance requires the Trust to set a high standard for the handling of information. The aim is to demonstrate that it can be trusted to maintain the confidentiality and security of personal information, by helping individuals to practice good information governance

Berkshire Healthcare NHS Foundation Trust's Information Governance Assessment Report overall score for 2017/18 was 82% and was graded Green.

The Information Governance Group is responsible for maintaining and improving the Information Governance Toolkit scores, with the aim of being satisfactory across all aspects of the Information Governance toolkit.

Data Quality

Berkshire Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

Berkshire Healthcare NHS Foundation Trust will be taking the following actions to improve data quality.
The Trust is using the latest Commissioning Data Set (CDS) version to send data. Data will continue to be monitored and improvements made where required.

The Trust continues to monitor the improvement of data quality. An overarching Information Assurance Framework (IAF) provides a consolidated summary of every performance information line and action plans.

Data Quality and Data Assurance audits are carried out throughout the year as part of the Information Assurance Framework (IAF) and where data issues are identified internal action plans are put in place. The data is monitored until assurance is gained that the

Trust can have a high confidence level in the data being reported. The assurance reports are included in the monthly Finance, Performance and Risk Executive committee alongside the Performance Assessment Framework (PAF) and reviewed in monthly and quarterly Locality meetings. External Data Quality reports published on the NHS Digital website are analysed to ensure consistency in reporting both internally and externally.

The clinical coding team continue to review and improve the Trust's diagnostic data. As part of our continuous improvement programme, a scheduled clinical coding audit took place in February 2018 and the primary diagnosis rate was 98%, and the secondary diagnosis rate was 91.3%. The coding team continues to work with consultants across the Trust to maintain accurate diagnosis data. Further audits are scheduled for August and December 2018.

The key measures selected for data quality scrutiny by external auditors, as mandated by the Foundation Trust regulator, NHS Improvement, and agreed by the Trust Governors are:

1. Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral (Mandated)
2. Inappropriate out-of-area placements for adult mental health services (Mandated)
3. Improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within 6 weeks of referral (Governors' Choice).

2.3.6. Learning from Deaths

ⓘ For many people death under the care of the NHS is an inevitable outcome and they experience excellent care from the NHS in the months or years leading up to their death. However, some patients experience poor quality care resulting from multiple contributory factors. The purpose of mortality review is to identify whether problems in care might have contributed to the death and to learn in order to prevent recurrence.

In March 2017, the National Quality Board published Guidance on Learning from Deaths for all NHS Trusts to implement. The Trust has fully implemented this guidance, and a new Trust policy and procedures for learning from deaths was approved in August 2017.

An audit of this was undertaken by internal auditors as part of the approved internal audit plan for 2017/18. The audit reviewed the Trust's adherence to the National Guidance on Learning from Deaths and found that the Trust is effectively identifying, reporting, investigating, monitoring and learning from deaths of patients in their care. Substantial assurance was given that the controls upon which the organisation relies to manage the identified risk are suitably designed, consistently applied and operating effectively.

The Trust learning from deaths process includes all patients identified on our electronic patient records who have accessed one of our services in the year before death.

In most cases these are expected deaths but where a specific trigger is noted (as identified in our policy) we then review these deaths further.

The level of review required will depend on whether certain criteria are met, and we review the care provided for all patients who had a learning disability and died.

During 2017/18 4381 of Berkshire Healthcare NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 1194 in the first quarter;
- 1111 in the second quarter;
- 1112 in the third quarter;
- 964 in the fourth quarter.

By 31st March 2018, 307 case record reviews and 153 investigations have been carried out in relation to 4381 of the deaths included above.
In 153 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 38 in the first quarter;
- 39 in the second quarter;
- 35 in the third quarter;
- 41 in the fourth quarter.

In September 2017 in line with our policy we implemented the national quality board recommendations, as of quarter 3 we were required to make judgement on whether problems in care were associated with a death.

1 representing 0.02% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.
In relation to each quarter, this consisted of:

- N/A for the first quarter;
- N/A for the second quarter;
- 1 representing 3% for the third quarter;
- 0 representing 0% for the fourth quarter

These numbers have been estimated using either Initial Findings Report or Root Cause Analysis methodology.

In Quarter 3 of 2017/18, a lapse in care was identified relating to a patient with sepsis seen by the Westcall out of Hours GP service. It is not possible to conclude if the death could have been prevented had the patient been immediately transferred to the acute hospital. This death was investigated as a serious incident. Learning was identified by the service and an action plan is in place.

The learning from this case will be reviewed by all services involved in the care of the patient and this will include South Central Ambulance Service, NHS 111 and Westcall out of Hours GP service. Immediate actions taken included supervision discussions with the clinicians involved and training for GPs working within the Westcall Service to ensure they are aware of the sepsis pathway and immediate red flags and clinical signs which need to be considered and escalated appropriately.

The following paragraphs are mandated by NHS Improvement. However, they are N/A for this year as this is the first year of reporting.

[Number] case record reviews and [number] investigations completed after [date] which related to deaths which took place before the start of the reporting period.

[Number] representing [number as percentage of number in item 27.1 of the relevant document for the previous reporting period]% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the [name, and brief explanation of the methods used in the case record review or investigation]

[Number] representing [number as percentage of number in item 27.1 of the relevant document for the previous reporting period]% of the patient deaths during [the previous reporting period] are judged to be more likely than not to have been due to problems in the care provided to the patient.

"This is my second batch of treatment for PTSD (Brought on by recent active service in the Army) at this NHS run facility. The counter staff are welcoming, professional, attentive and a smiling face when you attend for your appointments which puts you at ease straight away, they should be commended for the work they do and the keen and courteous way they do it. The consulting staff are the most professional, knowledgeable and understanding people I have ever met, I have had other treatments for my condition but these people get to the heart of the matter and help you deal with it, the reason I am back for a second time is that the team gave me the tools to recognise when things were starting to go bad again and to seek help before it all got out of hand, this tool alone was worth the counselling sessions I attended, my appointments were arranged within weeks and a treatment plan discussed and implemented, so off I go again!! When it seems nobody has a good thing to say about the NHS look no further than the amazing team at Erleigh Road, thank you all so much for helping me and other veterans like me.

From a patient- Traumatic Stress service

2.4 Reporting against core indicators

ⓘ Since 2012/13, all NHS Foundation Trusts have been required to report performance against a core set of indicators. This section details the Trust's performance against these core indicators.

Where available, the national averages for each indicator, together with the highest and lowest scores nationally have also been included.

Figure 27	2015/16	2016/17	2017/18	National Average 2017/18	Highest and Lowest
The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period	98.6%	97.8%	**97.7% (12M Average Percentage)**	**96.1% (12M)**	**68.8%-100% (For Q4)**
Data relates to all patients discharged from psychiatric inpatient care on CPA					
Note: The acceptable exclusions for these indicators are as follows: (i) patient dies within 7 days of discharge, (ii) where legal precedence has forced the removal of the patient from the country (iii) patients discharged to another inpatient psychiatric ward (iv) CAMHs patients are not included.					
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: In line with national policy to reduce risk and social exclusion and improve care pathways we aim to ensure that all patients discharged from mental health inpatient care are followed up (either face to face or by telephone) within 7 days of discharge. This is agreed and arranged with patients before discharge and this facilitates our high compliance level					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services: The Trust meets the minimum requirement set by NHS Improvement of 95% follow up through the implementation of its Transfer and Discharge from Mental Health and Learning Disability Inpatient Care Policy.					

Source: Trust Performance Assurance Framework

Figure 28	2015/16	2016/17	2017/18	National Average 2017/18	Highest and Lowest
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	97.6%	99.1%	**99.2% (12M Average Percentage)**	**98.6% (12M)**	**88.7%-100% (For Q4)**
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: Crisis resolution and home treatment (CRHT) teams were introduced in England from 2000/01 with a view to providing intensive home-based care for individuals in crisis as an alternative to hospital treatment, acting as gatekeepers within the mental healthcare pathway, and allowing for a reduction in bed use and inappropriate in-patient admissions. An admission has been gate kept by the crisis resolution team if they have assessed the patient before admission and if the crisis resolution team was involved in the decision- making process					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: The Trust Admissions policy and procedures provides a clear framework to ensure that no admissions are accepted unless via the urgent care service					

Source: Trust Performance Assurance Framework

Figure 29	2015/16	2016/17	2017/18	National Average 2017/18	Highest and Lowest
The percentage of Mental Health patients aged— (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	7.7%	6.2%	**7.9%** **(12M Average Percentage)**	**Not Available** (National Indicator last updated 2013)	**Not Available** (National Indicator last updated 2013)
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust focusses on managing patients at home wherever possible and has fewer mental health beds for the population than in most areas. Sometimes the judgement to send a patient home may be made prematurely or there may be deterioration in the patient's presentation at home due to unexpected events					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Work being undertaken around gatekeeping for admission to the hospital should start to ensure all admissions are appropriate and/or have greater consideration of their benefits and risks. The Trust are introducing to all wards a 72 hour review for all patients following admission that will start to give greater clarity on what the purpose of the admission is, including what the presentation on discharge should look like. This is then more likely to be planned and coordinated in a shorter time with the appropriate community services.					

Source: Trust Performance Assurance Framework

Figure 30	2015/16	2016/17	2017/18	National Average 2017/18	Highest and Lowest
				For combined MH/LD and community Trusts	
The indicator score of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends	3.84	3.88	**3.88** KF1. Staff recommendation of the organisation as a place to work or receive treatment- Score out of 5	**3.68**	**3.40-3.90.**
	74%	75%	**75%** Q21d."If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	**67%**	**55%-76%.**
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust's score is better than average and this is maintained. The Possible scores for KF1 above range from 1 to 5, with 1 indicating poor engagement of staff (with their work, their team and their Trust) and 5 indicating high engagement. The strength of recommendation as a place to work alongside staff involvement and staff motivation are strong indicators of the level of staff engagement with in the Trust.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Implementing a five year Organisational Development strategy which has at its heart the achievement of high levels of staff engagement and through that high quality care and service delivery. The specific objectives of the strategy, to be implemented in stages over five years are: To enable every member of staff to see how their job counts, to listen and involve staff in decisions that impact their areas of work, to provide support for their development, and to develop our clinical and managerial leaders. In this, Berkshire Healthcare Trust has signed up to the national Pioneer initiative – Listening into Action – aimed at engaging and empowering staff in achieving better outcomes for patient safety and care.					

Source- National Staff Survey

Figure 31	2015/16	2016/17	2017/18	National Figures 2017/18	Highest and Lowest
Patient experience of community mental health services indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period	6.8	7.2	**7.3**	**7.1 (Median Trust Result)**	**5.8-7.5**
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trusts score is in line with other similar Trusts					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Being committed to improving the experience of all users of their services. Data is collected from a number of sources to show how our users feel about the service they have received. Actions are put in place through a number of initiatives to improve both an individual's experience and if required to change the service provision.					

Source: National Community Mental Health Survey

Figure 32	2015/16	2016/17	2017/18	National Figures 2017/18	Highest and Lowest
The number of patient safety incidents reported	**3513 ***	**3195 ***	**4824 ***	**167,477 ****	**N/A**
Rate of patient safety incidents reported within the Trust during the reporting period per 1000 bed days	**31.3 ***	**29.1 ***	**45.9 ***	**44.2 ** (Median)**	**16.00-126.47**
The number and percentage of such patient safety incidents that resulted in severe harm or death	**56 (1.6%) ***	**35 (1.1%) ***	**44 (0.9%) ***	**1744 (1%) ****	**1-172 ****
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The above data shows the reported incidents per 1,000 bed days based on Trust data. In the NRLS/ NHSI most recent organisational report published in March 2018, the median reporting rate for the Trust is given as 71.46 incidents per 1000 bed days (but please note this covers the 6-month period April 2017- September 2017. High levels of incident reporting are encouraged as learning from low level incidents is thought to reduce the likelihood of more serious incidents.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Bolstering the internal governance and scrutiny of serious incident reports, their recommendations and action plans. Implementation of strategies to address common findings in serious incident reports, including clinical record keeping and triangulation of patient risk information.					

Sources: * *Trust Figures*

** *NRLS/ NHSI Organisation Patient Safety Incident Report covering 6 months between April 2017- September 2017 relating to 55 Mental Health Organisations Only*

Part 3. Review of Quality Performance in 2017/18

ⓘ In addition to the key priorities detailed in Part 2 of this report, the Trust Board receives monthly Performance Assurance Framework reports related to key areas of quality. The metrics in these reports are closely monitored through the Trust Quality Governance systems including the Quality Executive Group, the Quality Assurance Committee and the Board Audit Committee. They provide assurance against the key national priorities from the Department of Health's Operating Framework and include performance against relevant indicators and performance thresholds set out in the Compliance Framework. Information relating to specific areas of Trust quality and safety performance in 2017/18 is detailed below.

Incidents and Serious incidents (SIs)

ⓘ An incident is any unintended or unexpected event which could have or did lead to harm for one or more people. Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

The Trust aims to maximise reporting of incidents whilst reducing their severity level through early intervention and organisational learning. Organisations that report more incidents usually have a better and more effective safety culture. The annual number of patient safety incidents reported by the Trust is detailed in Figure 29 above.

Never Events

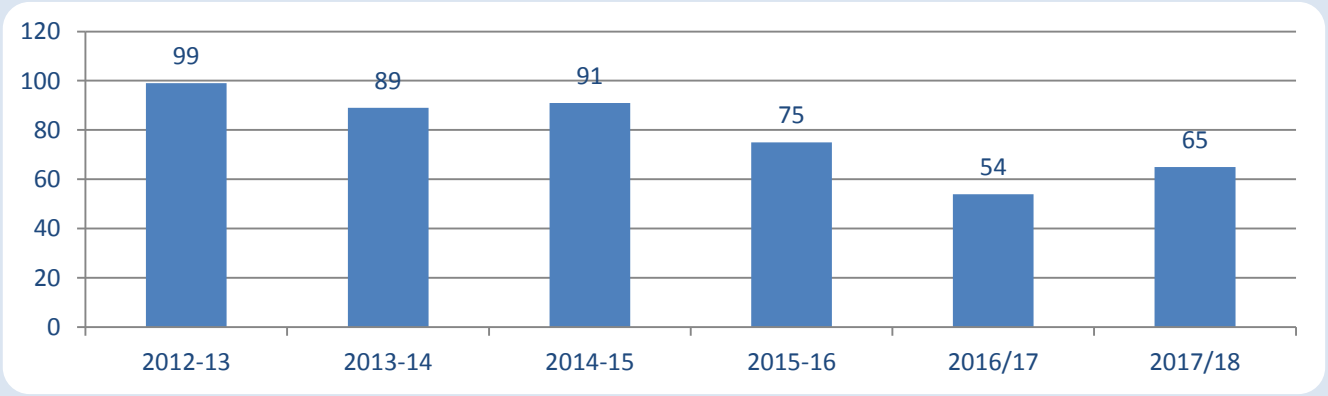
ⓘ Never events are a sub-set of Serious Incidents and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.

The Trust has reported 0 never events in 2017/18.

Figure 33 below shows the annual number of serious incidents reported by the Trust in comparison with the previous financial years.

It should be noted that from 2015/16 Admission of Minors was no longer reported as an SI.

Figure 33- Number of SIs- Year on Year Comparison (excluding pressure ulcers)



Source: Trust Serious Incident Report

Summary of findings from Quarter 4 2017/18 Serious Incident (SI) reporting

Suicide cases: In Q4 of 2017/18 there were 5 SI's reported as suicides/suspected suicides. This is an increase on all other quarters in 2017/18 where 3 were reported each quarter. The 5 incidents reported as a suicide/ suspected suicide during Q4 are from different localities.

Unexpected Deaths: There were 3 unexpected deaths reported as SI's in Q4 of 2017/18. Of these deaths, 1 was a person found dead in their house with cause of death unascertainable, 1 was a person whose cause of death has been confirmed by the coroner as alcohol toxicity and 1 was a patient found unresponsive during the night at Prospect Park Hospital, and at the time of writing this report the cause of this death has not been confirmed by the coroner.

Falls: In Q4, there was 1 SI reported for a patient fall resulting in serious harm. This incident occurred on Henry Tudor Ward at St Marks Hospital**,** Maidenhead.

Information Governance Breaches: There were 3 SI's reported as information governance breaches in Q4. 1 was related to the Diabetes Service, 1 related to Westcall and 1 related to Diabetic Eye Screening.

Alleged Assaults: There was 1 SI reported for alleged patient-on-patient sexual assault at Prospect Park Hospital**.**

Pressure Ulcers: Prior to April 2016, category 3 and 4 pressure ulcers were reported as SI's if they developed when the patient was in our care and were assessed as being avoidable. However, in agreement with the Commissioners, since April 2016 there is no longer a need to report developed pressure ulcers as SIs unless it is deemed that there was a significant lapse in care. However a learning event is undertaken for any incident where there was a potential lapse in care to explore learning with the teams involved. In Q4 there were no pressure ulcer incidents that were reported as an SI. In Q4 there were 11 learning events held for incidents of category 3 and 4 pressure damage where there was a potential lapse in care. Of these, 5 were agreed to be as a result of a lapse in care (these were in Wokingham intermediate care, 2 in Reading Community Nursing, and 1 each in Ascot and Oakwood wards). For 1 incident in each of WAM, Wokingham and Bracknell Community Nursing, although learning events revealed that the skin damage was not as a result of pressure there was learning for the teams.

AWOL/ Abscond: During Q4 there was 1 serious incident reported of a detained patient who failed to return from planned leave; whilst absent took an overdose and as a consequence was delayed in being able to return to Prospect Park Hospital.

Other SIs reported in Quarter 4: 1 incident of misdiagnosis in the Minor Injury Unit (MIU), this has subsequently been downgraded as detailed below, following investigation. 1 Road traffic accident of a patient who was on planned leave.

Downgrades: At the time of writing this report the incident of the misdiagnosis in Minor Injuries Unit (MIU), detailed above, has been downgraded following completion of the investigation and review by CCG.

Death of detained patients: There have been no deaths of a detained patient during this quarter.

Comparison to 2016/17: There has been 65 SIs reported this year compared to 54 reported in 2016/17 (excluding downgrades).This increase is in the main due to an increase in information Governance breaches with 18 reported during this year and 4 during 2016/17. Falls with harm has increased from 4 in 2016/17 to 7 in 2017/18, whilst SI for suspected suicides has decreased from 22 to 14.

Preventing Future Death reports (Reg. 28): During 2017/18 Berkshire Healthcare has provided information and/ or attended 37 inquests, with 23 of these relating to incidents occurring in 2017/18. There have been no Regulation 28 reports issued to Berkshire Healthcare NHS Foundation Trust.

Key themes identified in SI investigation reports approved in Quarter 4 2017/18, together with actions taken to improve services:

The main themes identified from investigations completed and approved by commissioners in Q4 are:

Safety planning: A number of investigations have highlighted the importance of robust safety planning that is updated for the person's current circumstances, involves family and friends and is shared with the patient's family and friends.

Working with and involving carers and families: The importance of involving families and carers during the

care and treatment of mental health patients has been highlighted as a theme. This theme continues with the importance around hearing concerns and gaining information from family and friends to help inform risk assessments; treatment and safety plans.

Understanding choking risk in patients with swallowing problems: The importance of understanding and following specialist dietary advice provided

Record Keeping: A number of SIs closed in Q4 highlight the need for good record keeping including recording of all interventions, rationale and decision making around care and treatment

Developed Pressure Ulcers: During 2017/18 there have been 22 learning events held for developed pressure ulcers with a potential lapse in care. Both Wokingham Community Hospital and WAM Community Nursing Team have now identified pressure ulcers for their current quality improvement driver metric and will undertaking quality improvement work to reduce developed pressure ulcers within their care

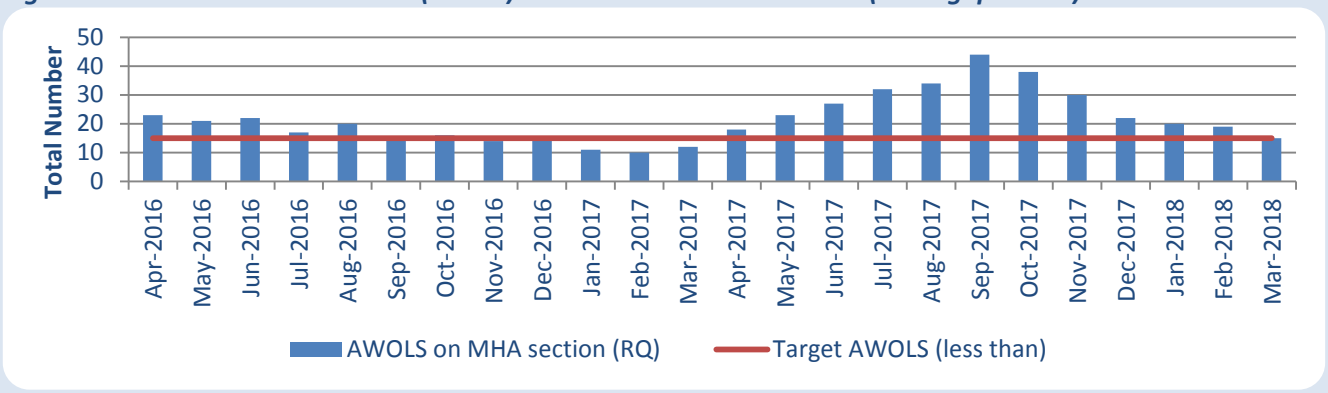
Actions are being undertaken to address these main themes.

Absent without leave (AWOL) and absconsions

ⓘ The definition of absconding used in the Trust is different than AWOL. Absconsion refers to patients who are usually within a ward environment and are able to leave the ward without permission.

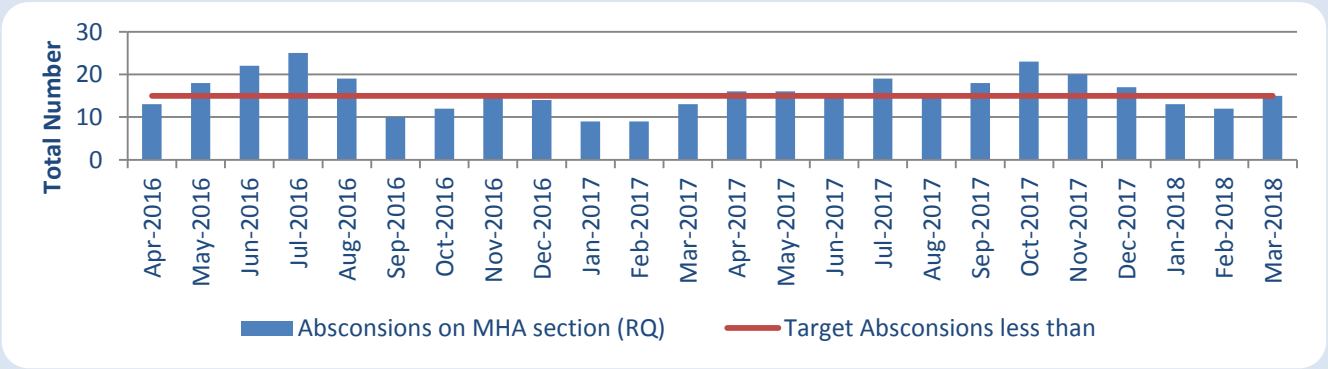
Figures 34 and 35 below detail the number of absconsions on a Mental Health Act Section and the number of patients absent without leave on a Mental Health section.

Figure 34- Absent without leave (AWOL) on a Mental Health Section- (Rolling quarters)



Source: Trust Performance Assurance Framework

Figure 35- Absconsions on a Mental Health Act (MHA) Section- (Rolling Quarters)



Source: Trust Performance Assurance Framework

Medication errors

ⓘ A medication error is any patient safety incident where there has been an error in the process of prescribing, preparing, dispensing, administering, monitoring or providing advice on medicines. Such patient safety incidents can be divided into two categories; errors of commission (e.g. wrong medicine or wrong dose of medicine) or errors of omission (e.g. omitting a dose or failing to monitor).

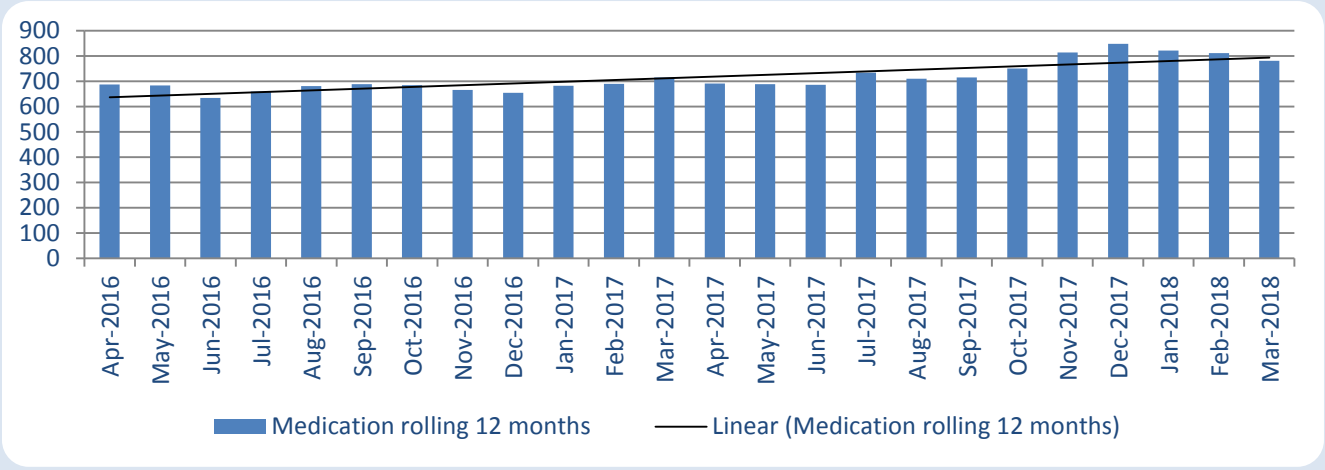
Figure 36 below details the total number of medication errors reported, based upon a rolling 12-month figure.

When interpreting this figure, it should be noted that a high and increasing rate of medication error reporting is a sign of a healthy learning culture in the organisation and that reporting of such errors is being encouraged as the first step in ensuring a robust safety culture exists.

All medication errors are considered by the Trust's Medication Safety Officer(s) and the Medication Safety Group (MSG) who consider trends and educational interventions appropriate to the errors. This group is a formal sub-group of the Trust Drug and Therapeutics Committee (DTC)

During quarter 4 of 2017/18 there were no moderate, major or severe medication errors.

Figure 36: Medication Errors (Rolling 12 Months)



Source: Trust Incident Database (Datix)

"I attend the centre for weekly therapy and DBT group therapy. I find the environment and atmosphere restful yet full of positive energy. It is clean and inviting. I am treated with respect, dignity and concern. I am lucky to have a place on this well planned course".

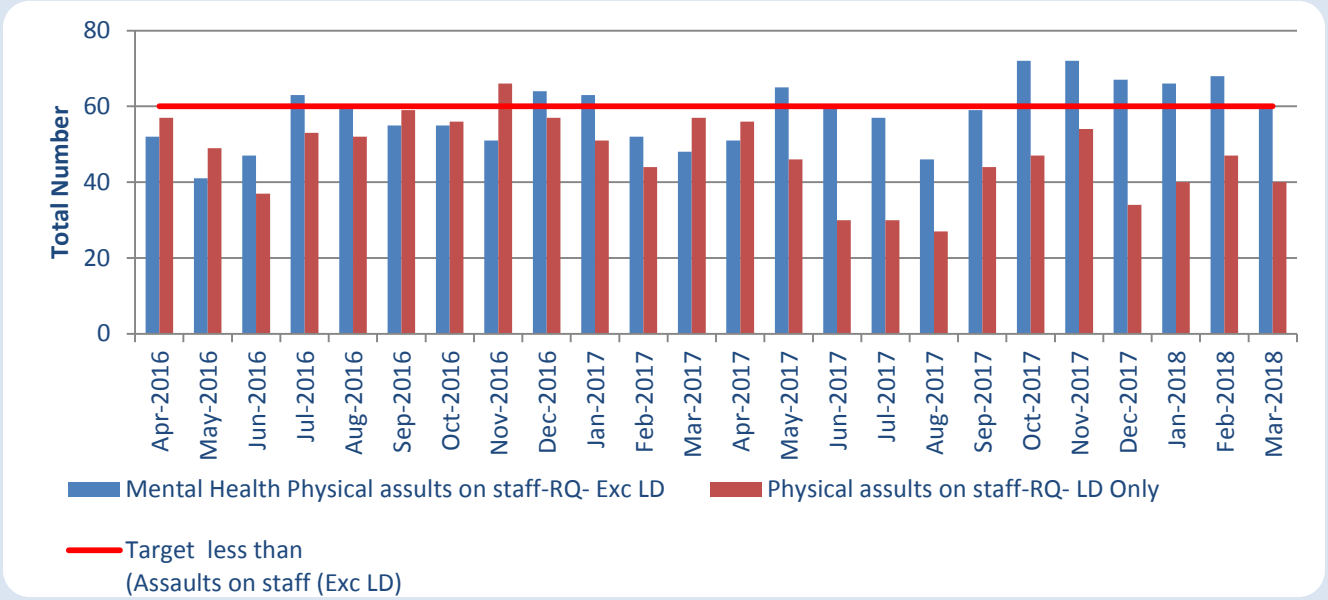
From a patient- Assertive Intervention Stabilisation Team (ASSIST) - Upton Hospital, Slough

Mental Health and Learning Disability Patient to Staff Physical Assaults

Figure 37 below details the number of patient to staff assaults. This data has been separated to show assaults by patients with and without learning disabilities (LD).

There have been fluctuations in the level of physical assaults on staff by patients. Often these changes reflect the presentation of a small number of individual inpatients.

Figure 37- Patient to staff assaults- Rolling Quarters (RQ)

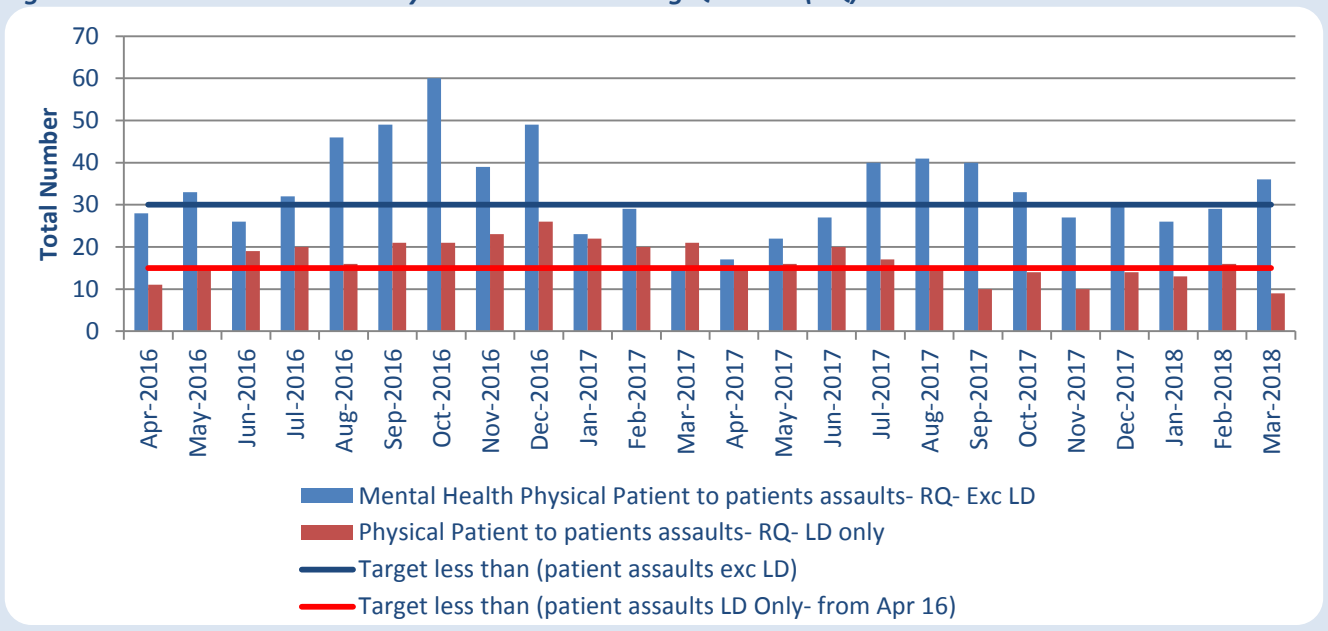


Source: Trust Performance Assurance Framework

Mental Health and Learning Disability Patient to Patient Physical Assaults

Figure 38 below details the number of patient to patient physical assaults. This data has been separated to show assaults by patients with and without learning disabilities (LD). As can be seen, the level of patient on patient assaults appears to fluctuate.

Figure 38- Patient to Patient Physical Assaults- Rolling Quarters (RQ)



Source: Trust Performance Assurance Framework

Other Quality Indicators

Figure 39	Target	2015/16	2016/17	2017/18	Commentary
Patient Safety					
CPA review within 12 months	95%	96.1%	95.3%	**94.2%**	12 month average %. For patients discharged on CPA in year last 12 months.
Never Events	0	0	0	**0**	Full year number of never events. *Source- Trust SI Report*
Infection Control- MRSA bacteraemia	0	0	0	**0**	Full year number of MRSA. *Source- Trust Infection Control Reports*
Infection Control- C. difficile due to lapses in care	<6 p/a	1	2	**3 (0.029 per 1000 bed days)**	Full year total number & rate per 1000 occupied bed days of C. Diff due to lapse in care by Trust. *Source- Trust Infection Control Reports*
Medication errors	Increased Report.	623	715	**781**	Full year total number of medication errors reported. *Source- Trust Datix incident management system*
Ensuring that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards b) early intervention in psychosis services c) community mental health services (people on care programme approach)	a) 90% b) 90% c) 65%	N/A	N/A	**TBC**	Percentage meeting requirement *Source- Trust CQUIN report*
Admissions to adult facilities of patients under 16 yrs. old	TBC	N/A	N/A	**0**	Full year total number of <16yr old admissions *Source- Service Generated Data*
Inappropriate out-of-area placements for adult mental health services (Bed days)	TBC	N/A	N/A	**247**	Average monthly total bed days for Q4 17/18 *Source- Service Generated Data*
Clinical Effectiveness					
Mental Health minimising delayed transfers of care (Relates to Mental Health delays only-Health & Social Care).	<7.5%	1.7%	12.38%	**11.3%**	12 month average %. Calculation = number of days delayed in month divided by Occupied Bed Days in month.
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50%	N/A	85.8%	**84.5%**	Total year %. Added from Q4 2015/16
Improving access to psychological therapies (IAPT): proportion of people completing treatment who move to recovery	50%	N/A	N/A	**58.8%**	Total year % *Source- Service Generated Data*

Figure 39	Target	2015/16	2016/17	2017/18	Commentary
Improving access to psychological therapies (IAPT):People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	N/A	98.4%	**98.9%**	12 month average %. Added from Q4 2015/16
Improving access to psychological therapies (IAPT): People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	N/A	99.9%	**100%**	12 month average %. Added from Q4 2015/16
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ disch.	95%	99.4%	99.5%	**99.3%**	12 month average %.
Completeness of Mental Health Minimum Data Set	99.6% 50%	99.8% 99.2%	99.9% 98.7%	**99.9%** **99.1%**	12 month average %.
Completeness of Community service data 1) Referral to treatment info. 2) Referral info. 3) Treatment activity info.	 50% 50% 50%	 72.1% 61.8% 96.9%	 71.3% 62.5% 97.2%	 **72.9%** **62.6%** **97.9%**	12 month average %.
Patient Experience					
Referral to treatment (RTT) waiting times – non admitted –community.	95% <18 weeks	99.5%	99.3%	**100%**	12 month average %. Waits are for consultant led services in East CHS, Diabetes, and Paediatric services from referral to treatment (stop clock). Notification received from NHS England to exclude sexual health services.
RTT waiting times Community: Incomplete pathways	92% <18 weeks	99.7%	99.9%	**99.8%**	12 month average %.
Access to healthcare for people with a learning disability		Green	Green	**Green**	Score out of 24
Complaints received		218	209	**209**	Total number of complaints in year
1. Complaint acknowledged within 3 working days 2. Complaint resolved within timescale of complainant	100% 90%	96.3% 91.4%	100% 100%	**100%** **100%**	Total year %
Please note- there is no longer a requirement to report the number of new early Intervention in psychosis cases to NHS Improvement as part of their Single Oversight Framework. This indicator has therefore been removed.					

Source: Trust Performance Assurance Framework, except where indicated in commentary

Statement of directors' responsibilities in respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation Trust annual reporting manual 2017/18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2017 to May 2018
  - papers relating to quality reported to the board over the period April 2017 to March 2018
  - feedback from commissioners dated April 2018
  - feedback from governors dated April 2018
  - feedback from local Healthwatch organisations dated April 2018
  - feedback from Overview and Scrutiny Committee dated April 2018
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2018
  - the 2017 national patient survey November 2017
  - the 2017 national staff survey March 2018
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated May 2018
  - CQC inspection report dated May 2017
- the Quality Report presents a balanced picture of the NHS foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

8th May 2018  **Martin Earwicker** **Chairman**

8th May 2018  **Julian Emms** **Chief Executive**

Appendix A: Quality Strategy

Appendix B- National Clinical Audits- Actions to Improve Quality

National Clinical Audits Reported in 2017/18 and results received that were applicable to Berkshire Healthcare NHS Foundation Trust

	National Audits Reported in 2017/18	Recommendation (taken from national report)	Actions to be Taken
	NCAPOP Audits		
1	National Diabetes Audit - Foot care Audit 2016/17 (2779)	The National Diabetes Foot Care Audit (NDFA) is a measurement system of care structures, patient management and outcomes of care for people with active diabetic foot disease.	The Head of the Foot care Service is leading on an action plan to improve outcomes with regards to time from referral by any healthcare professional to assessment by the Multi-Disciplinary Foot-care Team (MDfT). Actions include employing a part time Foot Protection Lead role, this will support community podiatry wound care clinics along with increasing capacity in the weekly MDfT. Work on referral pathways is also underway and is being supported by the RBH Diabetes Clinical Governance meeting.
2	National Diabetes Audit 2015/16 – SWIC (3363)	The National Diabetes Audit (NDA) is a major national clinical audit, which measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales. The NDA collects and analyses data for use by a range of stakeholders to drive changes and improvements in the quality of services and health outcomes for people with diabetes.	Since the data collection for this audit, the service has undertaken an internal audit against the standards in the National Diabetes Audit, therefore the results and action plan for the local audit has superseded the results within this report. (due to the time lag in publication of national findings)
3	Falls and Fragility Fractures Audit Programme (FFFAP) - Fracture Liaison Service Database 2016/17 (3366)	The audit aimed to measure primarily against NICE technology assessments and guidance on osteoporosis and the National Osteoporosis Society (NOS) clinical standards for Fracture Liaison Services (FLS). This was the first national patient level audit of quality of FLS's.	An EPR nurse clinic now exists, meaning the Virtual Fracture Clinic (VFC) and specialist clinics can place an order for the service. Vertebral fractures identified incidentally by radiology can be booked into the Fracture Liaison Services (FLS) Virtual Clinic. The FLS has recently obtained software which provides staff access to patients via additional clinics, for example those being treated for hand injury. The contract for this FLS is being reviewed, which will transfer its provision to the local acute Trust.
4	National COPD Audit Programme. Pulmonary Rehabilitation Re-audit 2017. – 3373	The National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme comprises a number of ambitious programmes of work that aims to drive improvements in the quality of care and services provided for COPD patients in England and Wales. This programme looks at Quality Statements derived from the British Thoracic Society: Quality standards for Pulmonary Rehabilitation in Adults	Create protocol for completing outcome measure to ensure standardisation. Update Rio patient Assessment form to include new outcome measure to record data To begin to include 5 x sit to stand assessment test in Berkshire West Pulmonary initial and final assessments. Add outcome to patient's discharge letter and feedback to GP. Update Standard Operating Procedure. Berkshire east to add BMI pre & post to assessment paperwork

	National Audits Reported in 2017/18	Recommendation (taken from national report)	Actions to be Taken
	Non-NCAPOP audits		
5	POMH - Topic 16a - Rapid Tranquilisation (Sept 2016) (2885) – Part of the POMH National Audit programme	This is a national audit coordinated by the Prescribing Observatory for Mental Health (POMH) as part of their on-going programme of clinical audits. Acutely-disturbed behaviour is common in inpatient psychiatric settings, placing both the patient and others at risk. The importance of preventing and appropriately managing such behaviour is addressed by NICE in CG10: violence and aggression: short-term management in mental health, health and community settings (NICE, 2015).	Work on improvement in documenting by staff by on-going work to improve risk management plans, new emphasis within Trust on involving patients in their risk assessment, Pharmacy providing training to RT clinical staff, and on-going work in Trust to improve adherence to National Early Warning Score (NEWS) standards. Actions to improve Datix reporting. To consider if more frequent RT training would be possible.
6	POMH - Topic 17a - Use of depot/LA antipsychotic injections for relapse prevention (May 2017) – 3475	This is a new topic within the POMH programme of national audits. The standards are derived from NICE Guideline CG178 'Psychosis and Schizophrenia in adults: prevention and management'. The audit aims to review practice against standards for use of depot/LA antipsychotic injections for relapse prevention.	Work being done around care/safety plans for patients without care co-ordinators as the patient is outpatient only or depot clinic. Also work on template/standard wording to be agreed around recording the patients relapse signatures and for clinicians to discuss and document these at patient's appointment.
7	Summary POMH Topic 1g & 3d: Prescribing high dose and combined antipsychotics on adult psychiatric wards (3474)	This was a re-audit of prescribing of high-dose and combination antipsychotics. . Though this is the 7th time that POMH has run this audit, and the 6th occasion that Berkshire Healthcare NHS Foundation Trust has taken part (2008 was missed), the last time this was audited as part of the POMH programme was back in 2012.	1. Trust high dose antipsychotic guidelines have been revised for review by the Trust Drugs and Therapeutics Committee. These guidelines will have more focus and clarity around roles of different staff groups. Revised concise guidelines to be circulated to inpatient medical, pharmacy and nursing staff through consultants meeting, Patient Safety and Quality meetings, pharmacy meetings, and nursing development programmes. 2. The high dose monitoring has been revised as part of the revision of the guidelines to improve layout and ease of use- this includes the physical health monitoring required when a patient is prescribed high dose antipsychotics. 3. To develop an e-form for monitoring on RiO with the RiO transformation team. The RiO transformation team has started building this e-form.

Appendix C- Local Clinical Audits- Actions to Improve Quality

	Audit Title	Conclusion/Actions
1	JD/QIP - Audit of VTE assessment and prophylaxis on Orchid and Rowan Wards (Prospect Park Hospital) (3519)	The purpose of this re-audit is to establish if all patients admitted to old age psychiatry wards had Venous Thromboembolism (VTE) risk assessment on admission in accordance with NICE venous thromboembolism quality standard and Berkshire Healthcare NHS Foundation Trust guidelines. Following review of this audit at a clinical effectiveness meeting, immediate measures were put in place to mitigate the risk associated with current practice and policy. The Trust policy has been changed to reflect current NICE recommendations and will be reviewed by the Drugs and Therapeutic group before final approval. Senior medical staff working on the wards have been made aware of the up-to-date good practice which is being followed.
2	Evaluation of the Behavioural Activation intervention work in CAMHS A&D pathway (2623)	The aim of this project is to conduct an audit on consecutive cases receiving Brief Behavioural Activation (BA) in the Trust CAMHS Anxiety & Depression Pathway, to assess feasibility and acceptability of this specific approach. If the findings from this audit are replicated in such studies as are recommended, brief BA should become a standard standalone treatment option offered to depressed adolescents within Trust CAMHS. This however is a long-term goal.
3	Treating comorbid anxiety and depression: A comparison of one vs. multiple interventions. (2717)	The main objective is to compare the impact of one vs. multiple simultaneous Cognitive Behavioural Therapy (CBT) interventions for patients with comorbid anxiety and depression. In patients with clinical levels of depression and anxiety of equal severity, there is no advantage of a broader treatment addressing both anxiety and depression compared to a treatment focused on depression
4	JD/QIP - Audit on implementation of Positive Cardiometabolic Health Resource in Prospect Park Hospital Acute Adult Inpatients (2924)	The overall aim of the audit is to assess compliance with the Lester Tool and associated Commissioning for Quality and Innovation (CQUIN) targets. Greater awareness of the Lester tool amongst staff, should lead to improved monitoring.
5	Delirium NICE Quality Improvement Re-audit (3246)	The aim of the delirium project is to improve the outcome and experience of patients at risk of or diagnosed with delirium by ensuring that best practice is followed in line with NICE Quality Standard 63- Delirium. The re-audit has shown that risk has reduced compared with the initial audit; however there is still scope to improve. Failure to identify and manage patients with delirium is associated with significant increased risks for the patient. People with delirium are likely to have longer and more complicated hospital stays (pressure sores, increased risk of falls etc.). They are also more likely to be admitted to long-term care when they leave hospital. There are also cost implications from failures to recognise delirium.
6	Audit of confidence in continuing use of techniques and managing relapse after Cognitive Behavioural Therapy (3252)	The aim of this is to improve client confidence in maintaining and continuing with progress after therapy. Therapy summaries have been recognised as helpful to both staff and clients.
7	JD/QIP – Multi- Disciplinary Team (MDT) documentation in Prospect Park Hospital acute wards (3290)	The objective of this audit is to assess the current practice of Multi-Disciplinary Team (MDT) documentation in order to analyse what improvements can be made. This audit has been useful in highlighting practice regarding use of MDT templates. Whilst a form is now available on RiO (the electronic patient record), staff will still need to be made aware of the importance of completing MDT forms with as many disciplines as possible attending and contributing to make the MDT meeting meaningful. A potential risk exists of poor patient management or significant events if the MDT meetings are not utilised effectively or documented accurately. Ward managers or consultants in charge need to take a lead in implementing a standardised MDT template as well as ensuring complete documentation

	Audit Title	Conclusion/Actions
8	JD/QIP - Establishing and monitoring the physical health needs of patients in Reading Short Term Team (3408)	This project aims to establish the physical health needs and prior diagnoses of patients referred to the Short Term Team at the time of referral and whether these have been identified or addressed appropriately by community mental health services during contact. As a result of this audit a prototype proforma for easily and intuitively requesting specific physical health monitoring tests from the GP has been designed.in addition, since this audit an electronic shared summary care record has been implemented within outpatient and inpatient psychiatric services at Prospect Park Hospital for easy access of historic and up to date patient information from GP to psychiatric services
9	Safe Handling and Disposal of Sharps Audit 2017 (3424)	The aim of the project is to identify whether sharps are handled safely to prevent the risk of needle stick injury, to assess practice and the correct use and management of sharps equipment, to assess staff knowledge relating to the management of an inoculation injury, and to ascertain the current level of compliance with Health and Safety Legislation across the Trust. A clear and well understood process for management of sharps will mean that any risk to staff and patients is minimised.
10	An audit on the management of nongonoccocal urethritis. (3444)	Nonspecific urethritis (NSU) is often a preliminary diagnosis in men who have lower urinary tract symptoms. Recently there has been a rise in treatment resistant NSU predominantly due to Mycoplasma genitalium and in the UK most centres do not test for this. A programme of education about the most up to date guidance is shared with staff to ensure best practice recognition and management.
11	Blood transfusion bed side audit (3460)	The aim of the audit is to ensure that the Trust's blood transfusion practice is in line with the required National Standards. A plan is being implemented to ensure all prescribers of transfusions are made aware of the criteria for NICE Clinical Guideline 24 and Quality Standard 138 when a referral is made for transfusion.
12	Audit of Routine Assessment for Home Treatment Team (3496)	The Royal College of Psychiatrists have set a series of standards for the Home Treatment Accreditation Scheme (HTAS) which have been accepted nationally. As part of this scheme there are recommendations for routine assessments when patients are referred to the team. The Royal College of Psychiatrists have developed standards for Home Treatment Teams and after thorough assessment if a service meets these standards provides accreditation. The Trust achieved accreditation from the Home Treatment Team Accreditation Scheme (HTAS) in September 2016.
13	Fluenz PGD Audit (3531)	This audit has been undertaken to review the consent forms of children who were administered the Fluenz Tetra nasal spray. Immunisation policy updated to add in additional measures around consenting very young children for nasal flu.
14	Management of anogenital warts in the sexual health service (3565)	The audit was undertaken to look at Garden Clinic standards of adherence to treatment algorithms, clearance rates and internal standards associated with diagnosis and management of anogenital warts. Obsolete clinic guidelines are being replaced with current national guidelines. Improvements to documentation and dynamic forms will support accurate recording.
15	Audit of compliance with sepsis early recognition tool community health inpatient units (3563)	This audit was undertaken to ascertain baseline compliance following the implementation of the sepsis early recognition tool. Within Berkshire Healthcare timely recognition and diagnosis of sepsis via identification and management of the deteriorating patient, including escalation, are key interventions in reducing mortality rates due to sepsis.
16	Re-audit of Antimicrobial Prescribing on all Trust Inpatient Wards 2016-17 (3494)	This audit monitors compliance with local standards for safe antimicrobial prescribing and practice, and national (Health and Social Care Act) requirements. This project supported the role-out of improving Antimicrobial Stewardship (AMS) awareness and face to face training sessions across all inpatient sites and sharing and spreading the Trust improvements across the other Trusts within the Thames Valley and Wessex region.

	Audit Title	Conclusion/Actions
17	An Audit on the Anticholinergic Cognitive Burden (ACB) in the Elderly population within Prospect park Older Peoples Mental Health (OPMH) wards (3045)	Anticholinergic cognitive burden (ACB) is the cumulative toxicity of anticholinergic medications leading to reversible mild cognitive impairment (MCI). The study successfully highlighted areas of patient care in need of improvement and recommended ways in which to reduce risk levels. High ACB was a prevalent problem across both groups. Poor compliance with the standards suggested limited awareness of ACB in practice, although there was some evidence of risk-mediation in the dementia population.
18	JD/QIP - Testing for blood borne virus infection in mental health inpatients (3479)	The aim of the project is to determine whether patients on the inpatient psychiatric ward are being offered testing for blood borne virus (BBV) infections. The project will raise awareness amongst psychiatry trainees and nurses about the prevalence of undiagnosed HIV in mental health inpatients, the risk factors for infection, the protocols/procedures involved in testing and what to do with a positive/negative result (information about local HIV services).
19	JD/QIP - Re-audit of assessment and management of pain in patients with dementia in a psychiatric inpatient ward (3561)	Pain is commonly experienced by older people and it is known that in patients with dementia it is under-recognised. Two recommendations by the Royal College of Anaesthetists suggest effective management of pain by regular assessment in all older patients. In comparison to the previous audit, this re-audit found similar results in terms of under recognition of pain management. There is still much potential for improvement as previous recommendations appear not to have been met in ensuring that pain assessments were included in routine observations.
20	Audit of arrangements for clear and accurate information exchange based on NICE Quality Standard 15, Statement 12 (3430)	The aim of the project is to ensure that there are local arrangements in place to support coordinated care through clear and accurate information exchange between relevant health and social care professionals. There are local arrangements in place to support coordinated care through clear and accurate information exchange between relevant health and social care professionals.
21	Cardio Metabolic CQUIN for Mental Health – Inpatients (IP), Community Mental Health Teams (CMHT) & Early Intervention in Psychosis (EIP) (2016/17) (3346)	This audit was as a National Commissioning for Quality and Innovation (CQUIN) project for 2016/17 and therefore a contractual requirement with an associated payment based on outcomes. The audit was conducted by the Royal College of Psychiatrists (RCP). It requires all patients to have a number of physical health screenings and interventions or referral for interventions when the screening meets a threshold (Identified by the national Lester Tool). More patients have received the full complement of recommended healthcare screening checks, across a range of EIP, IP and Community mental health services.
22	An evaluation of Paliperidone Palmitate within the Trust (1508)	An evaluation of the cost effectiveness using Health of the Nation Outcome Scales (HoNOS) and clustering and also a measure of whether patients are satisfied with the new treatment. Patients with schizophrenia prescribed Paliperidone Palmitate Long Acting Injectables (PPLAI) showed a significant improvement in mean Care Cluster scores when these are linked to payment (indicating lower costs of mental healthcare), a reduction in the Severe Disturbance factor, and a faster discharge from hospital at the point of initiation, as well as an increase in medication satisfaction.
23	Care Contact Time (2829)	As part of the national safer staffing expectations all Trusts are required to ensure that their wards undertake care contact time analysis on a regular basis. Wards have their data and are able to review how their time is spent with the initial aim of focusing on % of time was spent on non-patient facing non- patient related activity to ascertain if this could be converted into patient facing time.

	Audit Title	Conclusion/Actions
24	JD/QIP - Establishing and monitoring the physical health needs of patients in Reading Short Term Team (3408)	This project aims to establish the physical health needs and prior diagnoses of patients referred to the Short Term Team from Spring - Summer 2016 at the time of referral and whether these have been identified or addressed appropriately by community mental health services during contact. As a result of this audit a prototype proforma for easily and intuitively requesting specific physical health monitoring tests from the GP has been designed.in addition, since this audit an electronic shared summary care record has been implemented within outpatient and inpatient psychiatric services at Prospect Park Hospital for easy access of historic and up to date patient information from GP to psychiatric services, which should improve compliance to improving shared care via the GP summary on re-audit and ensure that important physical health problems are not missed.
25	Re- Audit of Patient Consent to Sharing Information based on NICE Quality Standard 15, Statement 13. (3428)	The aim of this re-audit project is to ensure that patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care. Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.
26	Assessment of compliance of healthcare workers practice with policy & best practice in patients requiring intravascular devices (3476)	The aim of this audit is to assess compliance of healthcare workers practice with policy and best practice when providing care for patients. This audit is part of the Berkshire Healthcare annual infection prevention and control audit programme 2016-17. The audit of the vascular access devices demonstrated excellent results achieving 100% compliance with all criteria of safe insertion, maintenance and removal of devices as per the Berkshire Healthcare policy and NICE guidance.
27	ASD/Anxiety Evaluation - Factor Structure and Measurement Invariance of the SCAS-P (1925)	The SCAS-P is used to assess anxiety in children with Autism Spectrum disorders (ASD) but its validity has not been established. The team compared the psychometric properties of the measure between young people with anxiety who were assessed at the Berkshire Child Anxiety Clinic and other young people with anxiety / ASD (recruited from outside the Trust) and to disseminate this further by publishing the findings in a peer-reviewed journal. Cross-group comparisons between ASD and anxious samples based on the SCAS-P scores may not always be appropriate.
28	Service evaluation of frequency pain flashbacks in patients at the Berkshire Traumatic Stress Service (2738)	The objective of this service evaluation is to analyse routinely collected data from patients assessed at the Berkshire Traumatic Stress Service to identify the prevalence of this experience in this population. The present study served two purposes: to determine the prevalence of pain flashbacks, and to begin the development of a measure. Clinicians could be encouraged to ask about pain and other somatosensory experiences, and to target these in therapy.
29	Promoting Dysphagia Awareness of Safety and Quality of Care in Patients with Swallowing Disorders (3295)	The aim of this project is to reduce numbers of incidences by 80% of non-compliance with dysphagia best practice recommendations by imparting dysphagia awareness training to housekeeping staff on the Acute Stroke Unit. The project highlighted areas of patient care requiring improvement and implemented actions to increase compliance and staff confidence. The project led to a significant increase in patients on modified dysphagia diets being offered drinks compliant with Speech and Language Therapist recommendations, thereby improving patient care.
30	Audit of Sharps use in Berkshire Eating Disorders Service (3425)	This audit is to review the safe handling and disposal of sharps within the Eating Disorders Service based at St Marks Hospital Ongoing audit is an important tool in the Quality Improvement process for managing sharps.
31	Compliance with HTM01-05 in the Dental Environment (Dental decontamination) - 2016/17 (3450)	The aim of the audit is to assess the salaried dental services' ability to comply with the essential quality requirements as set out in HTM 01-05 - Decontamination in Primary Dental Practices, in relation to the environment and their use of personal protective equipment. Good infection control and decontamination practices are essential in dental services in order to minimise the risk of infection to both patients and staff.

	Audit Title	Conclusion/Actions
32	EIPN Self-Assessment Tool (3452)	Monitoring of Early Intervention in Psychosis (EIP) services following the 2016 National audit (ID:2880) will be through participation in a quality assessment and improvement programme, organised and administered by the College Centre for Quality Improvement (CCQI). The EIP service monitors it's compliance levels closely, to ensure best practice is delivered, via a range of means.
33	JD/QIP Capacity and consent relating to Medication decision in the memory clinic (3533)	Documentation of the diagnosis and capacity to consent to medication prescribed in memory clinics is necessary in order to demonstrate that memory clinics are acting ethically and that they meet standards set by the Department of Health and Care Quality Commission (CQC) amongst others. The findings of this audit are being shared, and will feed into the accreditation process.
34	Do Not Resuscitate Forms (3638)	The aim of the audit is to review the "completeness" of the Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) paperwork used across the Trust, evidence discussion with patients re DNACPR , where possible, review involvement of "relevant other" e.g. Next of kin, family member in discussion re DNACPR, and address CQC findings as part of Good to Outstanding process. Although the audit has had its limitations it has been able to demonstrate improvements and clear areas that need further work which will assist in focusing action plans for both Community Nursing Teams and inpatient wards.
35	Evaluating HIV positive patients adherence to anti retro viral therapy (Slough 2016) (3371)	The topic is important to explore reasons and barriers for adherence/non adherence of anti-retro viral therapy. The aim is to explore what can/does help patients to be adherent. To project helped the service to gain up to date and local information from patients in the Slough area as there was no recent and local research available at present.
36	JD/QIP - Quality Improvement Project on Handover using Situation, Background, Assessment, and Recommendation (SBAR) between Nursing staff and Out of Hours (OOH) doctors (3394)	The aim of this project is to establish whether clinical staff (doctors and nurses) working out of hours (anything outside normal working hours of Monday to Friday 09:00-17:00 excluding bank-holidays) are aware of the SBAR handover system and, if so, whether they use it and are confident in doing so. This project highlighted that further work needs to be undertaken into improving current handover systems and practice.
37	JD/QIP - Radiology referrals (2015-2016) from Prospect Park Hospital to Royal Berkshire Hospital: audit of the referral process (3395)	This project aimed to review the Radiology referral process from inpatient wards at Prospect Park Hospital to the Royal Berkshire Hospital Radiology Department to improve the process of direct Radiology referrals, improve the quality of these referrals and to increase junior doctor awareness and improve completeness of referral forms, thereby improving quality of Radiology reports. Awareness of this audit and its dissemination to doctors provides potential for higher quality and more comprehensive referrals to Radiology, and in turn, higher quality reports received back from Radiology.
38	MPharm Student Project: Investigating shared care arrangements in mental health prescribing (3419)	The purpose of this study is to investigate issues around shared care arrangements in mental health prescribing. Stereotypes of mental illness allude to the ideologies reinforced by society. The study allowed for a range of media to be examined to understand the representation of drugs, mental health and pregnancy and the predominant themes relating to these concepts. Greater understanding of preconceptions can support adherence conversations.
39	An evaluation of multidisciplinary team meetings in a community mental health team (3446)	The aim of this project is to gather data to determine whether staff in the Community Mental Health Team feel that their Multi-disciplinary Team (MDT) meetings are effective, following structure change. Effective use of staff time in meetings allows patient face-to-face care to be increased.
40	JD/QIP - Psychotropic drug prescribing for people with intellectual disability (3501)	The aim of this audit is to determine the level of compliance with the current practice standards for psychotropic medication prescribing in intellectual disabilities as highlighted by the report of the Faculty of Psychiatry of Intellectual Disability, Royal College of Psychiatrists. The results from this audit demonstrated that overall, regular reviews of patients on psychotropic medication in the Reading and Newbury Community Teams for People with Learning Disabilities (CTPLD) are taking place.

	Audit Title	Conclusion/Actions
41	JD/QIP Evaluation of Use of Interpreters for Reading Common Point of Entry (CPE) Assessments (3560)	This audit evaluated Reading secondary service Community Mental Health Team's use of interpreters in accordance with principles set out by NHS England for high quality interpreting and translation services for primary care services. All patients included in the audit had documentation indicating that an interpreter had been booked for the CPE appointment.
42	Trust re-audit of POMH Prescribing for substance misuse: alcohol detoxification (3405) – Local re-audit of POMH topic	In August 2016 we reported on the POMH-UK alcohol and substance misuse audit to the Trust Quality Assurance Committee. There were certain areas where the Trust performed poorly, in comparison to other Trusts. As a result, the Quality Assurance Committee requested a local re-audit in 12 months' time to give assurance that improvement had been made. The 6 standards that were re-audited from the original POMH audit had all increased in compliance bar one ('documented assessments of the signs and symptoms of Wernicke's encephalopathy'). The lead Consultant raised this at the junior doctors' induction in Aug 17 and followed it up by emails to all trainees. Clinical Governance Nurse and psychiatric trainee will undertake monthly audits of 5 patients per ward on the use of the alcohol screening questionnaire and will attend the MDT on each ward to discuss expected compliance with Alcohol Detox
43	To Improve Compliance with Physical Health Monitoring for Service Users on Antipsychotic Medication in Slough Community Mental Health Team (CMHT) (3624)	The aim of the project is to improve compliance with regards to physical health monitoring for patients on antipsychotic medications. Attention to the physical health of patients is part of a holistic approach, and has been recognised as an increasingly important part of the work within mental health services (Rowlands, 2013). Work is on-going through CQUINS on Physical Health monitoring Trust wide
44	Evaluation of a treatment for childhood anxiety (the 'overcoming' programme).(3041)	This is an evaluation of treatment for childhood anxiety in which parents are taught the principles of cognitive behavioural therapy either in groups or individually (the 'overcoming' programme). Promising Results regarding children's outcomes following Group GPD-CBT. Group GPD-CBT was viewed by clinicians as acceptable and helpful. There is a need to develop and evaluate low-intensity treatments for childhood anxiety disorders in order to improve accessibility to psychological treatments.
45	Re-Audit- People whose Behaviour Challenges - Care Pathway (April 2017) (3535) – Local Audit	The publication of national guidance on working with people whose behaviour challenges the service prompted our service to agree a number of tasks designed to address the issues raised. The guidance stressed the importance of multidisciplinary and consistent approaches to the assessment and intervention of behaviour plans. The audit demonstrated areas of excellent practice with the vast majority of findings meeting standards 100% of the time a part from one 98%. The audit also demonstrated that our original Good Practice Standards and the more recent NICE Quality Statements are both being met to a very high degree.
46	JD/QIP Re-audit: Provision of Verbal and Written Drug Information on Adult Inpatient Psychiatric Wards (3659	The aim of this re-audit is to examine the provision of verbal and written information to adult inpatients prior to introducing a new psychotropic agent. This audit was undertaken as a part of audit cycle to assess whether recommendations from previous audits were followed and whether it has yielded any improvement in our practice. Encourage team to use the new template whenever changing/introducing new medication to avoid any possibility of under-recording of information. Create a separate form to fill in if it is felt that the capacity is not likely to change and repeated MCA forms are not required. This may be accessible in patient's care plan and improve record keeping practice. Make staff aware of existence of any leaflets available on the ward. This could be included in induction package. It has been shown that amount of information retained following verbal information alone is very limited. Therefore providing written information for patients to confer to and supplement their understanding is important.

	Audit Title	Conclusion/Actions
47	Berkshire Eating Disorder Unit Risk Assessment and Record Keeping Audit (3418)	This audit aims to investigate the service's compliance with standards relating to risk assessments and record keeping. Clinicians within Berkshire Eating Disorder Service (BEDS) should conduct their own risk assessment during assessment, reviews and discharge communicated with relevant other professionals. All staff made aware of policies and allocated dedicated admin time at the end of the day. Appropriate management support provided to improve confidence. Audit report and the action plan to be put on service shared drive and monitored. Findings and main actions to be presented at October 2017 Business meeting. Clinicians to identify sufficient administrative time in consultation with their clinical supervisors.
48	Management of cases of early infectious syphilis in the Service. (3520)	The main aim of the audit is to assess performance against auditable outcomes specified in the guidelines. All services should ensure that an appropriate contact action is agreed and pursued for every contact of individuals with early syphilis, including documenting where no action is taken because a contact is deemed to be uncontactable. Caution is needed in recording and interpreting PN outcomes, especially as regards contact attendance reported by the index patient Consideration should be given to early follow-up HIV testing of individuals with syphilis, as an opportunity to diagnose seroconversion. The service is reviewing whether any actions are required from these results at present. No concerns have been highlighted.
49	Re-audit following audit of personal practice for autism diagnosis in children in 2015 (3534)	The primary aim of the audit is to compare clinical practice with the best practice criteria listed in NICE Clinical Guideline 128—Autism Diagnosis in Children and Young People. In response to the findings, further analysis of CDC data has been requested and a meeting to explore ways of working which could reduce the delays in the assessment process. The service has also been made aware of the NICE recommendation—'Start the autism diagnostic assessment within 3 months of the referral to the autism team'. A meeting is arranged (health and social care partners involved in the ASD referral and assessment pathway) to agree upon measures to improve waiting times.
50	Audit of discharge summary from Berkshire Perinatal Mental Health Services (3800)	The aim of this audit is to evaluate the quality of discharge summaries compared with standards from the Perinatal Community Mental Health Services of the Royal College of Psychiatrist Quality Network for Community Mental Health Perinatal Teams. There was variation in the format and content of the discharge summaries. Whilst for Initial Perinatal Assessments the perinatal team uses a standardised assessment form that collects the same data for all patients, this is not in place for Discharge Summaries. Standardised the discharge summary to be used by perinatal clinicians.
51	Access and Waiting Time for Berkshire community Perinatal Mental Health services (3833)	This audit aims to compare waiting times with the standards introduced by NICE in 2016 and aims to compare the waiting time with the standards introduced by NICE, 'Implementing the Perinatal Mental Health Evidence Based treatment Pathway. The result of this audit is excellent. Therefore, no action recommended for the practice.
52	Audit of use of Dementia Assessment Integrated Care Pathway in Learning Disability Services (3875)	The aim of the audit is to ensure the new care pathway had been fully implemented into practice. Lower rate of completion of some of these items may reflect omissions in documentation, rather than omissions in clinical practice a new assessment tool being introduced for a group of staff; uncertainties about when to upload documentation onto RiO as completing the Care Pathway can be a lengthy process; and turnover of staff meaning that the Care Pathway may not be familiar to all Community Team for People with Learning Disability (CTPLD) staff. Audit findings to be fed back to staff, dementia planning meetings to be undertaken in all teams, training provision for staff will include how to use the Dementia Assessment care pathway.

	Audit Title	Conclusion/Actions
53	Service evaluation of effectiveness of specialist Multi-Disciplinary Team (MDT) tics clinics for neurodevelopmental and psychoeducation in East Berks CAMHS (3339)	This service evaluation was undertaken after the decision was made within East Berkshire to group referrals for tics so that they could be seen together and as part of a joint assessment. This model was based on the National Tourette Service at Great Ormond Street Hospital and was put in place due to the identification of patients with tics being poorly triaged and waiting a long time for assessment. During the project, staff realised that it was appropriate to discharge almost half the sample with just education (and no CAMHS input). These earlier discharges were achieved due to the introduction of an Assistant Psychologist phoning patients to provide advice, thereby reducing unnecessary appointments. Earlier discharges freed up appointments, thereby reducing waiting times and the need for medication. During feedback of these results to CAMHS clinicians, it was suggested that current practice could be audited in other business units for comparison data. Other further models of care have been suggested, in line with the Anxiety and Depression Pathway model. It is possible that this service may be eligible to participate in the National Audit of Anxiety and Depression.
54	Evaluation process for the MAP pressure monitoring system (Sidhill) (3357)	The M.A.P™ system is a continuous bedside pressure monitoring tool that enables nurses and carers to monitor bed-bound patient's optimal pressure distribution in order to reduce the risk of pressure ulcers. It uses a pressure sensing mat to identify high and low pressure areas between the patient and the support surface. The mat is linked to a monitor displaying a real time, high resolution image defining at-risk pressure points, giving accurate data to enable staff to reposition patients so that optimal pressure distribution is achieved. This tool proved to be useful as a teaching resource. It was decided that due to cost, the tool would not be purchased for the Trust, but would be hired as and when required.
55	Management of Anogenital Warts (C11A) at first presentation (3565): March 2017	Anogenital warts caused by the Human Papilloma virus (HPV) are the second most common sexually transmitted infection (STI) in the UK and most common STI of viral aetiology. The aim of the project was to measure clinical practice against auditable standards both from the British Association of Sexual Health and HIV (BASHH) as well as internal standards so that improvements can be made in areas of poor compliance. Actions include replacing the Garden Clinic guidelines with current BASHH guidelines; to add additional features to Lilie and provide training to staff; to update female dynamic forms; and to improve documentation of discussions with patients.
56	Is the transfer of physically ill patients from and to Prospect Park Hospital (PPH) in accordance to Trust Guidelines? (3880): October 2017	The burden of physical health problems increases with age and this is of particular concern in those patients with a co-existing mental health disorder. Berkshire Healthcare and PPH have created guidance to enable efficiency when transferring patients out of and back to PPH for acute medical problems, Procedure for the transfer of mental health inpatients to and back from physical treatment. Discussions with clinical colleagues and observation of concurrent guidance (Royal Pharmaceutical Society, 2011; DH, 2017) led to some key recommendations for action. These relate to providing a laminated checklist including handover, drug chart, s17 leave, informing relatives and informing doctors of review. Other actions include reminding staff to print EPMA drug charts when transferring patients out, and to complete handovers, which will be discussed at staff induction. At daily handovers, staff will now be reminded to attempt daily contacts with relatives/carers.
57	Evaluation of the Lower Limb Class (3898): November 2017	The purpose of this service evaluation is to evaluate the effectiveness of the Lower Limb Exercise Classes (LL class) run across Wokingham and Newbury outpatient physiotherapy sites. Actions relating to: obtaining more pre- and post- class PSFS scores; standardising the number of sessions across both localities; routinely enquiring about maintaining physical activity post discharge; and adapting the audit tool at re-audit are being implemented.

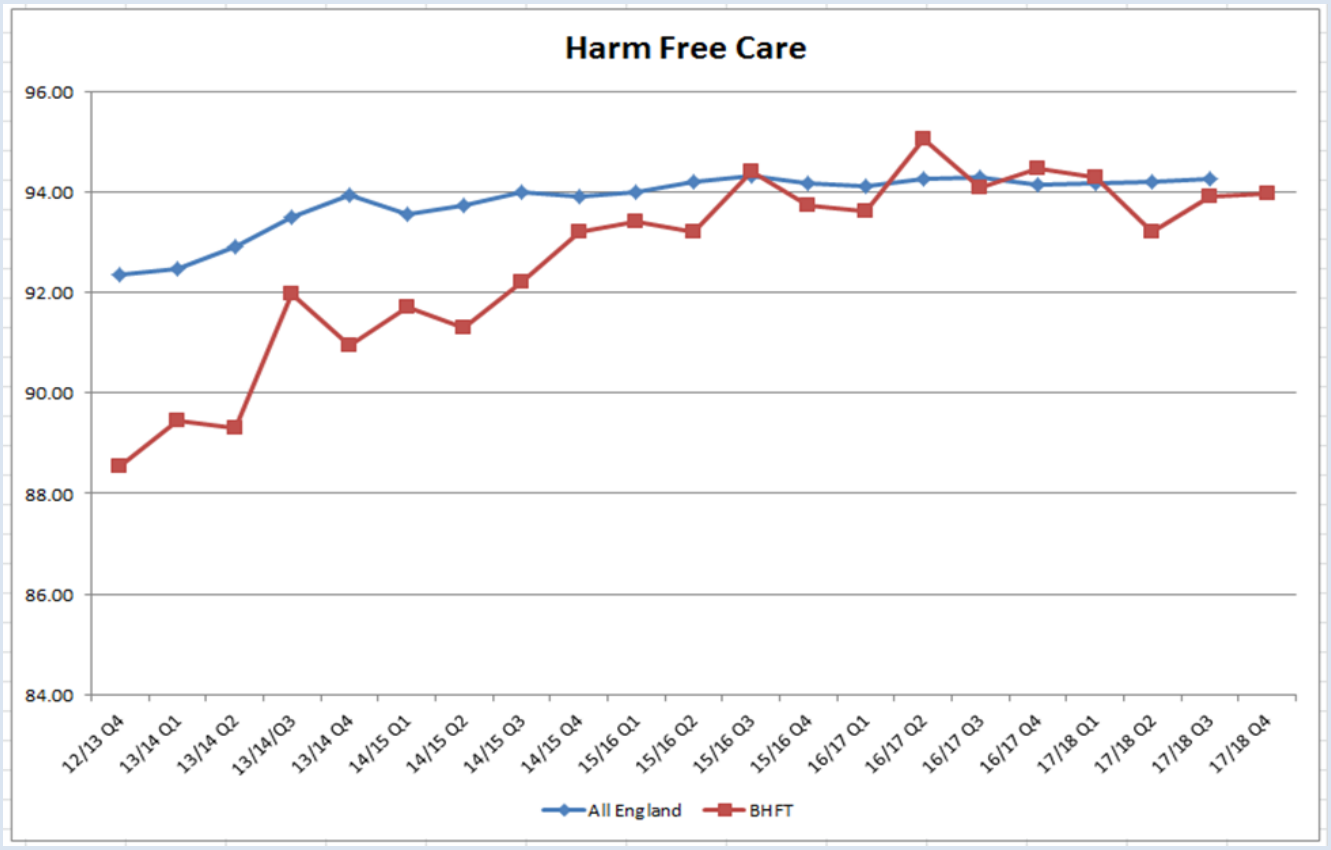
	Audit Title	Conclusion/Actions
58	Clinical Supervision Re-Audit -3943	The purpose of the re-audit of Clinical Supervision is to establish the level of compliance with the clinical supervision requirements outlined in policy CCR097 and to measure any changes in practice since the 2015/16 re-audit. Recommendations: Services across the Trust review their use of reflective diaries and actively encourage all clinical staff to complete them. Children's services review and formalise their protocols and arrangements for access to clinical supervision and provide clinical supervision training to supervisors and supervisees. Children's Services, East & West Physical Health Services and West Mental Health Services should make improvements with monitoring supervision attendance and non-attendances.
59	Re audit on the management of Gonorrhoea in the integrated sexual health service – 3279	The purpose of this re-audit is to measure current practice relating to management and treatment of gonorrhoea against standards developed from Public Health England's Gonococcal Resistance to Antimicrobials Surveillance Programme, BASHH Guidance for the Management of Gonorrhoea in Adults (2011) and Local Guidelines. Recommendations/actions: Development of an appointment system for TOC when given medications, fast track appointments and/or home tests. Improving documentation of information and health advice given during consultation –add a tick-box to the new IT system. Completing microscopy slides for all asymptomatic patients. To educate new staff as part of their induction.
60	Case Conference reports – 3562	The purpose of this audit is to re-audit the two standards which evidenced less than 90% compliance, and to also audit the quality of CAMHS Child Protection Case Conference Reports as recommended in the action plan. Actions: Named professionals for safeguarding children to discuss the findings with CAMHS practitioners at their management meetings and also to highlight the issue with the CAMHS management team. Main focus to be Trust safeguarding policy and procedure, the voice of the child, think family approach and the role of CAMHS in the safeguarding process. CAMHS to include safeguarding as part of induction. CAMHS staff to be reminded during supervision to use the Berkshire Healthcare template. Ensure child protection conference invites for CAMHS practitioners are being reviewed by CAMHS
61	Audit of Perinatal Mental Health Evidence (Amir Sam) Report-2017 – 3884	This audit aims to assess compliance with the standard outlined in Pathway 4: 75% of women with a perinatal mental health problem who are referred for psychological interventions, such as those provided by primary, secondary and tertiary care, start treatment within six weeks of referral. In relation to Pathway 4 which was the focus of the audit no actions were required as the standard was met in 100% of cases audited
62	JD/QIP - Clinical audit of the assessment of delirium at Wexham Park Hospital – 3927	This audit evaluated the proportion of medical admissions at Wexham Park Hospital, Slough, who were assessed for delirium. The tool mandates that the following group of patients must be assessed for delirium: age 75 and above or current confusion. Recommendations include: Increase of compliance of the 4AT tool through education. Creation of a standard question mandatory for all medical admissions, to capture patients at risk of delirium according to NICE but missed by hospital screening requirements. This may also prompt the user to complete the 4AT tool if 'yes' has been answered and can therefore increase compliance.
63	Qualitative Minor Injuries Unit notes audit 2017 – 3995	This audit was completed to ensure that certain criteria relating to note-taking were met. Standards were developed through discussions with staff to determine a consensus of opinion on minimum requirements for a set of clinical notes. The aim is to ensure that notes are high quality and that staff are able to easily understand notes written by other Practitioners. Member of staff incorrectly recording medical history on Adastra educated in correct procedure. Results and comments from audit disseminated to all staff through clinical governance newsletter. Continue audit on a bi-monthly rolling process. Involve other clinical staff in data collection as a way of sharing learning from practice by reviewing each other's notes.

Appendix D Safety Thermometer Charts

ⓘ Developed for the NHS by the NHS as a point of care survey instrument, the NHS Safety Thermometer provides a 'temperature check' on harm, that can be used alongside other measures of harm to measure local and system progress in providing a care environment free of harm for our patients. It allows teams to measure harm and the proportion of patients that are 'harm free'

When interpreting the charts below, it should be noted that this Safety Thermometer data does not show the total number of each type of harm for the Trust, but only those that are recorded at a specific point in time each month.

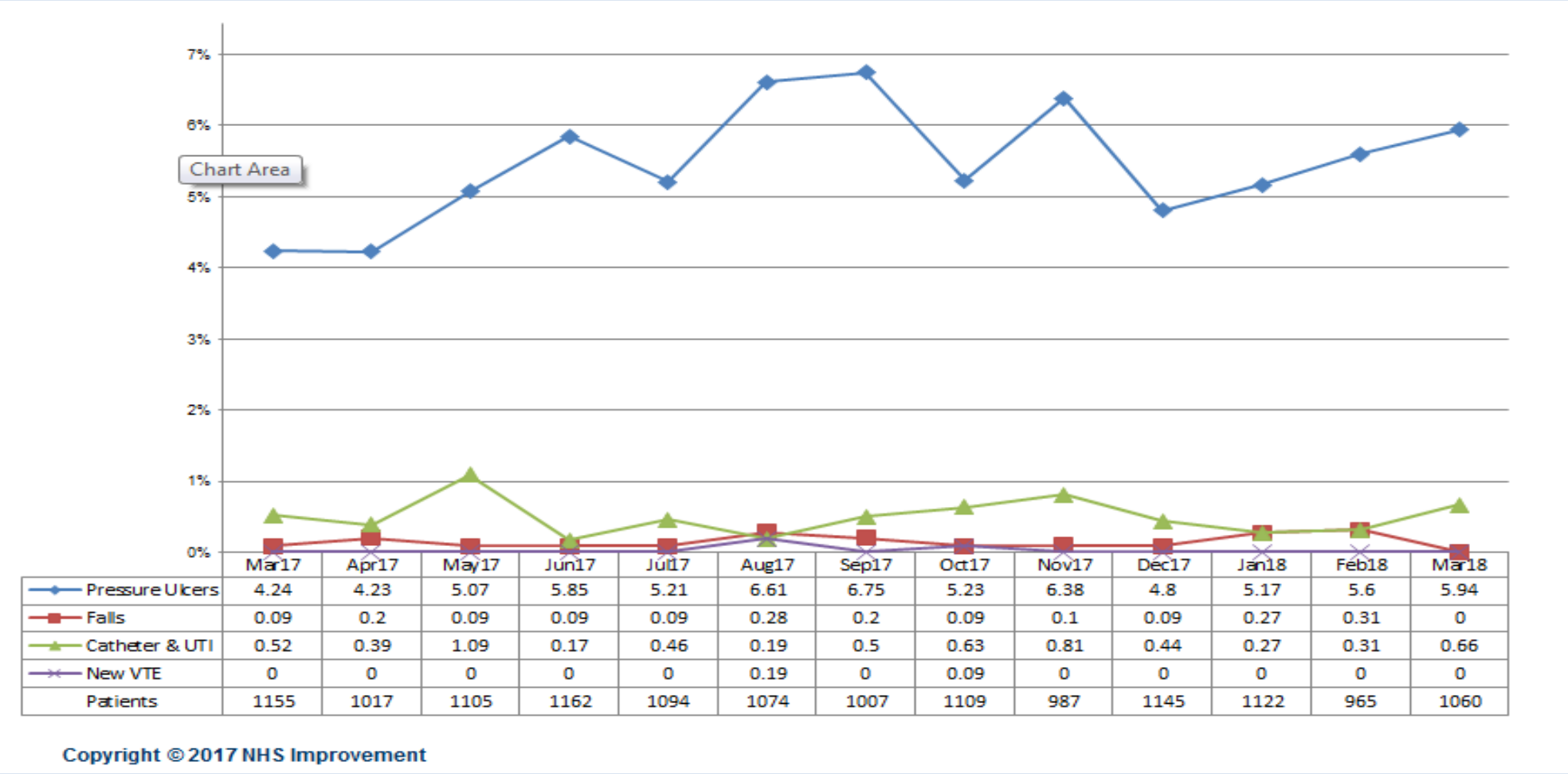
The figure below shows the percentage of harm-free care reported on the patient safety thermometer.
Harm Free care in Berkshire Healthcare has shown some improvement with 94% in Q4, 93.9% in Q3 and in Q2 it was 93.2%. These harms include those inherited to the Trust which are largely beyond our influence, such as old pressure ulcers and catheter and old urinary tract infections (UTI) which are almost three quarters of the harms we declare.



Source: Trust Safety Thermometer Reports

Types of harm

The chart below splits the types of harms across the whole organisation. Pressure ulcers remain the highest harm based on safety thermometer data.



	Mar17	Apr17	May17	Jun17	Jul17	Aug17	Sep17	Oct17	Nov17	Dec17	Jan18	Feb18	Mar18
Pressure Ulcers	4.24	4.23	5.07	5.85	5.21	6.61	6.75	5.23	6.38	4.8	5.17	5.6	5.94
Falls	0.09	0.2	0.09	0.09	0.09	0.28	0.2	0.09	0.1	0.09	0.27	0.31	0
Catheter & UTI	0.52	0.39	1.09	0.17	0.46	0.19	0.5	0.63	0.81	0.44	0.27	0.31	0.66
New VTE	0	0	0	0	0	0.19	0	0.09	0	0	0	0	0
Patients	1155	1017	1105	1162	1094	1074	1007	1109	987	1145	1122	965	1060

Source- Safety Thermometer

UTI= Urinary Tract Infection VTE = venous thromboembolism

Appendix E CQUIN Achievement 2017/18 (anticipated- to be finalised in June 2018)

CQUIN Number	CQUIN Indicator Name	Value
CQUIN 1a	Improvement of health and wellbeing of NHS staff	£427,006.40
CQUIN 1b	Healthy food for NHS staff, visitors and patients	
CQUIN 1c	Improving the uptake of flu vaccinations for front line staff within Providers	
CQUIN 3a	Improving physical healthcare to reduce premature mortality in people with Severe Mental Illness: Cardio metabolic assessment and treatment for patients with psychoses	£427,006.40
CQUIN 3b	Improving physical healthcare to reduce premature mortality in people with Severe Mental Illness: Collaborating with primary care clinicians	
CQUIN 4	Improving services for people with mental health needs who present to A&E.	£170, 802.56
CQUIN 5	Transitions out of Children and Young People's Mental Health Services (CYPMHS)	£170,802.56
CQUIN 8b	Supporting Proactive and Safe Discharge – Community Providers	£341,605.12
CQUIN 9a	Tobacco screening	£427,006.40
CQUIN 9b	Tobacco brief advice	
CQUIN 9c	Tobacco referral and medication offer	
CQUIN 9d	Alcohol screening	
CQUIN 9e	Alcohol brief advice or referral	
CQUIN 10	Improving the assessment of wounds	£256, 203.84
CQUIN 11	Personalised Care and Support Planning	£341,605.12

Appendix F- CQUIN 2018-2019

Please note that that this is part of a 2 year contract that started in 2017/18. The Trust is currently in discussion with Commissioners to finalise the 2018/2019 CQUIN and any changes will be adjusted under variation

CQUIN Number	CQUIN Indicator Name
CQUIN 1a	Improvement of health and wellbeing of NHS staff
CQUIN 1b	Healthy food for NHS staff, visitors and patients
CQUIN 1c	Improving the uptake of flu vaccinations for front line staff within Providers
CQUIN 3a	Improving physical healthcare to reduce premature mortality in people with Severe Mental Illness: Cardio metabolic assessment and treatment for patients with psychoses
CQUIN 3b	Improving physical healthcare to reduce premature mortality in people with Severe Mental Illness: Collaborating with primary care clinicians
CQUIN 5	Transitions out of Children and Young People's Mental Health Services (CYPMHS)
CQUIN 9a	Tobacco screening
CQUIN 9b	Tobacco brief advice
CQUIN 9c	Tobacco referral and medication offer
CQUIN 9d	Alcohol screening
CQUIN 9e	Alcohol brief advice or referral
CQUIN 10	Improving the assessment of wounds
CQUIN 11	Personalised Care and Support Planning

Appendix G- Trust Participation in Royal College of Psychiatrists Quality Improvement Programmes and Accreditation Schemes

Berkshire Healthcare NHS Foundation Trust			
Programmes	**Participating services in the Trust**	**Accreditation Status**	**Number of Services Participating Nationally**
ACOMHS: Accreditation for Community Mental Health Services	Bracknell Community Mental Health Team	Assessed – awaiting Accreditation Decision	8
	Wokingham Community Mental Health Team	Assessed – awaiting Accreditation Decision	8
AIMS-WA: AIMS-WA: Quality Network for Working-age Adult Wards	Bluebell Ward, Prospect Park Hospital	Accredited	145
	Snowdrop Ward, Prospect Park Hospital	Accredited	145
	Rose Ward, Prospect Park Hospital	Accredited	145
APPTS: Accreditation Programme for Psychological Therapies Services	Talking Therapies Berkshire	Accredited	32
C o C: Community of Communities	Slough Embrace	Participating but not yet undergoing accreditation	8
ECTAS: Electroconvulsive Therapy Accreditation Service	Prospect Park ECT Clinic	Participating in Accreditation renewal	83
EIPN: Early Intervention in Psychosis Network	Berkshire Early Intervention in Psychosis Service	Developmental Review	155
HTAS: Home Treatment Accreditation Scheme	Berkshire East Crisis Resolution Home Treatment Team	Accredited	54
MSNAP: Memory Services National Accreditation Programme	Bracknell Memory Clinic	Accredited	75
	Reading Memory Clinic	Accredited	75
	Wokingham Memory Clinic	Accredited	75
	OPMH Service Team (Beech Croft Newbury)	Accredited	75
	Slough Memory Clinic	Accredited until July 2018. Currently in review	75
	Windsor, Ascot & Maidenhead OPMH Memory Clinic	Accredited until October 2018. Currently in review	75

Berkshire Healthcare NHS Foundation Trust			
Programmes	**Participating services in the Trust**	**Accreditation Status**	**Number of Services Participating Nationally**
PLAN: Psychiatric Liaison Accreditation Network	Psychological Medicine Service (Royal Berkshire Hospital)	Accredited	81
QNIC: Quality Network for Inpatient CAMHS	Berkshire Adolescent Unit	Participating but not yet undergoing accreditation	130
QNLD: Quality Network for Inpatient Learning Disability Services	Campion Unit	Accredited	41
QNOAMHS: Quality Network for Older Adults Mental Health Services	Orchid Ward	Not accredited	86
	Rowan Ward	Not accredited	86

POMH-UK: Prescribing Observatory for Mental Health
Berkshire Healthcare NHS Foundation Trust – Topic 1g & 3d, Topic 17a and Topic 16a

Appendix H- Statements from Stakeholders

Berkshire Healthcare
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust – Quali
Response from the Council of Governors of the Trust

These comments are based on the Quality Account for the third quarter circulated to the 32 members of the Council of Governors for the Trust on the 6th March 2018. This summary is prepared by the Lead Governor, Paul Myerscough.

This report is a good account of the Trust, clearly expressed and with much of interest for all readers. The governors feel that the results shown in the report reflect the actual performance of the Trust.

There is general scepticism among governors about the nationally mandated measure known as the 'Friends and Family Test'. We would prefer that the effort expended on the collection and collating of this data is more focussed on areas of particular concern to patients and staff, where it could lead to a measurable improvement in the services delivered.

There some quality concerns mentioned which governors are aware of, and we appreciate regular updates from management. Several of these relate to staffing difficulties. This is an NHS-wide issue which puts pressure on management in most services.

Unfortunately the results from the staff survey were not available at the time this response was prepared. We would hope to see evidence of an improvement in staff well-being feeding through into the staff retention figures.

All governors were given the opportunity to comment. Much of the input was about format of information, with some requests for clarification of figures and, of course, concern expressed where it appears that performance is not getting better. All feedback is passed on to the team responsible for the report.

Berkshire Healthcare
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes the feedback from Berkshire Healthcare NHS Foundation Council of Governors. We acknowledge that Members of the Council have contributed their views throughout the development of the account and we value this input.

The Friends and Family Test is a national measure that was originally introduced to support patient choice. We aim to achieve higher than a 15% response rate (this being the minimum for statistical relevance) and in some services, this is being exceeded. There are challenges in some services and the Patient Experience Team is working with the service and Clinical Transformation Team to look at different ways of collecting this feedback, such as via SMS text messaging.

The results of the most recent National Staff Survey have been included in the final version of the Quality Account, and the results have generally shown an improvement.

Responses to individual queries have been included in a separate document and this has been sent to the Chair of the Council of Governors.

Commissioners Response – BHFT QUALITY ACCOUNT 2017/18

Prepared on behalf of East Berkshire and Berkshire West CCG's

Statement

The Clinical Commissioning Groups (CCGs) are providing a response to the Quality Account for Quarter 3 2017/18 submitted by Berkshire Healthcare Foundation Trust (BHFT.)

The Quality Account provides information and a review of the performance of the Trust against quality improvement priorities set for the year 2017/18 and gives an overview of the quality of care provided by the Trust during this period. The priorities for 2017/18 were detailed in the report and these were;

- Patient Experience and involvement
- Patient Safety
- Clinical effectiveness
- Organisational culture

All the priorities if successful will have an impact on patient care and staff satisfaction.

The CCGs support the Trust's openness and transparency particularly in the area of the freedom to speak up programme. The CCGs are committed to working with the Trust to achieve further improvements and successes in the areas identified within the Quality Account. This will be carried out through a number of both proactive and reactive mechanisms and collaborative and integral working.

The Trust's Quality Priorities highlighted in the 2017/18 Quality Account were Patient Safety; Clinical Effectiveness; Patient Experience and Organisational Culture.

The Trust has implemented new processes which enable them to further learn from Complaints and Compliments, which is evidenced in the reduction of complaints in 2017/18.

The CCGs are very supportive of the Trusts project on zero suicides which was initiated in 2016. The programme focuses on challenging attitudes and behaviours and a new risk summary was implemented in 2017. There were a number of goals set for 2017/18 which included achieving a 10% reduction in the rate of suicides of people under BHFT care by 2020/21, demonstrating an increase in positive staff attitude and a having proactive approach to suicide prevention and ensuring families, carers and staff feel supported after a suicide.

The CCGs were pleased that the Trust has acknowledged the disappointing result of the 'Zero Suicide Workforce Survey' which showed that only 50% of the staff reported that they felt the organisation had supported them following their interaction with a patient that had committed suicide and the CCGs hope to see an improvement when the next survey is carried out.

The quality concerns that are raised within the quality account relate to acute adult mental health inpatient bed occupancy, locked wards and shortage of permanent nursing and therapy staff. The CCG echo the concerns that have been raised by the Trust and would like to see a more permanent workforce across all areas and therefore reducing the need to use agency staff and are pleased to see the efforts that are in place in order to achieve this.

It is important that the Trust participates with both National Clinical Audits and National Confidential Enquiries which they were eligible to take part in. This they have done and implemented actions to improve services.

The Trust continues to work on areas which have an impact on patient safety particularly around pressure ulcers and falls and the Trust has met its targets in quarter 3.

The Quality account also highlights other service improvements, which are all having a positive impact on patient care for example Family Safeguarding Service, and the Psychological Interventions in Nursing and Community (PINC) Services

Priorities for 2018/19

The Commissioners have reviewed the priorities that the Trust have set out for 2018/19 and support the Trust in achieving all aspects of the work streams in order for the Trust to be able to achieve an aspirational CQC rating of Outstanding. It is positive to see that the Trust have set some specific targets in order to measure against and acknowledge the hard work that will be undertaken in the following twelve months to achieve these targets. It is recognised that the zero suicide priority is a quality improvement initiative that will take a number of years to have an impact in the Trust as it is concerned with changing attitudes and behaviours.

The Commissioners would like to continue to be informed of any new quality concerns being identified during 2018/19 for the opportunity to support the Trust with these and working with BHFT with future Integrated Care system developments

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NHS
Berkshire Healthcare
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes this response to its 2017/18 Quality Account, prepared on behalf of East Berkshire and Berkshire West CCGs

The Trust welcomes the CCGs support of its 2018/19 priorities and is grateful for the comments made in relation to our achievement in 2017/18.

In relation to the Zero Suicide programme, we value the support of the CCGs and will be carrying out the Zero Suicide Workforce survey again in May 2018. At this point we will measure progress in this area and hope to see an improvement in findings.

We look forward to continuing to work with you to achieve further improvements and successes in the areas identified within the Quality Account, and keeping you informed of progress.

Together we speak louder

healthwatch Wokingham Borough

Healthwatch Wokingham Borough response to Berkshire Healthcare Foundation Trust Quality Account 2018

As the independent voice for patients, Healthwatch Wokingham is committed to ensuring local people are involved in the improvement and development of health and social care services.

Local Healthwatch across the country are asked to read, digest and comment on the Quality Accounts, which are produced by every NHS Provider (excluding primary care and Continuing Healthcare providers). The Quality Account is a lengthy and detailed document (70 pages) containing lots of data, Healthwatch would welcome a summary version that members of the public could access.

Healthwatch Wokingham is still hearing regularly the frustrations of parents waiting to get a CAMHS (Child & Adolescent Mental Health Services) assessment for their child. The main theme appears to be lack of information available to guide them through this process and help manage expectations. We are pleased to see that you are implementing a project specifically exploring the transition from CAMHS into adult services.

With regards your patient experience priorities – Healthwatch Wokingham does not feel that the family and friends is not the best tool to provide good feedback with regards customer satisfaction.
Healthwatch Wokingham is pleased to hear that you wish to involve service users in plans and developments, we would be happy to support this, as we are still hearing frustrations, especially from those accessing Crisis Care and the Community Mental Health Team.

Healthwatch Wokingham has received comments recently about poor communication that creates confusion – things such as contact details on your website being incorrect and professionals being unclear about signposting and pathways.

Our Enter and View project which entailed 11 visits over a period of a week in October 2017. Patients were complimentary about staff attitude, care and friendliness; however the report highlighted the lack of connection between your inpatient services and community mental health services.
We found it a bit contradictory the Quality Account talking about Zero Suicide initiative but then having a goal to better support families after they have been bereaved by a suicide and seeing a "*Help is at Hand*" leaflet as a solution to this.

Our recent visit to Rowan Ward to test out how Dementia Friendly the environment was provides the Trust with some suggestions about how to improve the older adult ward.

NHS
Berkshire Healthcare
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes the feedback from Healthwatch Wokingham.

In relation to the suggestion of a summary version of the report, we currently include a "Quality Account Highlights" section towards the beginning of the document. This shows highlighted trust achievements for the year, followed by a table detailing the Trust's achievements against each of its priorities. We will look into re-naming this section to highlight that it is a summary.

In relation to comments about Child and Adolescent Mental Health Services (CAMHS), the service are constantly reviewing how they can better support families & young people who are waiting, balancing this with the need to

protect as much clinical time as possible to provide care and treatment. They have worked closely with service users and their families to develop all of the information on our on-line resource, available at https://cypf.berkshirehealthcare.nhs.uk/our-services/mental-health-services-camhs/. This provides information about the range of CAMH services provided by BHFT, how each of the services works, what to expect when you attend for an appointment and how to refer.

Referrals to CAMHS continue to increase and, as a consequence of this, although waiting times for the service had been decreasing, they are now starting to increase again. All teams have protocols in place to support people while they are waiting for an appointment. The Autism Assessment team, which has the longest waiting times, work collaboratively with other local services to run an on-line support network that all families referred to the service are given access too. The Anxiety & Depression team have been piloting a programme of workshops designed to help families understand the difficulties they're facing, consider the types of support available and understand what the therapy they offer involves. We are looking to develop this type of support across other teams. All teams have duty workers available several times per week to respond to calls from families. All send information out to families once a referral has been accepted, providing information about the team, self-help information if appropriate, guidance on how to contact the team if they are concerned that things are getting worse and information on what to do in the event of a crisis. The teams also try to give realistic information about waiting times however it is difficult to be accurate as we have to prioritise young people on the basis of their level and immediacy of clinical risk so waiting times vary greatly.

In addition, CAMHs have been reviewing their induction programmes for new staff. This now includes information about all BHFT children's services in order to ensure that all of our staff are informed about all of the services we provide, not just the team in which they work.

In relation to patient experience, The Friends and Family Test (FFT) is a national measure that was originally introduced to support patient choice, by using a standard measure that people could relate to when they give their feedback, and people could understand when they look at the results for different services and organisations. Within the Patient Experience Report, we include a comparison to other local Trusts which shows that we perform well. We aim to achieve higher than 15% response rate (this being the minimum for statistical relevance) and in some services, this is being exceeded. There are challenges in some services, and the Patient Experience Team is working with the services to look at different ways of collecting this feedback, such as via SMS text messaging. There are challenges with some of the client groups and services that we provide, such as Prospect Park Hospital, where historically there is a low response rate and there can be difficulty in separating the quality of the experience to the reason for their admission to hospital. The results of the FFT are available to services on our intranet each month and, importantly, these include not only the recommendation rate and response rate, but the comments which are really powerful. The Trust also undertakes other activity to evaluate patient experience, such as the trust patient survey, learning from compliments and complaints, deep dives and learning from the National Community Mental Health Survey.

Regarding updated information on the Trust Website- the Trust has an automated system in place for services to review their content on our main website twice a year. However, changes do happen in between. Based on your feedback, we will now take this opportunity to review the content update process for our main website to see what additional changes can be made to streamline this further.

In relation to the interface between Trust inpatient and community mental health services, a programme of work to improve interfaces is underway. The first workshop will be held in May 2018.
Zero Suicide is a long-term programme that also benefits from having a goal to support bereaved families. The 'Help at Hand' leaflet is only one element of the support we provide to bereaved families affected by suicide, and we also include face to face support.

The trust appreciates the visit made to Rowan Ward by Healthwatch to test how Dementia Friendly the environment was, and we appreciate the suggestions made for improvements in this area. Our new Modern Matron role, implemented in April 2018 will focus on this feedback.

Appendix I

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST ON THE QUALITY REPORT

Independent auditor's report to the council of governors of Berkshire Healthcare NHS Foundation Trust on the quality report

We have been engaged by the council of governors of Berkshire Healthcare NHS Foundation Trust to perform an independent assurance engagement in respect of Berkshire Healthcare NHS Foundation Trust's quality report for the year ended 31 March 2018 (the 'quality report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of Berkshire Healthcare NHS Foundation Trust as a body, to assist the council of governors in reporting Berkshire Healthcare NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the council of governors as a body and Berkshire Healthcare NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral.
- Inappropriate out-of-area placements for adult mental health services.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in section 2.1 of the NHS Improvement 2017/18 Detailed guidance for external assurance on quality reports; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with:

- board minutes for the period April 2017 to May 2018;
- papers relating to quality reported to the board over the period April 2017 to May 2018;
- feedback from Commissioners, dated April 2018;
- feedback from governors, dated April 2018;
- feedback from local Healthwatch organisations, dated April 2018;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2018;
- the latest national patient survey, dated November 2017;
- the latest national staff survey, dated March 2018;
- Latest Care Quality Commission inspection report, dated May 2017; and

- the Head of Internal Audit's annual opinion over the trust's control environment, dated May 2018

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual'.

The scope of our assurance work has not included testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual';
- the quality report is not consistent in all material respects with the sources specified in section 2.1 of the NHS Improvement 2017/18 Detailed guidance for external assurance on quality reports; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and supporting guidance.

Deloitte LLP
St Albans
25 May 2018

Glossary of acronyms used in this report

Acronym	Full Name
ADHD	Attention Deficit/ Hyperactivity Disorder
ACG	Appropriate Care Given
AMS	Anti-Microbial Stewardship
ASD	Autistic Spectrum Disorder
ASSIST	Assertive Intervention Stabilisation Team
AWOL	Absent Without Leave
BAU	Berkshire Adolescent Unit
BHFT	Berkshire Healthcare NHS Foundation Trust
BME	Black and Minority Ethnic (also BAME- Black Asian and Minority Ethnic)
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CDC	Centres for Disease Control and Prevention
CDS	Commissioning Data Set
CDiff	Clostridium Difficile
CEG	Clinical Effectiveness Group
CHS	Community Health Service
CMHT	Community Mental Health Team
CMHTOA	Community Mental Health Team for Older Adults
CNS	Clinical Nurse Specialist
CNT	Community Nursing Team(s)
COPD	Chronic Obstructive Pulmonary Disease
CPA	Care Programme Approach
CPE	Common Point of Entry
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRHTT	Crisis Resolution and Home Treatment Team
CTO	Community Treatment Order
CTPLD	Community Team for People with Learning Disabilities
CYPF	Children, Young People and Families
CYPIT	Children and Young People's Integrated Therapy Service
CDS	Commissioning Data Set
DN	District Nursing
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DQIP	Data Quality Improvement Plans
EIP	Early Intervention in Psychosis
EPMA	Electronic Prescribing and Medicines Administration
EPR	Electronic Patient Record
FFFAP	Falls and Fragility Fractures Audit Programme
FFT	Friends and Family Test
HEE	Health Education England
HoNOS	Health of the Nation Outcome Statistics
HOLT	Health Outreach Liaison Team
HTT	Home Treatment Teams

Acronym	Full Name
IAF	Information Assurance Framework
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System
IFR	Initial Findings Review
IG	Information Governance
IMPACTT	Intensive Management of Personality Disorders and Clinical Therapies Team
IPS	Individual Placement and support (Employment Service)
IQIPS	Improving Quality in Psychological Services
KF	Key Finding
LD	Learning Disability
LeDeR	Learning Disability Mortality Review Programme
LIA	Listening Into Action
LIC	Lapse In Care
LSVT	Lee Silverman Voice Treatment
LTC	Long Term Conditions
MDT	Multi-Disciplinary Team
MDfT	Multi-Disciplinary Footcare Team
MH	Mental Health
MHA	Mental Health Act
MIU	Minor Injuries Unit
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSK	Musculoskeletal
MSNAP	Memory Services National Accreditation Programme
MUS	Medically Unexplained Symptoms
MUST	Malnutrition Universal Screening Tool
NAAD	National Audit of Anxiety and Depression
NAIC	National Audit of Intermediate Care
NAP	National Audit of Psychosis
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCISH	National Confidential Inquiry into Suicide and Homicide for people with Mental Illness
NDA	National Diabetes Audit
NDFA	National Diabetes Footcare Audit
NEOLCA	National End of Life Care Audit
NEWS	National Early Warning Score
NICE	The National Institute of Health and Care Excellence
NIHR	National Institute of Health Research
NSSA	National Sentinel Stroke Audit
OAHSN	Oxford Academic Health Science Network
OBD	Occupied Bed Days
OPMH	Older Peoples Mental Health
OT	Occupational Therapy
NRT	Nicotine Replacement Therapy
PAF	Performance Assurance Framework
PAPYRUS	Prevention of Young Suicide

Acronym	Full Name
PICU	Psychiatric Intensive Care Unit
PINC	Psychological interventions in nursing and community services
POMH	Prescribing Observatory for Mental Health
PPH	Prospect Park Hospital
PROMs	Patient Reported Outcome Measures
PU	Pressure Ulcer
QI	Quality Improvement
QMIS	Quality Management and Improvement System
QOF	Quality and Outcomes Framework
RBWM	Royal Borough of Windsor and Maidenhead
RiO	Not an acronym- the name of the Trust patient record system
RT	Rapid Tranquilisation
RTT	Referral to Treatment Time
RQ	Rolling Quarters
SALT	Speech and Language Therapy
SHARON	Support Hope & Recovery Online Network
SI	Serious Incident
SMI	Severe Mental Illness
SOP	Standard Operating Procedure
SSNAP	Sentinel Stroke National Audit Programme
SUS	Secondary Users Service
TVSCN	Thames Valley Strategic Clinical Network
UKAS	United Kingdom Accreditation Scheme
VTE	Venous Thromboembolism
WAM	Windsor Ascot and Maidenhead
WIC	Walk-In Centre
YPWD	Young People With Dementia

Berkshire Healthcare NHS Foundation Trust

Annual accounts for the year ended 31 March 2018

Foreword to the accounts

Berkshire Healthcare NHS Foundation Trust

These accounts, for the year ended 31 March 2018, have been prepared by Berkshire Healthcare NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006

Signed: 

Name: Julian Emms

Job Title: Chief Executive

Date: 24 May 2018

Berkshire Healthcare
NHS Foundation Trust

Statement of accounting officer's responsibilities

Statement of the chief executive's responsibilities as the Accounting Officer of Berkshire Healthcare NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Berkshire Healthcare NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Berkshire Healthcare NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance,
- and prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Julian Emms, Chief Executive

Date: 24th May 2018

Berkshire Healthcare NHS Foundation Trust

Annual Governance Statement for 2017/18

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Berkshire Healthcare NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Berkshire Healthcare NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The existing comprehensive Risk Management Strategy has been reviewed and approved by the Executive and the Board. It has been disseminated through the Trust. The Chief Financial Officer and Director of Nursing and Governance provide overall leadership for integrated governance at Board level.

The Chief Executive chairs the Executive Finance, Performance and Risk (FPR) Committee the Executive Committee responsible for oversight of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR). The FPR Executive Committee comprises the Chief Financial Officer in their role as Chair of the Non-Clinical Risk Management Committee, the Director of Nursing and Governance in their role as Chair of the Safety, Experience & Clinical Effectiveness Group together with the rest of the Executive Directors and senior management representatives. The Committee meets monthly and reviews the BAF and entire CRR as standing items every two months. The Executive routinely oversees the effectiveness of all other Committees within the governance structure through the receipt of minutes and reports via each of the three Formal Executive Committees (FPR, Quality and Business & Strategy). The Medical Director is the Caldecott Guardian. The Chief Financial Officer is the Senior Information Risk Owner.

The Trust operates in a complex environment with many services dispersed around the county. Each service has its own Risk Register regularly reviewed through line management arrangements. The Trust's Operational Leadership Team (chaired by Chief Operating Officer) has responsibility for ensuring that all locality Risk Registers are up to date and show a true reflection of the risks that may face that service. Directors leading corporate services have the responsibility for ensuring similar Risk Registers are in place for support services. Escalation of appropriate local service level risks to the CRR is undertaken if necessary following review by the relevant Executive Director.

Risk management training is part of the corporate induction for all staff. In addition all staff are expected to undertake all mandatory training requirements in the year to comply with the CQC's essential standards of care; this training includes Fire, Lifting and Handling and Health and Safety. Clinical staff have to undertake a clinical mandatory training each year which includes an update on clinical risk management.

The Trust maintains a database of all Policies and Procedures available on the Trust intranet. All staff have access to the intranet and can read the relevant Policy at any time. Relevant Policies include as example, Serious Untoward Incidents, Health and Safety, Infection Control, and Information Governance.

The Trust Audit Committee as the senior Board Sub Committee responsible for corporate governance assurance continues to review risk reporting and risk management and has done so during 2017/18. An internal audit of Board Assurance and Risk Management resulted in a green / amber risk rating during the year providing a reasonable assurance opinion on the robustness of relevant systems and procedures. The Audit Committee continues to seek best practice guidance with which to inform it. The Audit Committee further tests the resilience of risk mitigation activity by conducting 'deep dive' reviews of individual risks through the year.

The risk and control framework

The Trust's Risk Strategy seeks to minimise risk to the Trust's stakeholders through a comprehensive system of internal controls, risk management and assurance processes, whilst maximising the potential for flexibility, innovation and best practice in the delivery of its strategic objectives. It seeks to deliver high quality, safe services for service users and secure the health, safety and welfare at work of all employees and others on the Trust premises.

The Trust uses a standardised risk assessment tool that enables risks to be graded and scored. The tool requires the individual reporting the risk to determine the risk level at the time of detection and to forecast the risk level that will be achieved following implementation of a risk mitigation plan. The risks to delivery of corporate objectives on the BAF and relevant risks on CRR have been reviewed in detail by the Board and Audit Committee during the year, with a new format BAF produced enhancing the oversight and review of risks for Board and Executive committees. The BAF risks are now routinely reviewed at Board sub-committees (quality and finance), alongside quarterly review at the Audit Committee.

The Trust recognises that it is not possible or always desirable to eliminate all risks and that systems should not stifle innovation. When all reasonable control mechanisms have been put in place some residual risk will inevitably remain in many Trust processes and this level of risk must be accepted. Risk acceptance within the Trust is systematic, explicit and transparent. Where residual risk remains the risk will remain on the BAF, CRR or local risk register. This ensures that it is reviewed through the control systems rather than having been removed from the register and therefore out of sight.

The Safety, Experience & Clinical Effectiveness Group chaired by the Executive Director of Nursing & Governance provides service reporting oversight for quality governance arrangements within the Trust's clinical services. The Group reports to the Quality Executive Committee chaired by the CEO the lead Executive committee for assuring the quality and safety of services, through to the Board Quality Assurance Committee and the Audit Committee, with the Audit Committee providing overall governance assurance and scrutiny.

Routine assurance of compliance with CQC registration requirements and fundamental standards of care is undertaken by the Locality Patient Safety and Quality Groups. Clinical services review their compliance with CQC standards annually with assurance provided to the Executive (through receipt of reports at the Quality Executive Committee) and Board (through the work of the Quality Assurance Committee) of the quality of care and compliance with regulations. Where recommendations for improvement arise from the internal inspections, service level action plans are developed and followed up to ensure continuous improvement.

The Trust was subject to a Comprehensive Inspection by the CQC in December 2015 which resulted in a "Good" overall rating for the organisation and its services ("Good" ratings were given for four of the five individual inspection domains, aside from "Safety" which was rated "Requires Improvement" in relation to specific compliance risks in mental health and learning disability inpatient services). A follow up inspection in December 2016 found that all services with compliance actions had improved since the Comprehensive Inspection, and as such the CQC uprated the Safety domain for the Trust's overall rating from "Requires Improvement" to "Good". The Trust is now rated "Good" across all CQC inspection domains.

Performance information related to quality and patient safety metrics are reviewed and cross referenced with other intelligence available to the governance team prior to inclusion in Trust performance and quality reporting. The metrics are regularly reviewed with the governance and performance team. Governance of data quality in relation to quality metrics is overseen by the Audit Committee through review of the Trust's Information Assurance Framework.

The Trust completes the Information Governance Tool Kit each year and in this year has achieved a "satisfactory" green rating, supported by over 95% of staff completing annual information governance training.

Ultimate responsibility for Information Security rests with the Chief Executive of the Trust. This responsibility is delegated to the Chief Financial Officer as SIRO. Responsibility is further delegated to all staff developing, introducing, managing and using information and information technology systems through the medium of the Information Governance policy.

The Trust IT Compliance & Audit Manager is responsible for the co-ordination of all aspects of computer security and for ensuring that the Trust Information Governance Policy and practice is consistent with those defined and published by the NHS.

Service managers are responsible for the protection of all information and information technology assets within their department.

Line Managers are responsible for ensuring that their permanent and temporary staff and contractors are aware of the following:

- The information security policies applicable in their work areas.
- Their personal responsibilities for information security.
- How to access advice on information security matters.

All staff must comply with Information Governance security procedures including the maintenance of data confidentiality and data integrity. Failure to do so may result in disciplinary action. The Information Security Policy is maintained, reviewed and updated by the Trust. This review takes place annually.

Contracts with external contractors that allow access to the Trust's information systems must always be in operation before access is allowed. These contracts will ensure that the staff or sub-contractors of the external organisation will comply with all appropriate security and confidentiality policies.

Cyber security arrangements have been reviewed by the Audit Committee during the year and reasonable assurance taken on the security and protection arrangements in place. The Trust was not affected by the global cyber-attack on Friday 12th May 2017, as it had "patched" its systems against a possible "ransom-ware" attack soon after the specific risk was highlighted and patch issued by Microsoft in March 2017. During the year the Trust raised a cyber security risk on the corporate risk register to ensure appropriate on-going risk oversight and delivery of enhanced software mitigating actions to protect the Trust from future cyber-attacks. The Trust is performing strongly against NHS Improvement's cyber security standards.

The BAF contains the following key business and operating risks (in year and future):

Workforce (severe risk): 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

- A comprehensive workforce development strategy with targeted actions has been agreed by the Board to mitigate this risk as far as possible, however workforce availability is a severe risk to the NHS not just the Trust, and is likely to take years to resolve.
- Success noted in Prospect Park Hospital (mental health inpatient services) by changing the skill mix of some elements of the workforce, in turn supporting a successful recruitment campaign and significantly reducing vacancy levels. Significant focus also on community services: nursing vacancies across inpatient and community nursing with recruitment and retention activities.

Efficiency (high risk): failure to achieve national efficiency benchmarks could impact on the Trust's future sustainability and lead to increased regulatory scrutiny.

- Mitigating action includes two year contracts agreed with our commissioners including revenue growth for service demand and incorporating the national -2% p.a. efficiency requirement (c. -£5m savings p.a.).
- A cost improvement programme has been developed for 2017-2019 to address the 2% p.a. savings requirement, and investment in costing and information systems is on-going to enhance visibility of service line operation, cost and efficiency opportunities.

Local health and care system transformation (high risk): failure of the Sustainability and Transformation Partnerships and Integrated Care System plans to deliver transformational change and required investment in mandated national priorities, including in the mental health five year forward view, could result in the local health economy not being able to safely keep pace with the rising costs and demand for services.

- As mitigating action the Trust is working closely with health and care partners to influence and design transformation plans and system wide governance within the two STPs that cover the Trust's service and population footprint i.e. the Frimley STP and Berkshire West Integrated Care System (part of the Berkshire West, Oxon and Buckinghamshire STP).
- Both the Frimley STP and the Berkshire West ICS are part of the first cohort of eight integrated care systems being provided with funding, support and oversight to develop system transformation plans on behalf of their populations.

Maintaining clinical service quality (high risk): failure to maintain clinical standards could put patients at risk of poor quality care and could lead to reputational damage and a loss of commissioner and public confidence in the quality of the Trust's services

- The Trust needs to maintain and improve its “Good” overall rating with the CQC as the NHS provider sector moves into a new CQC inspection regime. The Trust’s next core services and well-led CQC inspections are expected in the first half of 2018/19.
- Mitigating actions taken include the April 2017 start of an 18 month programme to enable and embed a quality improvement system and culture within the organisation. The Trust has partnered with KPMG, Thedacare (United States healthcare provider) and Western Sussex Hospitals NHS Foundation Trust to train our workforce in lean management systems to drive quality improvement as part of everyday business.
- Other actions including the development of a “zero suicide” programme incorporating service development in risk management, training, care planning and treatment within our mental health services. The Board has agreed a metric that requires a 10% improvement in suicide rates benchmarked to population level and in scope of mental health services, aligning with the target reduction by 2020 in the Five Year Forward View for Mental Health.
- The Trust started breakthrough objective work streams on reducing levels of falls and staff assaults as part of the Quality Improvement programme.

Strategic relationships (severe risk): 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

- Linked to the system transformation / STP risk above the Trust is formalising existing strong collaborative partnership relationships through memorandums of understanding, and by influencing developing system leadership governance. The CEO and individual Executive Directors are key members of the Berkshire West ICS leadership group and management teams. The CEO is a member of the Frimley ICS Board and chairs the ICS programme delivery board.
- Local authority partners are engaged through system leadership or partnership governance in each STP/ICS area.

The above BAF risks can also be deemed to be “principal” risks to maintaining the NHS Foundation Trust licence condition 4 (FT governance). Further risk control and mitigation assurance is described throughout this Annual Governance Statement in terms of the governance structures and processes (Board and Executive and local level) that the Trust operates to minimise risk against this operating licence condition.

Risk management is embedded in the organisation through for example a locality represented environment, health & safety committee reporting into the Executive non-clinical risk committee. Local risk registers are directly managed at business unit and service level with local risks and mitigation overseen by and reported up through the Operational and Senior Leadership Teams for escalation through to an Executive Director and the BAF / Corporate Risk Register. Local risk registers are used as a key business planning tool supporting service delivery.

Incident reporting enables the Trust to understand and manage risks associated with patients and staff. Incidents, investigation outcomes and trends are reviewed and discussed at business unit and service level and reported to the Quality Executive Committee with Board level scrutiny undertaken by the Finance, Audit and Quality Assurance Committees. Reporting trends are monitored to ensure all services in the Trust are reporting and if concerns are raised staff are reminded of their responsibility to report. As learning outcomes are shared across the organisation staff are able to see the value of reporting and the resulting change.

As a Foundation Trust the Board of Directors is accountable to the Council of Governors. The Trust's Council comprises a mix of appointed and publicly elected Governors. The Board provides the Council with information on key strategic risks and performance at each Council meeting. In addition the Trust reports all Serious Incidents to the Commissioners as part of the contractual arrangements and works with Local Authority Health Overview and Scrutiny Committees and Health and Wellbeing Boards to address issues raised by the public and/or local councillors.

The Trust Board and Audit Committee were provided with additional positive assurance during 2015/16 in undertaking an external “well led” Board governance review (a review required of all NHS Foundation Trusts). The review undertaken by Ernst & Young found the Trust Board to benchmark very positively against all aspects of Board governance, including regular scrutiny and review of appropriate performance information. The Trust is preparing for its focused Core Service and Well-Led inspection by the CQC, expected during 2018/19 and has been assessing itself against CQC and NHS Improvements Well-Led inspection domains, with confidence that the leadership and governance arrangements within the Trust continue to be of high quality and robust.

The foundation trust is not fully compliant with the registration requirements of the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Board of Directors receives a high level summary of agreed key performance indicators at its formal public meetings. These indicators cover service activity, quality, patient safety and cost as well as the patient experience. In addition there are indicators that monitor the utilisation of the workforce and key assets.

The Finance, Investment & Performance sub-committee of the Board scrutinises this financial and performance information in detail on a monthly basis, providing further assurance to the Board of Directors.

The Formal Executive Committee review and scrutinises monthly performance and signals where further work needs to be undertaken to understand the data and/or improve performance. The Operational Leadership Team's locality performance review meetings chaired by the Chief Operating Officer, review service performance routinely and drill down to individual service lines.

The above system ensures that the Trust performs within the agreed parameters of economy, efficiency and effectiveness and should those parameters be breached, is able to quickly identify issues and put in place plans to improve performance.

Through the audit programme internal and external audit provide further external assurance to the Board on economy, efficiency and effectiveness of use of resources.

Information governance

Twenty-two information governance incidents were reported to the Information Commissioners Office in the year (2017/18), these incidents were categorised based on the amount of data involved, the nature of the data (for example if it included sensitive personal data) and the level of risk to the data. The incidents have been grouped together by category and were as follows:

Incident Type	Description	Number of Incidents
Physical Records Incident	These incidents occurred when members of staff left hardcopy information unsecured. In all but one case the information was found by staff bound by confidentiality and secured and reported immediately.	6
Email Sent Insecurely	These incidents occurred when members of staff emailed confidential information to the correct recipient but through an insecure route (i.e. not using nhs.net). In none of these cases was there evidence the emails had been intercepted.	4
Incorrect Email Recipient	These incidents occurred when members of staff emailed via a secure route but to the incorrect recipient. In all cases the actual recipient was asked to, and did, delete the email from their inbox and their deleted items.	3
Incorrect Postal Recipient	These incidents occurred when members of staff posted confidential information to the incorrect recipient. In all cases the actual recipient was asked to, and did, securely destroy or return the information.	3
Records Breach	These incidents occurred when members of staff accessed the clinical records of clients they had no legitimate reason to do so. In all cases the HR procedures were followed and appropriate sanctions given.	3
Email Addresses Disclosed	These incidents occurred when members of staff emailed groups of clients using the "To" field instead of the "BCC" field. This disclosed the email addresses and an association to the service to all other clients.	2
Verbal Information Breach	This incident occurred when a member of staff confirmed confidential information to a professional without verifying their identity.	1

For each of the twenty-two incidents the Information Commissioner took no further action as they were confident that the Trust had the policies and procedures in place and appropriate process had been followed, based on each case, to ensure a good level of data protection.

There has been an increase in reportable incidents compared to the previous year due to on-going awareness training and development of a learning culture by encouraging reporting of incidents without blame.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

The steps which have been put in place to assure the Board that the Quality Report presents a balanced view and that there are appropriate controls in place to ensure the accuracy of data are as follows:

- The production of a balanced Quality Report is the responsibility of the Executive Medical Director supported by the Head of Clinical Effectiveness.
- A Trust framework for quality reporting has been designed and agreed by the Board.
- The Quality Executive Committee (with representation by clinical directors and through them all clinical professionals within the Trust) has been consulted and influenced the design and content of the Quality Report.
- Clinical audit and research groups have been consulted and influenced the design and content of the Quality Report.
- The Quality Report draws on a number of quality performance indicators as reported to the Board through the monthly integrated performance report. These include patient safety and service user feedback indicators.
- The Trust engaged with members of the Council of Governors to select a local quality performance indicator to supplement the two nationally mandated indicators for the Quality Report.
- The joint Board and Council of Governors meeting identified, debated and agreed the Quality Account priorities for 2017/18
- The integrated performance report and specific quality indicators feeding the Quality Report are underpinned by data recording and monitoring systems. The governance of data quality is overseen by the Audit Committee which reviews the Trust's Information Assurance Framework.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee [and risk/ clinical governance/ quality committee, if appropriate and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control has been supported by:

- Regular review of strategic-level risks and the BAF by the Executive, Audit and Board sub Committees, and the Board of Directors;
- The Audit Committee in delivering its agreed Audit plan and maintaining a senior oversight of the activity of Board sub committees within the Trust's governance structure;
- The Executive Finance, Performance & Risk Committee and Executive oversight of the Governance structure;
- Executive responsibility for the delivery of effectiveness, efficiency and economy;

- Detailed processes undertaken by the Executive to verify compliance with CQC registration and NHS Foundation Trust Licence Conditions (positive assurance licence condition certifications provided by the Board at its meeting in May 2018).

The Trust's internal auditors, RSM have provided the following head of internal audit opinion for the 12 months ended 31st March 2018:

"The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective."

The Trust and RSM have undertaken a range of reviews of financial, clinical and operational issues during the year including CQC compliance assurance, assurance framework & corporate risk register and mandatory Information governance audits.

Audit recommendations are reviewed by the Audit Committee and are implemented according to an agreed timescale. Regular reviews are undertaken by the internal auditors to ensure any actions have been delivered as agreed.

Conclusion

No significant internal control issues have been identified by the Trust in 2017/18 and the Trust's Annual Governance Statement is a balanced reflection of the management position throughout the year.

Signed

Chief Executive

24 May 2018

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF GOVERNORS AND BOARD OF DIRECTORS OF BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of Berkshire Healthcare Foundation Trust (the 'foundation trust'):

- **give a true and fair view of the state of the foundation trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended;**
- **have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and**
- **have been prepared in accordance with the requirements of the National Health Service Act 2006.**

We have audited the financial statements which comprise:

- the Statement of Comprehensive Income;
- the Statement of Financial Position;
- the Statement of Changes in Taxpayers Equity;
- the Statement of Cash Flows; and
- the related notes 1 to 26.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Summary of our audit approach

Key audit matters	The key audit matters that we identified in the current year were: • NHS revenue and provisions; • property valuations; and • management override of controls.
Materiality	The materiality that we used for the current year was £4.9m which was determined on the basis of 2% revenue.
Scoping	Audit work to respond to the risks of material misstatement was performed directly by the audit engagement team
Significant changes in our approach	This is the first year of Deloitte LLP acting as auditor for the Trust.

Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where:

- the accounting officer's use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or
- the accounting officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the foundation trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

We have nothing to report in respect of these matters.

Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

NHS revenue and provisions

Key audit matter description

As described in note 1.5 Accounting Policies, Income Recognition there are significant judgements in recognition of revenue from care of NHS service users and in provisioning for disputes with commissioners due to:

- the possibility of recording errors or disputes arising from variations to block contracts;
- judgements taken in evaluating volume related and CQUIN income;
- the recognition of sustainability and transformation income, supported by a heightened level of challenge around other key judgements and estimates driving the financial results of the Trust;
- the challenges experienced in recovering income and increases in debtor aging across the sector; and
- the risk of revenue not being recognised at fair value due to adjustments agreed in settling current year disputes and agreement of future year contracts.

Details of the Trust's income, including £204.2m (2017: £199.5m) of Commissioner Requested Services, are shown in note 3.2 to the financial statements. NHS debtors are shown in note 15.1 to the financial statements.

How the scope of our audit responded to the key audit matter 	We assessed the design and implementation of key controls in relation to revenue recognition, including controls over key estimates in recognition of un-agreed income. We tested the recognition of income through the year and evaluated the results of the agreement of balances exercise. We reviewed the significant signed contracts and reconciled these to the income recorded in the year. We assessed the assumptions made in respect of achievement of CQUIN targets. We agreed Sustainability and Transformation Fund income recognised to the confirmation from NHS Improvement. We challenged key judgements around specific areas of dispute and actual or potential challenge from commissioners and the rationale for the accounting treatments adopted. In doing so, we considered the historical accuracy of provisions for disputes and reviewed correspondence with commissioners.
Key observations 	Based on the work performed, we concluded that the level of provisioning for bad debts and contractual disputes is appropriate and we have not found any evidence of management bias in judgements taken by the Trust. We did not identify any material misstatements.
Property valuation	
Key audit matter description 	The foundation trust holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £83.2m (2017: £79.8m). The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, and the remaining life of the assets) and which can be subject to material changes in value. As detailed in note 1.3 and 1.8, the foundation trust has completed a revaluation in the year. The critical assumptions are broadly consistent with those made previously. The Trust's revaluation has increased land values by £1.6m, and buildings by £4.0m as shown in note 13.
How the scope of our audit responded to the key audit matter 	We evaluated the design and implementation of controls over property valuations, and tested the accuracy and completeness of data provided by the foundation trust to the valuer. We used Deloitte internal valuation specialists to review and challenge the appropriateness of the key assumptions used in the valuation of the foundation trust's properties. There are two sites valued on the basis of a reduced land area as the space is considered not required for service provision (and so effectively valued at £nil) which is considered a reasonable approach. The Trust is negotiating the sale of the excess land at West Berkshire Community Hospital to the Housing & Community Agency, and has transferred the land to Assets Held for Sale and valued it at expected disposal proceeds of £1m. We have considered the accounting treatment for this asset. We have reviewed the disclosures in notes 1.3, 1.8 and 13 and evaluated whether these provide sufficient explanation of the basis of the valuation and the judgements made in preparing the valuation. We assessed whether the valuation was compliant with the relevant accounting standards, and in particular whether impairments should be recognised in the Income Statement or in Other Comprehensive Income.

Key observations 	Based on the work performed, we are satisfied that the Trust assumptions and valuation methodology are appropriate and are not indicative of management override or manipulation to achieve a preferred outcome.
Management override of controls	
Key audit matter description 	We consider that in the current year there is a heightened risk across the NHS that management may override controls to fraudulently manipulate the financial statements or accounting judgements or estimates. This is due to the increasingly tight financial circumstances of the NHS and close scrutiny of the reported financial performance of individual organisations. The foundation trust was allocated Sustainability and Transformation Fund income, contingent on achieving financial and operational targets each year, equivalent to a "control total" for the year. NHS Improvement has allocated funding for a "bonus" to organisations that exceed their control total, including offering foundation trusts £1 of additional funding for each £1 above the control total. This creates an incentive for reporting financial results that exceed the control total. All NHS Trusts and Foundation Trusts were requested by NHS Improvement in 2016 to consider a series of "technical" accounting areas and assess both whether their current accounting approach meets the requirements of International Financial Reporting Standards, and to remove "excess prudence" to support the overall NHS reported financial position. The areas of accounting estimate highlighted included accruals, deferred income, partially completed patient spells, bad debt provisions, property valuations, and useful economic lives of assets. Details of critical accounting judgements and key sources of estimation uncertainty are included in note 1.3.
How the scope of our audit responded to the key audit matter 	**Manipulation of accounting estimates** Our work on accounting estimates included considering each of the areas of judgement identified by NHS Improvement. In testing each of the relevant accounting estimates, we considered their findings in the context of the identified fraud risk. Where relevant, the recognition and valuation criteria used were compared to the specific requirements of IFRS. We tested accounting estimates (including in respect of NHS revenue and provisions and property valuations discussed above), focusing on the areas of greatest judgement and value. Our procedures included comparing amounts recorded or inputs to estimates to relevant supporting information from third party sources. We evaluated the rationale for recognising or not recognising balances in the financial statements and the estimation techniques used in calculations, and considered whether these were in accordance with accounting requirements and were appropriate in the circumstances of the foundation trust. **Manipulation of journal entries** We used data analytic techniques to select journals for testing with characteristics indicative of potential manipulation of reporting focusing in particular upon manual journals. We traced the journals to supporting documentation, considered whether they had been appropriately approved, and evaluated the accounting rationale for the posting. We evaluated individually and in aggregate whether the journals tested were indicative of fraud or bias.

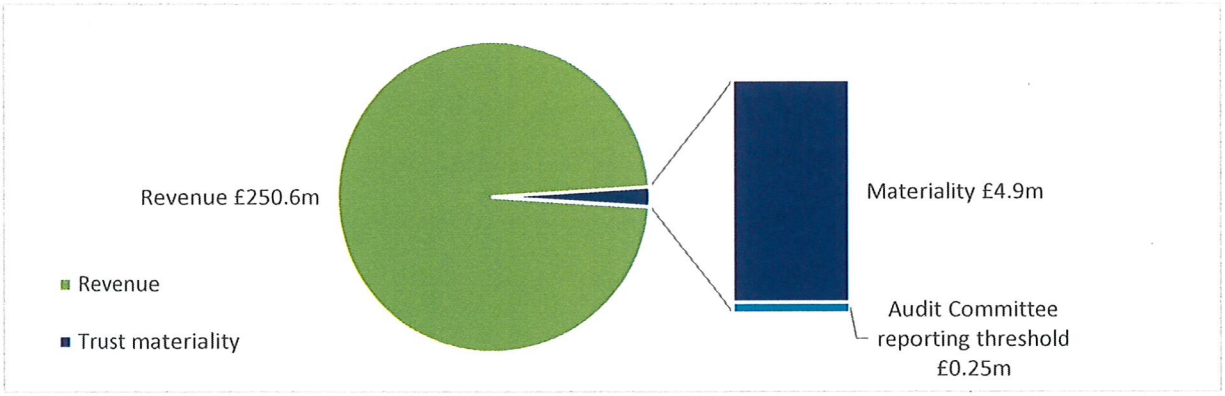
	Accounting for significant or unusual transactions We considered whether any transactions identified in the year required specific consideration and did not identify any requiring additional procedures to address this key audit matter.
Key observations	Based on the work performed, we have not identified any significant bias in the key judgements made by management.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

Materiality	£4.9m
Basis for determining materiality	2% of revenue (operating income from patient care activities and other operating income).
Rationale for the benchmark applied	Revenue was chosen as a benchmark as the foundation trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.



We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £245k, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our audit was scoped by obtaining an understanding of the entity and its environment, including internal control, and assessing the risks of material misstatement. Audit work was performed at the Trust's corporate services offices in Bracknell directly by the audit engagement team, led by the audit partner. Our audit approach was based on gaining a clear understanding of the Trust and each balance within its financial statements. We took a fully substantive approach to this year's audit.

We have not scoped out any balances which are either qualitatively or quantitatively material.

The audit team included integrated Deloitte specialists bringing specific skills and experience in Information Technology systems and property valuations.

We used our Spotlight Data Analytics platform to identify key trends in the journals population to support our work on management override of controls and as part of our risk assessment.

Other information

The accounting officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon.

We have nothing to report in respect of these matters.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

Responsibilities of accounting officer

As explained more fully in the accounting officer's responsibilities statement, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the foundation trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the foundation trust or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Annual Governance Statement, use of resources, and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;
- the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Berkshire Healthcare NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the foundation trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Ben Sheriff, FCA (Senior statutory auditor)
For and on behalf of Deloitte LLP
Statutory Auditor
St Albans, UK
25 May 2018

Statement of Comprehensive Income

	Note	2017/18 £000	2016/17 £000
Operating income from patient care activities	3	226,006	222,703
Other operating income	4	24,626	21,890
Total operating income from continuing operations		**250,632**	**244,593**
Operating expenses	5, 7	(239,943)	(238,001)
Operating surplus/(deficit) from continuing operations		**10,689**	**6,592**
Finance income	9	50	81
Finance expenses	10	(3,722)	(3,655)
PDC dividends payable		(1,521)	(1,410)
Net finance costs		**(5,193)**	**(4,984)**
Gains/(losses) of disposal of non-current assets		100	-
Surplus/(deficit) for the year from continuing operations		**5,596**	**1,608**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(222)	(189)
Revaluations	13	6,329	1,138
Total other comprehensive income		**6,107**	**948**
Total comprehensive income/(expense) for the period		**11,703**	**2,556**

Statement of Financial Position

	Note	31 March 2018 £000	31 March 2017 £000
Non-current assets			
Intangible assets	12	4,464	4,169
Property, plant and equipment	13	90,766	84,314
Total non-current assets		**95,230**	**88,483**
Current assets			
Inventories	14	274	113
Trade and other receivables	15	12,377	11,977
Other financial assets	17		
Non-current assets for sale and assets in disposal groups	18	1,000	-
Cash and cash equivalents	16	22,264	20,698
Total current assets		**35,915**	**32,788**
Current liabilities			
Trade and other payables	17	(23,668)	(26,049)
Other liabilities	18	(1,849)	(2,012)
Borrowings	19	(1,017)	(951)
Provisions	20	(401)	(324)
Total current liabilities		**(26,935)**	**(29,336)**
Total assets less current liabilities		**104,210**	**91,935**
Non-current liabilities			
Borrowings	19	(29,734)	(30,753)
Provisions	20	(1,590)	(1,774)
Total non-current liabilities		**(31,324)**	**(32,527)**
Total assets employed		**72,886**	**59,408**
Financed by			
Public dividend capital		15,985	14,210
Revaluation reserve		37,028	31,243
Income and expenditure reserve		19,873	13,955
Total taxpayers' equity		**72,886**	**59,408**

Name	Julian Emms
Position	Chief Executive
Date	24th May 2018

Statement of Changes in Taxpayers Equity for the year ended 31 March 2018

	Note	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2017 - brought forward		**14,210**	**31,243**	**13,955**	**59,408**
Comprehensive Income					
Surplus/(deficit) for the year expenditure)				5,596	**5,596**
- Impairments	6	-	(222)	-	**(222)**
- Revaluations	13	-	6,329	-	**6,329**
Total Comprehensive Income			**6,107**	**5,596**	**11,703**
Transfer to retained earnings on disposal of assets		-	(322)	322	**0**
Public dividend capital received		1,775	-	-	**1,775**
Taxpayers' and others' equity at 31 March 2018		**59,229**	**37,028**	**19,873**	**72,886**

Statement of Changes in Taxpayers Equity for the year ended 31 March 2017

	Note	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2016 - brought forward		**14,210**	**30,294**	**12,348**	**56,852**
Comprehensive Income					
Surplus/(deficit) for the year expenditure)		-	-	1,608	**1,608**
- Impairments	6	-	(189)	-	**(189)**
- Revaluations	13	-	1,138	-	**1,138**
Sib total Comprehensive Income			**949**	**1,608**	**2,556**
Other reserve movements			-	(1)	**(1)**
Taxpayers' and others' equity at 31 March 2017		**14,210**	**31,243**	**13,955**	**59,407**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. Additional PDC may also be issued to NHS foundation trusts by the Department of Health. A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the NHS foundation trust.

Statement of Cash Flows

	Note	2017/18 £000	2016/17 £000
Cash flows from operating activities			
Operating surplus/(deficit)		10,689	6,592
Non-cash income and expense:			
Depreciation and amortisation	5.1	4,762	6,489
Net impairments	6	623	54
Income recognised in respect of capital donations (cash and non-cash)	4	(1,715)	(196)
(Increase)/decrease in trade and other receivables		400	(1,826)
(Increase)/decrease in inventories		(161)	(22)
Increase/(decrease) in trade, payables and other liabilities		(2,139)	1,078
Increase/(decrease) in provisions		(239)	372
Tax (paid)/received		-	(4)
Other movements in operating cash flows		(1)	(1)
Net cash generated from/(used in) operating activities		**12,219**	**12,536**
Cash flows from investing activities			
Interest received		50	81
Purchase of intangible assets		(1,513)	(974)
Purchase of property, plant, equipment and investment property		(6,508)	(1,908)
Receipt of cash donations to purchase capital assets		1,703	188
Net cash generated from/(used in) investing activities		**(6,268)**	**(2,613)**
Cash flows from financing activities			
Public dividend capital received		1,775	-
Capital element of PFI, LIFT and other service concession payments		(951)	(889)
Interest paid on PFI, LIFT and other service concession obligations		(3,590)	(3,541)
PDC dividend paid		(1,619)	(1,448)
Net cash generated from/(used in) financing activities		**(4,385)**	**(5,878)**
Increase/(decrease) in cash and cash equivalents		**1,566**	**4,045**
Cash and cash equivalents at 1 April		**20,698**	**16,653**
Cash and cash equivalents at 31 March	17.1	**22,264**	**20,698**

NOTES TO THE ACCOUNTS

1.1 Accounting Policies and Other Information

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Future changes in accounting policy

Accounting standards that have been issued but have not yet been adopted.

The Department of Health Government Accounting Manual (GAM) does not require the following Standards and Interpretations to be applied in 2017/18. These standards are still subject to HM Treasury FReM adoption, and are therefore not applicable to DH group accounts in 2017/18.

* IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.

* IFRS 14 Regulatory Deferral Accounts — Not yet EU-endorsed as The European Financial Reporting Advisory Group recommended in October 2015 that the standard should not be endorsed as it is unlikely to be adopted by many EU countries. Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DH group bodies.

* IFRS 15 Revenue from Contracts with Customers — Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.

* IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

No new accounting standards or revisions to existing standards have been early adopted in 2017/18.

The Foundation Trust will assess the impact of these standards after issue of the Annual Reporting Manual 2018/19 by NHS Improvement.

1.3 Critical accounting estimates and judgements

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Key Sources of Estimation Uncertainy

The judgements and key sources of estimation uncertainty that have a significant effect on the material amounts recognised in the financial statements in the current or next financial year are detailed below:

* Assets valuations are provided by District Valuation office on annual basis. Valuations are subject to general price changes in the property values across the UK. Asset values might vary from the real market value when assets are disposed.

* Determination of useful lives for property, plant and equipment - estimated useful lives for Trust's assets are based on common, widely used assumptions for each asset type except where specialist information is available from professional bodies. The Trust reviews these lives on a regular basis as part of the process to assess whether assets have been impaired.

* Accruals are based on estimates and judgements of historical trends and anticipated outcomes. At the end of each accounting period, management review items that are outstanding and estimate the amount to be accrued in the closing financial statements of the foundation trust. Any variation between the estimate and the actual is recorded under the relevant heading within the accounts in the subsequent financial period.

* Provisions for pension and legal liabilities are based on the information provided from NHS Pension Agency, NHS Litigation Agency and the Trust's own sources. Pension provision is based on the life expectancy of the individual pensioner as stated in the UK Actuarial Department most recent life tables which change annually. All provisions are estimates of the actual costs of future cash flows and are dependent on future events. Any differences between expectations and the actual future liability will be accounted for in the period when such determination is made.

* Impairments for receivables are based on estimates and judgements of historical trends and anticipated outcomes. At the end of each accounting period, management review items that are outstanding and estimate the amount to be provided in the closing financial statements of the foundation trust. The Trust considers debt over 90 days and not under a payment plan or arrangement to be impaired.

* Assets Held For Sale are provided by independent valuer using Residual Method of valuation, involving the adoption of various assumptions relating to the potential for development. The includes various revenue and cost assumptions in a financial appraisal in order to calculate a Residual Land Value. This is subsequently adjusted to reflect planning risk, and risk associated with any user covenant contained with the Freehold title. A 'stand back' approach is also taken with consideration of recent and relevant development transactions in the vicinity.

1.4 Going Concern

These accounts have been prepared on a going concern basis following the definition provided in The Treasury's Financial Reporting Manual (FReM).

The directors have a reasonable expectation that the NHS foundation trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

1.5 Income Recognition

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred. Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.6 Expenditure on Employee Benefits

Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees.

Annual Leave Entitlement

The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period. The permitted carry forward is five days except in exceptional circumstances where an employee is on maternity or long term sickness absence.

Maternity and Paternity Leave Entitlements

The cost of the entitlement for employees on maternity or paternity at the end of the period is recognised in the financial statements. The carry forward is based on statutory maternity pay entitlement applicable at the end of the period.

Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

c) Scheme provisions

In 2008-09 the NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

* The Scheme is a “final salary” scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service. With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as “pension commutation”.

* Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI).

* Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year’s pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

* For early retirements other than those due to ill health the additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

* Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC’s run by the Scheme’s approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

National Employment Savings Trust (‘NEST’)

In 2014/15, the Trust implemented auto-enrolment for eligible employees in the National Employment Savings Trust (‘NEST’), which is a scheme set up under the Pensions Act 2008. NEST is regulated by The Pensions Regulator the UK regulator of workplace pension schemes.

NEST is a defined contribution, off Statement of Financial Position scheme. The number of employee’s auto enrolling into NEST in 2017/18 is negligible. The value of employer contributions in 2017/18 was £12,451.97.

1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.8 Property, Plant and Equipment

Recognition

Property, Plant and Equipment is capitalised where:

it is held for use in delivering services or for administrative purposes;
it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
it is expected to be used for more than one financial year; and
the cost of the item can be measured reliably.

In addition, for Property, Plant and Equipment to be capitalised must:

individually have a cost of at least £5,000; or

form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

form part of the initial setting-up cost of a new building or refurbishment, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at valuation.

Land and buildings are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any accumulated depreciation and impairment losses.

The review of valuations for Land and Buildings is performed by the District Valuer Services, which is a specialist property arm of the Valuation Office Agency. Valuations are reviewed on the 31st March of each calendar year, with a full physical inspection every five years, an interim physical verification at three years and a desktop review in all other years. The last full physical inspection was performed on 31st March 2016.

Revaluation surpluses and impairments due to changes in valuations are reflected in Other Comprehensive Income inf the Statement of Comprehensive Income, the Statement of Changes in Taxpayers Equity and Notes 6 Impairments and 13.1 Property, Plant and Equipment.

Valuations are carried out primarily on the basis of depreciated replacement cost on a modern equivalent asset basis for specialised operational property and existing use value for non-specialised operational property.

The value of land for existing use purposes is assessed at existing use value. For non-operational properties including surplus land, the valuations are carried out at open market value.

Operational equipment is valued at depreciated historic cost as this is not considered to be materially different from fair value. Equipment surplus to requirements is valued at net recoverable amount.

Assets in the course of construction are valued at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately. Assets are revalued and depreciation commences when they are brought into use.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

For all categories of non-property assets, the Trust considers that depreciated historical cost is an acceptable proxy for current value in existing use, as the useful economic lives used are considered to be a realistic reflection of the lives of assets and the depreciation methods used reflect the consumption of the asset.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Revaluation and impairment

Land and buildings are fully revalued every five years with an interim revaluation every financial year. All revaluations are performed by a professional qualified valuer who is a member of the Royal Institute of Chartered Survevors.

Further revaluations may be done at any other time particularly where there have been additions, dilapidation or part disposal of an asset or on the occurrence of an event likely to cause impairment.

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, in which case they are recognised in operating income.

Decreases in asset values and impairments are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Depreciation

Items of Property, Plant and Equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

The standard useful life for Property, Plant and Equipment held by the NHS foundation trust is:

- Buildings (excluding dwellings): 35 years
- Furniture & Fittings: 7 years
- Transport Equipment: 7 years
- Plant & Machinery: 5 years
- Information Technology: 4 years
- Software and Licenses: 3 years

Property, Plant and Equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

De-recognition

Assets intended for disposal is reclassified as 'Held for Sale' once all of the following criteria are met:

The asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
the sale must be highly probable i.e. management are committed to a plan to sell the asset;
a programme has begun to find a buyer and complete the sale;
the asset is being actively marketed at a reasonable price;
the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and,
the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the assets on the revaluation reserve is transferred to Income and Expenditure reserve. For donated assets, a transfer is made to or from the relevant reserve to the profit/loss on disposal amount so that no profit or loss is recognised in income and expenses. The remaining surplus or deficit in the donated asset reserve is then transferred to Income and Expenditure reserve.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.9 Donated assets

Donated fixed assets are capitalised at their current value on receipt and this value is treated as income, and is credited to the Statement of Comprehensive Income. Donated fixed assets are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations are taken though the asset revaluation reserve and, each year, a depreciation charge on the asset is to the income and expenditure account. On sale of donated assets, the net book value of the donated asset is transferred from the revaluation reserve to the Income and Expenditure Reserve.

1.10 Government grants

Government grants are grants from government bodies other than revenue from NHS bodies for the provision of services. Revenue grants are treated as deferred income initially and credited to income to match the expenditure to which they relate. Capital grants are treated as income and the receipt credited to the Statement of Comprehensive Income, The associated asset is treated in a manner consistent with the depreciation and impairment charges for that asset. Assets purchased from government grants are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations and impairments are taken to the revaluation reserve and, each year, an amount equal to the depreciation charge on the asset charged to the Statement of Compressive Income.

A grant for an asset may be received subject to a condition that it is to be returned to the grantor if a specified future event does or does not occur. For example, a grant may need to be returned if the foundation trust ceases to use the asset purchased with that grant for a purpose specified by the grantor. In these cases, a return obligation does not arise until such time as it is expected that the condition will be breached and a liability is not recognised until that time. Such a condition would not therefore require the grant to be treated as deferred.

1.11 Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-balance sheet' by the Trust. The underlying assets are recognised as Property, Plant and Equipment at their fair value. An equivalent financial liability is recognised in accordance with IAS 17.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

Payment for the fair value of services received;
Payment for the PFI asset, including finance costs; and
Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

The PFI assets are recognised as a property, plant and equipment when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacements

Components of the assets replaced by the operator during the contract are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme:

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator:

Assets contributed (e.g. cash payments, surplus property) by the trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.12 Intangible Assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets.

Expenditure on research is not capitalised.

* Expenditure on internally generated assets is capitalised only where all of the following can be demonstrated:
* the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
* the Trust intends to complete the asset and sell or use it;
* the Trust has the ability to sell or use the asset;
* how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset:
* adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
* the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

For all categories of intangible assets, the Trust considers that depreciated historical cost is an acceptable proxy for current value in existing use, as the useful economic lives used are considered to be a realistic reflection of the lives of assets and the depreciation methods used reflect the consumption of the asset.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. The expected useful life for software is 3

1.13 Inventories

Inventories are valued at the lower of cost and net realisable value using the weighted average cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management.

1.15 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS foundation trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding

The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the Statement of Comprehensive Income.

Operating leases

Where a lessor retains substantially all the risks and rewards of ownership the leases are regarded as being operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

1.16 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at note 20.2.

Non-clinical risk pooling

The NHS foundation trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 21 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 21, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

Present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.18 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32. A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.19 Corporation Tax

The Trust is a Health Service body within the meaning of s519A Income and Corporation Taxes Act (ICTA) 1988 and accordingly is exempt from taxation in respect of income and capital gains within the categories covered by this. There is a power for the Treasury to dis-apply the exemption in relation to specified activities of a Foundation trust (s519A (3) to (8) ICTA 1988). Accordingly, the Trust is potentially within the scope of corporation tax in respect of activities which are not related to the provision of health care. Where trading activities are undertaken that are commercial in nature the profits per activity are below the £50,000 corporation tax threshold as per the HMRC 'Guidance on the Tax Treatment of Non-Core Healthcare Commercial Activities of NHS Foundation Trusts.

1.20 Value Added Tax

Most of the activities of the NHS foundation trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.21 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS foundation trust has no beneficial interest in them. However, they are disclosed in note 17.2 in accordance with the requirements of HM Treasury's Financial Reporting Manual.

1.22 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described above. All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Financial assets are categorised as ‘Loans and receivables' or ‘Available-for-sale financial assets'.

Financial liabilities are classified as 'Other financial liabilities'.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust’s loans and receivables comprise: current investments, cash at bank and in hand, NHS debtors, accrued income and ‘other debtors’.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the income and expenditure account.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets which are either designated in this category or not classified in any of the other categories. They are included in long-term assets unless the Trust intends to dispose of them within 12 months of the Statement of Financial Position date.

Available-for-sale financial assets are recognised initially at fair value, including transaction costs, and measured subsequently at fair value, with gains or losses recognised in reserves and reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’. When items classified as ‘available-for-sale’ are sold or impaired, the accumulated fair value adjustments recognised are transferred from reserves and recognised in ‘Finance Costs’ in the Statement of Comprehensive Income.

Other financial liabilities

All financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the balance sheet date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' is impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of the bad debt provision.

1.23 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.24 Charitable Funds

Under the provisons of IFRS 10 Consolidated Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entity's financial statements. In accordance with IAS 1 Presentation of Financial Stratements, restated prior period accounts are presented where the adoption of the new policy has a material impact. As the charitable income during the financial year was £1,216K, compared to the Trust's revenue of £250,632K, the funds are not considered sufficiently material for consolidated account to be prepared. The position is reviewed annually, to confirm whether or not the charity's funds are material enough for consolidation to be appropriate. An an outline of the charity is as follows:

> The Berkshire Health Charitable Fund is registered with the Charity Commission under reference number 1049733. Trustees of the charity are also employees of the NHS foundation trust. Details of the charity can be obtained from www.charitycommission.gov.uk.

Assets donated to the foundaiton trust are disclosed in Note 13 and separate accounts for the NHS chairty will be produced.

Note 2 Operating Segments

IFRS 8 'Operating Segments' requires disclosure of the results of the significant operating segments. A business or operating segment is a group of assets and operations engaged in providing core or non core services that are subject to risks and returns that are different from those of other business or operating segments. In line with the standard, based on the internally reported activities, the foundation trust identifies that all activity is healthcare related and a large majority of the foundation trust's revenue is received from within UK government departments.

The Trust operates as a single operating segment. The board of directors, led by the chief executive is the chief operating decision maker within the Trust. It is only at this level that revenues are fully reported and the overall financial and operational performance of the Trust is assessed.

As all decisions affecting the foundation trust's future direction and viability are made based on the overall total presented to the board, the foundation trust is satisfied that the single segment of healthcare is appropriate and consistent with the principles of IFRS 8.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2017/18	2016/17
	£000	£000
Mental health services		
Block contract income	98,516	94,069
Clinical income for the secondary commissioning of mandatory services	542	547
Other clinical income from mandatory services	3,282	2,669
Community services		
Community services income from CCGs and NHS England	43,244	97,459
Community services income from other commissioners	20,638	26,020
All services		
Other clinical income	2,079	1,939
Total income from activities	**168,301**	**222,703**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	**2017/18**	**2016/17**
	£000	**£000**
CCGs and NHS England	204,151	199,484
Local Authorities	16,489	19,995
Department of Health and Social Care	-	104
Other NHS foundation trusts	2,776	2,210
NHS Trusts	426	82
NHS Other	-	48
Non-NHS: private patients	-	-
Non-NHS: overseas patients (chargeable to patient)	-	30
NHS injury scheme (was RTA)	157	170
Non NHS: other	2,007	580
Total income from activities	**226,006**	**222,703**
Of which:		
Related to continuing operations	226,006	222,703
Related to discontinued operations	-	-

Note 4 Other operating income

	2017/18	2016/17
	£000	£000
Research and development	543	725
Education and training	4,951	4,626
Donations of Physical Assets	12	-
Receipt of capital grants and donations	1,703	196
Charitable and other contributions to expenditure	11	47
Estates Design and Technical Services	110	468
Sustainability and Transformation Fund income	3,549	2,752
Car Parking	250	254
IT Recharges	336	318
Creche Services	1,774	1,706
Catering	153	161
Property Rental	2,216	2,158
Managed Estates Services	7,148	6,882
Other income	1,870	1,597
Total other operating income	**67,870**	**21,890**
Of which:		
Related to continuing operations	67,870	21,890
Related to discontinued operations	-	-

Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its Provider License, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2017/18	2016/17
	£000	£000
Income from services designated (or grandfathered) as commissioner requested services	223,725	217,990
Income from services not designated as commissioner requested services	26,907	26,603
Total	**250,632**	**244,593**

Note 5.1 Operating expenses

	2017/18	2016/17
	£000	£000
Services from NHS foundation trusts	2,006	1,844
Services from NHS trusts	1	-
Services from CCGs and NHS England	330	-
Purchase of healthcare from non NHS bodies	14,501	11,163
Employee expenses - executive directors	1,459	1,473
Employee expenses - non-executive directors	131	131
Employee expenses - staff	168,499	170,103
Supplies and services - clinical	4,744	5,311
Supplies and services - general	1,152	1,360
Establishment	4,696	4,054
Research and development	141	80
Transport	3,352	3,173
Premises	15,497	13,897
Increase/(decrease) in provision for impairment of receivables	(106)	279
Change in provisions discount rate(s)	22	70
Drug costs	4,769	4,906
Rentals under operating leases	2,739	2,467
Depreciation on property, plant and equipment	3,544	5,188
Amortisation on intangible assets	1,218	1,301
Impairments	623	54
Audit fees payable to the external auditor *:	-	
- audit services - statutory audit	74	66
- audit related assurance services	7	10
- non-audit services - tax advice	-	3
Internal Audit Fees	58	58
Clinical negligence	487	341
Legal fees	377	505
Consultancy costs	225	327
Training, courses and conferences	1,960	846
Service Element of PFI Unitary Payments	6,160	6,018
Redundancy	149	202
Early retirements	(77)	88
Hospitality	4	4
Other services (external Payroll Services)	45	68
Losses, ex gratia & special payments	53	89
Other	1,103	2,522
Total	**283,187**	**238,001**
Of which:		
Related to continuing operations	283,187	238,001
Related to discontinued operations	-	-

* Audit fees payable to the external auditor for 2016/17 were paid to KPMG LLP. In 2017/18 Deloitte LLP was appointed as the external auditor for the Foundation Trust.

Note 5.2 Other auditor remuneration

The other remuneration paid to the auditor included audit related assurance services of £7K (2016/17 £10K) and tax advice of £0K (2016/17 £3K). The fees have been disclosed VAT exclusive.

The external auditor is also appointed by the Berkshire Healthcare Charitable Fund, the results of which are not consolidated into these financial statements. Details are included in the Charitable Fund's financial statements which are available on the Charity Commission website.

Note 5.3 Limitation on auditor's liability

The limitation on auditors' liability for external audit work is £2.0m (2016/17: £0.5m).

Note 6 Impairment of assets

	2017/18	2016/17
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Over specification of assets	89	22
Unforeseen obsolescence	-	28
Changes in market price	-	4
Other*	534	-
Total net impairments charged to operating surplus / deficit	**623**	**54**
Impairments charged to the revaluation reserve	222	189
Total net impairments	**845**	**243**

* The 'Other' impairment of £534K relates to capital expenditure on a leasehold property where the valuation provided by the District Valuer Service on the 31st March 2018 assessed the potential increase in the market rentable value for the lease against the cost of the capital improvements. As the valuation of the potential rentable increase is less than the capital expenditure outlay, an impairment arises for the difference. The total cost of capital expenditure for the leasehold property was £834K which is recorded in 'Building excluding Dwellings - Additions - Purchased' of Note 13.1 Property, Plant & Equipment. The impairment cost is shown in Note 5.1 Operating Expenses - Impairments.

Note 7 Employee benefits

	Permanent	Other	2017/18 Total	2016/17 Total
	£000	£000	£000	£000
Salaries and wages	123,795	237	**124,032**	**122,284**
Social security costs	11,500	-	**11,500**	**11,123**
Apprenticeship levy	607	-	**607**	
Employer's contributions to NHS pensions	16,166	-	**16,166**	**15,956**
Pension cost - other	12	-	**12**	**12**
Termination benefits	-		**-**	**237**
External Bank Staff	-	8,715	**8,715**	**5,684**
Agency/contract staff	-	8,926	**8,926**	**16,288**
Total gross staff costs	**152,080**	**17,878**	**169,958**	**171,584**
Recoveries in respect of seconded staff		-	**-**	(8)
Total staff costs	**152,080**	**17,878**	**169,958**	**171,576**

Note 7.1 Retirements due to ill-health

During 2017/18 there were 5 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2016). The estimated additional pension liabilities of these ill-health retirements is £299K (£220K in 2016/17).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 7.2 Directors' remuneration

The aggregate amounts payable to directors were:

	2017/18	2016/17
	£000	£000
Salary	1,014	1,028
Taxable benefits	0	0
Performance related bonuses	0	0
Employer's pension contributions	137	138
Total	**1,151**	**1,166**

Further details of directors' remuneration can be found in the remuneration report.

Note 8 Operating leases

Note 8.1 Berkshire Healthcare NHS Foundation Trust as a lessee

	2017/18	2016/17
	£000	£000
Operating lease expense		
Minimum lease payments	2,739	2,467
Contingent rents	-	-
Less sublease payments received	-	-
Total	**2,739**	**2,467**

	31 March 2018	31 March 2017
	£000	£000
Future minimum lease payments due:		
- not later than one year;	14	357
- later than one year and not later than five years;	1,620	1,531
- later than five years.	115	149
Total	**1,749**	**2,037**
Future minimum sublease payments to be received	-	-

Operating leases are charged to operating expenses on a straight-line basis over the term of the lease.

Note 9 Finance income

	2017/18	2016/17
	£000	£000
Interest on bank accounts	50	81
Total	**50**	**81**

Note 10 Finance expenditure

	2017/18	2016/17
	£000	£000
Interest expense:		
Main finance costs on PFI	2,206	2,268
Contingent finance costs on PFI	1,384	1,273
Total interest expense	**46,834**	**3,541**
Other finance costs	132	114
Total	**46,966**	**3,655**

Note 10.1 The late payment of commercial debts (interest) Act 1998

	2017/18	2016/17
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 11 Discontinued operations

	2017/18	2016/17
	£000	£000
Operating income of discontinued operations	-	-
Operating expenses of discontinued operations	-	-
Total	**-**	**-**

Note 12.1 Intangible assets - 2017/18

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation/gross cost at 1 April 2017 - brought forward	**7,579**	**595**	**8,174**
Additions	1,018	495	**1,513**
Reclassifications	595	(595)	**-**
Gross cost at 31 March 2018	**9,192**	**495**	**9,687**
Amortisation at 1 April 2017 - brought forward	**4,005**	**-**	**4,005**
Provided during the year	1,218	-	**1,218**
Amortisation at 31 March 2018	**48,467**	**-**	**48,467**
Net book value at 31 March 2018	**(39,275)**	**495**	**(38,780)**
Net book value at 1 April 2017	**3,574**	**595**	**4,169**

Note 12.2 Intangible assets - 2016/17

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation/gross cost at 1 April 2016 - as previously stated	**7,200**	**-**	**7,200**
Additions	379	595	**974**
Valuation/gross cost at 31 March 2017	**7,579**	**595**	**8,174**
Amortisation at 1 April 2016 - as previously stated	**2,704**	**-**	**2,704**
Provided during the year	1,301	-	**1,301**
Amortisation at 31 March 2017	**4,005**	**-**	**4,005**
Net book value at 31 March 2017	**3,574**	**595**	**4,169**
Net book value at 1 April 2016	**4,496**	**-**	**4,496**

Note 12.3 Intangible assets financing 2017/18

	Software licences £000	Intangible assets under construction £000	Total £000
Net book value at 31 March 2018			
Purchased	(39,275)	495	**(38,780)**
Finance leased	-	-	**-**
Donated and government grant funded	-	-	**-**
NBV total at 31 March 2018	**(39,275)**	**495**	**(38,780)**

Note 12.4 Intangible assets financing 2016/17

	Software licences £000	Intangible assets under construction £000	Total £000
Net book value 31 March 2017			
Purchased	3,574	595	**4,169**
Finance leased	-	-	**-**
Donated and government grant funded	-	-	**-**
NBV total at 31 March 2017	**3,574**	**595**	**4,496**

Note 13.1 Property, plant and equipment - 2017/18

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2017 - brought forward	**14,056**	**65,741**	**534**	**2,116**	**65**	**16,316**	**1,803**	**100,631**
Additions - purchased	-	1,543	1,041	24	-	1,781	110	**4,499**
Additions - donations of physical assets (non-cash)	-	-	-	-	-	-	12	**12**
Additions - assets purchased from cash donations / grants	-	-	1,703	-	-	-	-	**1,703**
Impairments	-	(222)	(89)	-	-	-	-	**(311)**
Reclassifications	-	204	(234)	6	-	18	4	**(2)**
Revaluations*	1,550	2,000	-	-	-	-	-	**3,550**
Transfers to/ from assets held for sale	(1,000)	-	-	-	-	-	-	**(1,000)**
Disposals / derecognition	(204)	(496)	-	-	-	-	-	**(700)**
Valuation/gross cost at 31 March 2018	**14,402**	**68,770**	**2,955**	**2,146**	**65**	**18,115**	**1,929**	**108,382**
Accumulated depreciation at 1 April 2017 - brought forward	**-**	**-**	**-**	**1,661**	**63**	**13,308**	**1,285**	**16,317**
Depreciation at start of period as FT								**-**
Transfers by absorption								**-**
Provided during the year	-	2,245	-	120	2	1,069	108	**3,544**
Impairments	-	534	-	-	-	-	-	**534**
Revaluations	-	(2,779)	-	-	-	-	-	**(2,779)**
Accumulated depreciation at 31 March 2018	**0**	**0**	**0**	**1,781**	**65**	**14,377**	**1,393**	**17,616**
Net book value at 31 March 2018	**14,402**	**68,770**	**2,955**	**365**	**-**	**3,738**	**536**	**90,766**
Net book value at 1 April 2017	**14,056**	**65,741**	**534**	**455**	**2**	**3,008**	**518**	**84,314**

* Revaluations were performed on the 31st March 2018

Note 13.2 Property, plant and equipment - 2016/17

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2016 - as previously stated	**14,049**	**66,812**	**1**	**2,024**	**65**	**15,258**	**1,628**	**99,837**
Additions - purchased	-	483	345	92	-	1,074	167	**2,161**
Additions - donations of physical assets (non-cash)	-	-	-	-	-	-	8	**8**
Additions - assets purchased from cash donations / grants	-	-	188	-	-	-	-	**188**
Impairments	(34)	(193)	-	-	-	(16)	-	**(243)**
Revaluations**	41	(1,361)	-	-	-	-	-	**(1,320)**
Valuation/gross cost at 31 March 2017	**14,056**	**65,741**	**534**	**2,116**	**65**	**16,316**	**1,803**	**100,631**
Accumulated depreciation at 1 April 2016 - as previously stated	**-**	**-**	**-**	**1,542**	**60**	**10,797**	**1,189**	**13,588**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	2,458	-	119	3	2,511	96	**5,187**
Revaluations	-	(2,458)	-	-	-	-	-	**(2,458)**
Accumulated depreciation at 31 March 2017	**0**	**0**	**0**	**1,661**	**63**	**13,308**	**1,285**	**16,317**
Net book value at 31 March 2017	**14,056**	**65,741**	**534**	**455**	**2**	**3,008**	**518**	**84,314**
Net book value at 1 April 2016	**14,049**	**66,812**	**1**	**482**	**5**	**4,460**	**439**	**86,248**

** Revaluations were performed on the 31st March 2017

Note 13.3 Property, plant and equipment financing - 2017/18

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018								
Owned	14,402	12,668	1,064	365	-	3,738	507	**32,744**
On-SoFP PFI contracts and other service concession arrangements	-	55,640	-	-	-	-	-	**55,640**
Donated	-	462	1,891	-	-	-	29	**2,382**
NBV total at 31 March 2018	**14,402**	**68,770**	**2,955**	**365**	**-**	**3,738**	**536**	**90,766**

Note 13.4 Property, plant and equipment financing - 2016/17

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2017								
Owned	(29,188)	9,099	346	455	2	3,008	497	**(15,781)**
On-SoFP PFI contracts and other service concession arrangements	-	56,193	-	-	-	-	-	**56,193**
Donated	43,244	449	188	-	-	-	21	**43,902**
NBV total at 31 March 2017	**14,056**	**65,741**	**534**	**455**	**2**	**3,008**	**518**	**84,314**

Note 14 Inventories

	31 March 2018 £000	31 March 2017 £000
Drugs	274	113
Total inventories	**274**	**113**

Drug inventories recognised in expenses for the year were £1,771K (2016/17: £1,828K). Write-down of inventories recognised as expenses for the year were £0K (2016/17: £0K).

Note 15.1 Trade receivables and other receivables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade receivables	4,941	4,370
Capital receivables	800	-
Provision for impaired receivables	(97)	(279)
Prepayments	2,279	2,154
Accrued income	3,088	3,784
VAT receivable	1,084	1,338
Other receivables	282	610
Total current trade and other receivables	**12,377**	**11,977**

Note 15.2 Provision for impairment of receivables

	2017/18	2016/17
	£000	£000
At 1 April as previously stated	**279**	**-**
Increase in provision	65	279
Amounts utilised	(76)	-
Unused amounts reversed	(171)	-
At 31 March	**97**	**279**

The Trust considers debt over 90 days and not under a payment plan or arrangement to be impaired.

Note 15.3 Analysis of impaired receivables

	31 March 2018		31 March 2017	
	Trade receivables	Other receivables	Trade receivables	Other receivables
Ageing of impaired receivables	£000	£000	£000	£000
0 - 30 days	-	-	59	-
30-60 Days	-	-	33	-
60-90 days	-	-	76	-
90- 180 days	32	-	94	-
Over 180 days	65	-	17	-
Total	**97**	**-**	**279**	**-**
Ageing of non-impaired receivables past their due date				
0 - 30 days	5,611	-	2,900	-
30-60 Days	793	-	936	-
60-90 days	196	-	113	-
90- 180 days	214	-	416	-
Over 180 days	45	-	92	-
Total	**6,859**	**-**	**4,457**	**-**

Note 16.1 Non-current assets for sale and assets in disposal groups

	2017/18		2016/17
	Property, plant & equipment £000	Total £000	Total £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**-**	**-**	**-**
Plus assets classified as available for sale in the year	1,000	**1,000**	**-**
NBV of non-current assets for sale and assets in disposal groups at 31 March	**1,000**	**1,000**	**-**

Non-current assets for sale relates to surplus land at West Berkshire Community Hospital, which the Foundation Trust Board declared surplus available for sale in February 2018.

Note 17.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2017/18	2016/17
	£000	£000
At 1 April	**20,698**	**16,653**
Net change in year	1,566	4,045
At 31 March	**22,264**	**20,698**
Broken down into:		
Cash at commercial banks and in hand	2,162	4,552
Cash with the Government Banking Service	20,102	16,146
Total cash and cash equivalents as in SoFP	**22,264**	**20,698**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**22,264**	**20,698**

Note 17.2 Third party assets held by the NHS foundation trust

Berkshire Healthcare NHS Foundation Trust held cash and cash equivalents which relate to monies held by the foundation trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2018	31 March 2017
	£000	£000
Bank balances	168	148
Monies on deposit	-	-
Total third party assets	**168**	**148**

Note 18.1 Trade and other payables

	31 March 2018	31 March 2017
	£000	£000
Current		
NHS trade payables	9,642	11,432
Capital payables	263	570
Social security costs	1,832	1,833
VAT payable	66	182
Other taxes payable	1,267	1,248
Other payables	292	227
Accruals	10,210	10,363
PDC dividend payable	96	194
Total current trade and other payables	**23,668**	**26,049**

Note 18.2 Other liabilities

	31 March 2018 £000	31 March 2017 £000
Current		
Deferred goods and services income	1,849	2,012
Total other current liabilities	**1,849**	**2,012**

Note 19 Borrowings

	31 March 2018 £000	31 March 2017 £000
Current		
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	1,017	951
Total current borrowings	**1,017**	**951**
Non-current		
Obligations under PFI, LIFT or other service concession contracts	29,734	30,753
Total non-current borrowings	**29,734**	**30,753**

Note 20.1 Provisions for liabilities and charges analysis

	Pensions - other staff £000	Other legal claims £000	Other £000	Total £000
At 1 April 2017	**1,109**	**362**	**627**	**2,098**
Change in the discount rate	8	10	4	**22**
Arising during the year	-	-	69	**69**
Utilised during the year	(107)	(16)	(96)	**(219)**
Reversed unused	(69)	(11)	(31)	**(111)**
Unwinding of discount	107	16	9	**132**
At 31 March 2018	**1,048**	**361**	**582**	**1,991**
Expected timing of cash flows:				
- not later than one year;	107	16	278	**401**
- later than one year and not later than five years;	428	64	127	**619**
- later than five years.	513	281	177	**971**
Total	**1,048**	**361**	**582**	**1,991**

Pensions - Other Staff

This relates to former NHS employees whose contract of employment was terminated prior to their normal retirement age, with the effect that the employing authority became responsible for making up any shortfall in pension contributions as a result of that termination up until the death of either the former employee or any remaining survivor. The provision is adjusted annually, taking into Government Actuarial Department changes to life expectancy for England and Wales. Where the pension is no longer payable, then this is reversed unused.

Timing and expectation of the provision and future cashflows is based on historical payments to the NHS Pension Agency for pensions currently paid up to the end of each financial year.

Other Legal Claims

This relates to injury benefits arising to individuals as a result of an accident at work, which is paid by the NHS Pensions Agency and then reimbursed by the foundation trust.

Timing and expectation of the provision and future cashflows is based on historical payments to the NHS Pension Agency for pensions currently paid up to the end of each financial year.

Other

This relates to the following items:

Provisions in respect of Liability to Third Party ('LTPS') scheme claims against the Trust handled by NHS Litigation Authority where the foundation trusts maximum exposure is £10,000 per claim; and

Dilapidation provisions in respect of leased and rented property.

Timing of cash flows for LTPS claims are expected to occur within one year of current year end, but may be subject to on-going litigation by the claimant. Claims not upheld or not proceeded with will result in provisions being reversed.

Timing of cash flows for dilapidation provisions is based on the expected termination of the current leasehold agreement. Payment and timing of settlement for dilapidations may be subject to uncertainty due to early termination, extension of lease beyond its current expected termination date, or negotiation with leasor over value of dilapidation works required.

Note 20.2 Clinical negligence liabilities

At 31 March 2018, £9,359K was included in provisions of the NHSLA in respect of clinical negligence liabilities of Berkshire Healthcare NHS Foundation Trust (31 March 2017: £10,059K).

Note 21 Contingent assets and liabilities

	31 March 2018 £000	31 March 2017 £000
Value of contingent liabilities		
NHS Resolution legal claims	(60)	(36)
Gross value of contingent liabilities	**(60)**	**(36)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(60)**	**(36)**

Note 22 Contractual capital commitments

	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment	-	-
Intangible assets	-	-
Total	**-**	**-**

As at 31 March 2018 the Trust had no contractual commitments to purchase property, plant and equipment and intangible assets.

Note 23 On-SoFP PFI, LIFT or other service concession arrangements

The foundation trust operates two PFI schemes:

Prospect Park Hospital, Reading Berkshire

This PFI scheme is to design, build, maintain and operate (through facilities management and related services) a 120 bed mental health inpatient hospital facility. The hospital became operational in March 2003. At the end of the contract the hospital buildings will revert to the Trust's ownership.

The contract has a 32 year term, ending in 2033, and sees the Trust making a minimum unitary base payment that totals £4.02m annually. It is charged monthly and adjusted for RPI and according to any adverse performance against output measures describing all relevant aspects of the contract. Rates and utilities are borne separately by the Trust.

West Berkshire Community Hospital, Newbury, Berkshire

This PFI was originally managed by the former Berkshire West PCT prior to its dissolution on the 31st March 2013, when the PFI contract was transferred to the foundation trust. This facility operates services such as day case surgery and outpatient facilities. There are also a number of inpatient wards At the end of the PFI contract the hospital building will revert to the Trust's ownership.

The contract has a 32 year term, ending in 2033. The Trust makes a minimum unitary base payment that totals £1.46m annual. It is charged monthly adjusted for RPI, and according to any adverse performance against output measures describing all relevant aspects of the contracts. Rates and utilities are borne separately by the Trust.

Both PFI contracts were deemed as off-balance sheet when the Full Business Cases were approved prior to their design and construction. Following adoption of IFRS the Trust considers the contracts under IFRIC 4 Determining Whether an Arrangement Contains a Lease and IFRIC 12 Service Concession Arrangements and recognised the schemes as 'on-Statement of Financial Position'.

The substance of the two contracts is that the trust has a finance lease and annual payments comprise three elements - finance lease rental, service charges and replacements of the asset components (lifecycle replacements). The element of annual finance lease rental is further split into three components: repayment of the finance lease principal, a finance cost and contingent rental representing the inflation increases. An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period. The implicit rate of interest for Prospect Park Hospital is 7.31%, whilst for West Berkshire Community Hospital it is 6.61%.

Total obligations for on-statement of financial position PFI contracts due:

Note 23.1 Imputed finance lease obligations

	31 March 2018	31 March 2017
	£000	£000
Gross PFI, LIFT or other service concession liabilities	**88,956**	**93,497**
Of which liabilities are due		
- not later than one year;	4,654	4,541
- later than one year and not later than five years;	21,401	20,450
- later than five years.	62,901	68,506
Finance charges allocated to future periods	(58,205)	(61,793)
Net PFI, LIFT or other service concession arrangement obligation	**30,751**	**31,704**
- not later than one year;	1,017	951
- later than one year and not later than five years;	5,950	5,288
- later than five years.	23,784	25,465

Note 23.2 Total On-SoFP PFI, LIFT and other service concession arrangement commitments

	31 March 2018	31 March 2017
Total future payments committed in respect of PFI, LIFT or other service concession arrangements	**£000**	**£000**
	197,433	**203,110**
of which due:		
- not later than one year;	10,969	10,719
- later than one year and not later than five years;	43,874	45,625
- later than five years.	142,591	146,766
	197,433	**203,110**

Note 23.3 Payments committed in respect of the service element

	31 March 2018	31 March 2017
Charge in respect of the service element of the PFI, LIFT or other service concession arrangement for the period	£000	£000
	113,652	**109,616**
Commitments in respect of the service element of the PFI, LIFT or other service concession arrangement:		
- not later than one year;	6,314	6,178
- later than one year and not later than five years;	25,256	25,175
- later than five years.	82,082	78,263
Total	**113,652**	**109,616**

Note 23.4 Analysis of amounts payable to service concession operator

	31 March 2018	31 March 2017
	£000	£000
Unitary payment payable to service concession operator (total of all schemes)	**10,701**	**10,448**
Consisting of:		
- Interest charge	2,206	2,268
- Repayment of finance lease liability	951	889
- Service element	6,160	6,018
- Contingent rent	1,384	1,273
Total amount paid to service concession operator	**10,701**	**10,448**

Note 24 Financial instruments

Note 24.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS trust has with clinical commissioning groups and the way those clinical commissioning groups are financed, the NHS foundation trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS foundation trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS trust in undertaking its activities.

The Foundation Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Foundation Trust's Standing Financial Instructions and policies agreed by the Board of Directors. Foundation Trust treasury activity is subject to review by the Trust's internal auditors.

The Foundation Trust's financial instruments, other than those used for treasury risk management purposes, comprise cash and liquid resources and various items such as trade debtors and creditors that arise directly from its operations. The Trust does not undertake speculative treasury transactions.

Liquidity risk

The Foundation Trust's net operating costs are mainly incurred under legally binding contracts with local Clinical Commissioning Groups, NHS England and local authorities, which are financed from resources voted annually by Parliament. Under Payment by Results, the Foundation Trust is paid for activity on the basis of nationally set tariffs. For contracted activity, the Foundation Trust is paid in 12 monthly instalments throughout the year, which significantly reduces the Foundation Trust's liquidity risk. Performance in excess of contracted levels is paid in accordance with the terms of the legally binding contracts. The Foundation Trust finances its capital programme through internally generated resources and external borrowing where appropriate.

Foreign currency risk

The Foundation Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The Trust has no overseas operations therefore the exposure to currency rate fluctuations is low.

Interest-Rate Risk

None of the Foundation Trust's financial assets or liabilities carries any real exposure to interest-rate risk. The Foundation Trust's owned assets are funded by public dividend capital, which is non-interest bearing and of unlimited term. The PFI assets, are funded by way of a Finance Lease which are at a fixed rate of interest over the full remaining term of the PFI contracts

Credit Risk

Due to the fact that the majority of the trust's income comes from legally binding contracts with other government departments and other NHS Bodies the trust does not believe that it is exposed to significant credit risk. The maximum exposures as at 31st March 2018 are in receivables from customers, as disclosed in the **Note 15.1 Trade and other receivables.**

Note 24.2 Financial assets

	Loans and receivables £000	Total £000
Assets as per SoFP as at 31 March 2018		
Trade and other receivables excluding non-financial assets	9,111	**9,111**
Cash and cash equivalents at bank and in hand	22,264	**22,264**
Total at 31 March 2018	**31,375**	**31,375**

	Loans and receivables £000	Total £000
Assets as per SoFP as at 31 March 2017		
Trade and other receivables excluding non-financial assets	8,764	**8,764**
Cash and cash equivalents at bank and in hand	20,698	**20,698**
Total at 31 March 2017	**29,462**	**29,462**

Note 24.3 Financial liabilities

	Other financial liabilities £000	Total £000
Liabilities as per SoFP as at 31 March 2018		
Obligations under PFI, LIFT and other service concession contracts	30,751	**30,751**
Trade and other payables excluding non-financial liabilities	20,407	**20,407**
Provisions under contract	1,991	**1,991**
Total at 31 March 2018	**53,149**	**53,149**

	Other financial liabilities £000	Total £000
Liabilities as per SoFP as at 31 March 2017		
Obligations under PFI, LIFT and other service concession contracts	31,704	**31,704**
Trade and other payables excluding non-financial liabilities	22,592	**22,592**
Provisions under contract	2,098	**2,098**
Total at 31 March 2017	**56,394**	**56,394**

Note 24.4 Maturity of financial liabilities

	31 March 2018	31 March 2017
	£000	£000
In one year or less	21,825	23,867
In more than one year but not more than two years	1,463	1,138
In more than two years but not more than five years	5,107	4,887
In more than five years	24,754	26,502
Total	**53,149**	**56,394**

Note 24.5 Fair values of financial assets at 31 March 2018

	Book value	Fair value
	£000	£000
Cash and cash equivalents at bank and in hand	22,264	22,264
Total	**22,264**	**22,264**

Note 24.6 Fair values of financial liabilities at 31 March 2018

	Book value	Fair value
	£000	£000
Provisions under contract	1,991	1,991
Obligations under PFI, LIFT and other service concession contracts	30,751	30,751
Other	20,407	20,407
Total	**53,149**	**53,149**

Note 25 Losses and special payments

	2017/18		2016/17	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	1	-	4	2
Fruitless payments	6	2	1	1
Bad debts and claims abandoned	3	105	9	45
Stores losses and damage to property	2	2	2	4
Total losses	**12**	**109**	**16**	**52**
Special payments				
Extra-contractual payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Compensation payments	-	-	5	46
Special severence payments	-	-	-	-
Ex-gratia payments	22	112	4	1
Total special payments	**22**	**112**	**9**	**47**
Total losses and special payments	**34**	**221**	**25**	**99**

Note 26 Related parties

Berkshire Healthcare NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Berkshire Healthcare NHS Foundation

The foundation trust considers material transactions as those being where the income or expenditure is over £250,000 per annum.

The Department of Health is regarded as a related party. During the year Berkshire Healthcare NHS Foundation Trust had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

	Income		Expenditure		Receivables		Payables	
	2017/18	2016/17	2017/18	2016/17	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000	£000	£000	£000	£000
NHS Foundation Trusts								
2Gether NHS Foundation Trust	1	-	387	741	-	-	-	124
Frimley Health NHS Foundation Trust	634	656	1,567	944	159	80	1,056	598
Oxford Health NHS Foundation Trust	-	107	428	336	-	3	125	133
Oxford University Hospitals NHS Foundation Trust	421	418	82	-	12	-	8	43
Royal Berkshire Hospital NHS Foundation Trust	3,925	3,777	1,995	2,180	307	570	249	469
Clinical Commissioning Groups								
NHS Bracknell And Ascot CCG	24,992	23,430	-	-	448	1,593	177	184
NHS Chiltern CCG	2,000	2,093	3	-	61	116	3	-
NHS Newbury And District CCG	28,181	27,387	69	-	102	72	349	289
NHS North and West Reading CCG	22,409	23,025	91	-	61	52	315	230
NHS Slough CCG	26,864	25,653	-	-	501	839	195	890
NHS South Reading CCG	25,865	25,058	248	-	145	67	505	266
NHS Windsor, Ascot And Maidenhead CCG	25,951	25,486	-	-	626	998	204	376
NHS Wokingham CCG	32,997	31,512	257	-	554	174	598	379
NHS England and other associated organisations								
NHS England - Core	3,382	3,080	45	-	838	1,399	45	-
NHS England - South Central Local Office	7,279	8,338	-	-	246	74	63	55
NHS England - Wessex Specialised Commissioning Hub	6,001	5,975	-	-	38	-	-	-
Other NHS Bodies								
Health Education England	4,596	4,169	37	-	40	52	912	871
NHS Resolution (formerly NHS Litigation Authority)	-	-	701	620	-	-	-	-
NHS Property Services	7,184	7,140	6,001	6,200	603	196	378	46
Local and Unitary Authorities								
Bracknell Forest Borough Council	8,130	15,595	261	260	112	65	33	119
Reading Borough Council	2,324	817	70	98	95	336	13	118
Slough Borough Council	611	611	244	208	155	129	284	198
West Berkshire Council	2,292	1,478	92	28	35	101	41	127
Windsor and Maidenhead (Royal Borough of)	428	848	83	12	38	53	27	65
Wokingham Council	2,367	1,059	241	268	282	118	90	120
Other Whole of Government Account Organisations								
HM Revenue & Customs - VAT	-	-	-		1,084	1,338	66	-
HM Revenue & Customs - other taxes, duties and National Insurance Contributions	-	-	12,107	11,123	-	-	3,099	3,263
NHS Pension Scheme	-	-	16,293	16,118	-	-	2,316	2,252
Total	**238,834**	**237,712**	**41,302**	**39,136**	**6,542**	**8,425**	**11,151**	**11,215**