

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING HELD IN PUBLIC

**10:00am on Tuesday 13 November 2018
Boardroom, Fitzwilliam House,
Skimped Hill Lane, Bracknell, RG12 1BQ**

AGENDA

No	Item	Presenter	Enc.
OPENING BUSINESS			
1.	Chairman's Welcome	Martin Earwicker, Chair	Verbal
2.	Apologies	Martin Earwicker, Chair	Verbal
3.	Declaration of Any Other Business	Martin Earwicker, Chair	Verbal
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Martin Earwicker, Chair	Verbal
5.1	Minutes of Meeting held on 11 September 2018	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.0	Physical Health of Mental Health Patients Presentation	Lucy Cooke, Clinical Director	
6.1	Quality Board Visit: Older People's Mental Health Services, Prospect Park Hospital	Naomi Coxwell, Non-Executive Director	Enc.
6.2	Patient Experience Quarter 2 Report	Helen Mackenzie, Director of Nursing and Governance	Enc.
6.3	Research and Development Annual Report	Dr Minoo Irani, Medical Director	Enc.
6.4	Annual Information Governance and Caldicott Guardian Report	Dr Minoo Irani, Medical Director	Enc.
EXECUTIVE UPDATE			
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
PERFORMANCE			
8.1	Month 6 2018/19 Finance Report*	Alex Gild, Chief Financial Officer	Enc.
8.2	Month 6 2018/19 Performance Report*	Alex Gild, Chief Financial Officer	Enc.
8.3	Finance, Investment & Performance Committee – 26 September and 31 October 2018 <i>*The Month 6 Finance Report and Performance Report were reviewed by the October 2018 FIP Committee</i>	Naomi Coxwell, Chair of the Finance, Investment and Performance Committee	Verbal
STRATEGY			

No	Item	Presenter	Enc.
9.0	Mental Health Strategy Implementation – Update report	Bev Searle, Director of Corporate Affairs	Enc.
9.1	Strategy Implementation Plan Update Report	Bev Searle, Director of Corporate Affairs	Enc.
9.2	Workforce Race Equality Standard Report	Bev Searle, Director of Corporate Affairs	Enc.
CORPORATE GOVERNANCE			
10.1	Audit Committee – 31 October 2018	Chris Fisher, Chair, Audit Committee	Enc.
10.2	Trust Seal Report	Alex Gild, Chief Financial Officer	Enc.
10.3	Remuneration Committee Revised Terms of Reference	Julie Hill, Company Secretary	Enc.
10.4	Council of Governors Update	Martin Earwicker, Chair	Verbal
Closing Business			
11.	Any Other Business	Martin Earwicker, Chair	Verbal
12.	Date of the Next Public Trust Board Meeting – 11 December 2018	Martin Earwicker, Chair	Verbal
13.	CONFIDENTIAL ISSUES: To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Martin Earwicker, Chair	Verbal

AGENDA ITEM 5.1

Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday 11 September 2018

Boardroom, Fitzwilliam House

Present:	Martin Earwicker	Chair
	David Buckle	Non-Executive Director
	Naomi Coxwell	Non-Executive Director
	Mark Day	Non-Executive Director
	Julian Emms	Chief Executive
	Chris Fisher	Non-Executive Director
	Paul Gray	Director of Finance (<i>deputising for Alex Gild, Chief Financial Officer</i>)
	Dr Minoo Irani	Medical Director
	Ruth Lysons	Non-Executive Director
	Helen Mackenzie	Director of Nursing and Governance
	Mehmuda Mian	Non-Executive Director
	Bev Searle	Director of Corporate Affairs
	David Townsend	Chief Operating Officer
In attendance:	Julie Hill	Company Secretary
	Lucy Cooke	Clinical Director for Children, Young People and Families (<i>present for agenda item 6.2</i>)

18/160	Welcome (agenda item 1)
	Martin Earwicker, Chair welcomed everyone to the meeting, including the observers: Lynn Dalton, Herts Valleys Clinical Commissioning Group and June Carmichael, Staff Governor.
18/161	Apologies (agenda item 2)
	Apologies were received from Alex Gild, Chief Financial Officer.
18/162	Declaration of Any Other Business (agenda item 3)
	There was no other business declared.
18/163	Declarations of Interest (agenda item 4)
	i. Amendments to Register – none

	ii. Agenda Items – none
18/164	Minutes of the previous meeting – 10 July 2018 (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday 10 July 2018 were approved as a correct record of the meeting.
18/165	Action Log and Matters Arising (agenda item 5.2)
	The schedule of actions had been circulated. The Trust Board: noted the schedule of actions.
18/166	Patient Story (agenda item 6.1)
	<p>The patient story video concerned a young woman called Katie who experienced a psychotic episode at the age of 18. Katie explained that at the time of her illness, she felt confused, had racing thoughts, found it difficult to speak openly and suffered with a poor memory. Katie’s parents recognised that she was unwell and got her to see her GP.</p> <p>Katie explained how the Early Intervention in Psychosis Service made her feel that she was not alone and provided reassurance. A combination of medication and cognitive behavioural therapy helped Katie to change her mindset.</p> <p>The Director of Nursing and Governance reported that the Early Intervention in Psychosis Service had produced three online videos for the public aimed at debunking myths around psychosis and encouraging people to seek early treatment.</p> <p>The Chief Executive explained that there was a strong evidence base that early intervention and treatment could avoid someone reaching a crisis and needing hospitalisation.</p> <p>It was noted that the Government’s Five Year Forward View for Mental Health supported early intervention in psychosis and that the Trust’s Commissioners (East and West Berkshire) funded the Early Intervention in Psychosis Service for the level of need. It was noted that health inequality in more deprived areas such as Slough meant that there was unmet need with patients less likely to seek help from their GP at an early stage.</p> <p>The Chair thanked the Director of Nursing and Governance for sharing Katie’s patient story.</p>
18/167	Involving Patients and Carers Proactively within Children, Young People and Family Services Report (agenda item 6.2)
	<p>The Chair welcomed Lucy Cooke, Clinical Director, Children, Young People and Family Services.</p> <p>The Chair said that involving patients, families and carers in the delivery of services was an important aspect of the Trust’s work. Lucy Cooke explained that the Children, Young People and Family Services proactively engaged with service users and their families and took account of their feedback to shape services. For example, a group of young people at</p>

	<p>Willow House had helped to redesign the Welcome Booklet. Another group of young people tested the revised booklet which was then further amended to take account of their feedback.</p> <p>Lucy Cooke reported that young people had fed back that School Nurses talking about substance misuse was less effective than hearing from real people telling their stories in their own words. As a result, young people helped to develop a film called “Taylor’s Story” which will form the centrepiece of a health promotion session.</p> <p>Lucy Cooke reported that the Children, Young People and Families Service had also created a new role of participation champions. The champion’s role provided 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.</p> <p>The Chair asked whether there was a standardised process for engaging service users and carers across the Trust.</p> <p>The Director of Nursing and Governance explained that service user and carer participation was at different stages of development across the Trust and that this was an area for development.</p> <p>Ruth Lysons, Non-Executive Director asked whether the participation work was linked to the Trust’s Carers Strategy. Lucy Cooke confirmed that the participation work was aligned to the Carers’ Strategy and explained that she was also the Trust’s Lead for Carers.</p> <p>The Chair referred to the section headed: “How do we measure success?” (page 34 of the agenda pack) and asked whether there would be an opportunity to measure the degree to which service users and carers felt that their participation had led to improvements in services.</p> <p>The Director of Nursing and Governance said that it was an interesting challenge and agreed to review the measures of success.</p> <p style="text-align: right;">Action: Director of Nursing and Governance</p> <p>The Chief Executive said that it was important to be clear about what the Trust wanted to achieve through greater service user and carer participation. The Chief Executive said that there would inevitably be gradations of participation with single episode of care patients at one end of the spectrum and patients with long term conditions at the other end.</p> <p>On behalf of the Trust Board, the Chair thanked Lucy Cooke for her report. The Chair commented that greater service user and carer participation in the development of services was an important area for development Trust.</p> <p>The Trust Board: noted the report.</p>
18/168	Patient Experience Report (agenda item 6.3)
	<p>The Director of Nursing and Governance presented the report and highlighted the following key points:</p> <ul style="list-style-type: none"> • The Trust had received 60 formal complaints during quarter 1. • The top reasons for complaints continued to be: care and treatment; attitude of staff; and communication.

- The formal complaint response rate, including those within a timescale re-negotiated with complainants was 100% for the quarter which continued to be exceptional performance.
- 90.8% of patients had rated the Trust's services as good or better in the Trust's internal patient survey.
- The report included a section on the learning from complaints and the changes which had been made in response to a complaint.
- The Friends and Family Test response rate had increased this quarter but was still below the 15% threshold.

The Chair referred to page 53 of the agenda pack and asked when the Trust Board would receive the outcome of the patient experience "deep dive" review of Reading Community Mental Health Team. The Director of Nursing and Governance reported that the report had been presented to the Quality Executive Committee and would be reported in the Patient Experience quarter 2 report presented to the November 2018 Trust Board meeting.

Mark Day, Non-Executive Director referred to page 54 of the agenda pack and asked whether the emerging trend in respect of breaches of confidentiality was a cause for concern.

The Director of Nursing and Governance said that the Trust had undertaken a significant amount of training, including training administrative staff to raise awareness of the importance of patient confidentiality. The Director of Nursing and Governance confirmed that the majority of reported incidents were minor.

Naomi Coxwell, Non-Executive Director referred to page 53 of the agenda pack and asked for further information about the Care Quality Commission's concerns in respect of the WestCall service.

The Director of Nursing and Governance explained that the Care Quality Commission had acknowledged that WestCall provided a good service to patients, but had highlighted that some of the underpinning administrative systems and processes were not sufficiently robust.

David Buckle, Non-Executive Director asked whether there was a process in place to calculate the number of hours freelance GPs were working in addition to their sessions with WestCall.

The Director of Nursing and Governance reported that a process had been put in place to monitor the number of hours sessional GPs were working.

Mehmuda Mian, Non-Executive Director reported that she had recently accompanied a family member to various clinical appointments and was surprised that the Clinic Receptionists had made no mention of completing the Friends and Family Test.

The Director of Nursing and Governance thanked Ms Mian for her feedback and said that she expected all staff to encourage service users to complete the Friends and Family Test. The Director of Nursing agreed to ensure Receptionists understood their responsibility to increase the Friends and Family response rate.

Action: Director of Nursing and Governance

Mehmuda Mian, Non-Executive Director asked why the Trust struggled to recruit patient leaders.

	<p>The Director of Nursing and Governance said that her personal view was that in general, people were more attracted to working with acute hospitals rather than in a mental health setting.</p> <p>The Director of Corporate Affairs explained that she sat on the interview panel for Patient Leaders and that not all people who put themselves forward were suitable for the role.</p> <p>Mehmuda Mian, Non-Executive Director referred to the formal complaints listed on page 67 of the agenda pack and asked what measures the Trust was putting in place to meet the needs of deaf patients.</p> <p>The Director of Nursing and Governance agreed to find out and to update the Trust Board at the next meeting.</p> <p style="text-align: right;">Action: Director of Nursing and Governance</p> <p>Ruth Lyons, Non-Executive Director asked in view of Reading Borough Council’s decision to disaggregate the Community Mental Health Team whether there were any lessons learnt from West Berkshire Council’s disaggregation of the Community Mental Health Team.</p> <p>The Chief Operating Office said that the Trust had learnt a lot of lessons from the West Berkshire Community Mental Health Team disaggregation, but the Reading situation was more challenging, particularly around communication.</p> <p>Ruth Lysons, Non-Executive Director referred to page 66 of the agenda pack and asked for more information about “always events”.</p> <p>The Director of Nursing and Governance explained that always events covered things like staff always greeting patients with a welcoming smile etc.</p> <p>The Chair asked for further information about the process for assessing the severity of complaints. The Director of Nursing and Governance agreed to include an explanation in the next quarterly report.</p> <p style="text-align: right;">Action: Director of Nursing and Governance</p> <p>The Chief Executive said that at the Trust Board level, the detail of individual complaints was less important than distilling the key themes from patient feedback and working out how best to bring about improvements in key areas, for example being clearer about waiting times and about the service offer .</p> <p>The Trust Board: noted the report.</p>
18/169	Quality Assurance Committee Meeting – 21 August 2018 (agenda item 6.4)
	<p style="text-align: center;">a) Minutes of the meeting held on 21 August 2018</p> <p>Ruth Lysons, Chair of the Quality Assurance Committee reported that in addition to the standing agenda items, the meeting had discussed the following key issues:</p> <ul style="list-style-type: none"> • A presentation on Serious Incident Investigation and Inquest Processes – the Committee had noted that the Coroner’s standard of proof for suicide had changed from “beyond reasonable doubt” to “on the balance of probability”. The change may lead to an increase in the number of reported deaths by suicide cases;

	<ul style="list-style-type: none"> • A presentation on Gosport Memorial Hospital Patient Deaths between 1989-2001 • Caring for Carers Report • CAMHS Waiting Times • Clinical Audit Reports on prescribing sodium valproate for patients with bipolar disorder and Early Intervention in Psychosis Network self-assessment report 2017-18. <p>The Medical Director reported that he had a meeting with David Buckle, Non-Executive Director and the Chief Pharmacist tomorrow to discuss how the Trust was managing the use of Sodium Valproate and the serious risks it posed to pregnant women and their unborn children.</p> <p>b) Learning from Deaths Quarterly Report</p> <p>The Medical Director presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • During quarter 1, one lapse of care had been identified and reported subsequently as a serious incident. • National guidance on reviewing mortality in mental health settings was still awaited from the Royal College of Psychiatry • The Trust had developed a leaflet aimed at families and carers of bereaved patients whose deaths were subject to a mortality review investigation. <p>Ruth Lysons, Non-Executive Director said that she found the report reassuring and the fact that a death had been upgraded to a serious incident demonstrated that the mortality review systems and processes were working effectively.</p> <p>c) Guardians of Safe Working Hours Quarterly Report</p> <p>The Medical Director said that during the quarter there had been no breaches.</p> <p>d) Terms of Reference</p> <p>The Committee had made minor changes to its terms of reference.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> a) Noted the minutes of the Quality Assurance Committee; b) Noted the quarterly Learning from Deaths Report; c) Noted the quarterly Guardians of Safe Working Report; d) Ratified the changes to the Terms of Reference of the Quality Assurance Committee.
18/170	Executive Report (agenda item 7.1)
	<p>The Executive Report had been circulated. The following issue was discussed further:</p> <p>a) Workforce Race Equality Standard</p> <p>The Director of Corporate Affairs reported that the Trust was currently preparing its Workforce Race Equality Standard submission 2018-19 to NHS England which was due at the end of September 2018. The Director of Corporate Affairs agreed to share the draft</p>

	<p>submission with the Trust Board via email. The final report would be submitted to the Trust Board meeting in November 2018.</p> <p style="text-align: right;">Action: Director of Corporate Affairs</p> <p>The Trust Board: noted the report.</p>
18/171	<p>Month 04 2018-19 Finance Report (agenda item 8.1)</p>
	<p>The Director of Finance presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • The Trust had delivered a breakeven position in July 2018 which was £0.1m below the Control Total. However, year to date, the Trust had delivered a surplus of £1m which was £0.5m over the Control Total; • After accounting for the Provider Sustainability Funding and recognizing £0.4m of donated income, the Trust’s statutory surplus stood at £0.4m in July 2018 and at £1.6m year to date. • Overall staff costs were £0.1m below plan this month, with the Agenda for Change pay deal included in the plan and adjusted to reflect national funding. There remained a financial risk around the doctors’ pay award which was not fully funded. • Capital spend was £0.3m behind plan. • Cash was £2m higher than anticipated. • The Use of Resources rating remained at “1” overall. <p>The Director of Finance reported that last Thursday, NHS Improvement had contacted the Trust to offer a £2 for £1 bonus payment on any surplus over and above the Control Total. The Director of Finance reported that NHS Improvement had given the Trust until the end of September 2018 to respond to their offer. It was noted that the Finance, Investment and Performance Committee would discuss NHS Improvement’s offer at their September 2018 meeting.</p> <p style="text-align: right;">Action: Chief Financial Officer</p> <p>Naomi Coxwell, Non-Executive Director commented that it was a strong first quarter financial performance. Ms Coxwell said that the September 2018 Finance, Investment and Performance Committee would have a discussion about the Cost Improvement Programme and actions that would be put in place to mitigate the non-delivery of some schemes, for example, WestCall and Crisis Resolution Home Treatment Team.</p> <p style="text-align: right;">Action: Chief Financial Officer</p> <p>Chris Fisher, Non-Executive Director commented that in previous years, the vacancy factor in hard to recruit areas had offset overspends in other areas of the Trust’s business and pointed out that the current financial plan had taken a more realistic view of the workforce position and therefore that buffer had been removed.</p> <p>The Trust Board noted: the following financial summary of the financial performance and results for Month 4 2018-19:</p> <p>Year To Date (Use of Resource) metric:</p> <ul style="list-style-type: none"> • Overall rating 1 (plan 1 – lowest risk rating) <ul style="list-style-type: none"> ○ Capital Service Cover rating 2 ○ Liquidity days rating 1 ○ Income and Expenditure Margin rating 1 ○ Income and Expenditure Variance rating 1 ○ Agency target rating 1

	<p>Year To Date Income Statement (including Provider Sustainability Funding):</p> <ul style="list-style-type: none"> • Plan: £0.4m surplus • Actual: £1.0m surplus • Variance: £0.5m better than plan. <p>Year To Date Cash: £23.8m (Plan £21.8m) - £2.0m better than plan due earlier sustainability and transformation funding receipt than in the plan and working capital timings.</p> <p>Year to Date Capital Expenditure: £1.9m versus plan of £2.2m.</p>
18/172	<p>Month 4 2018-19 Performance Report (agenda item 8.2)</p>
	<p>The Month 4 2018-19 Performance Summary Scorecard and detailed Trust Performance Report had been circulated.</p> <p>It was noted that People, NHS Improvement (non-financial) and Contractual Performance were RAG rated amber and service efficiency was rated red for July 2018.</p> <p>The Director of Finance reported that mental health acute length of stay had reduced in month along with a reduction in the number of staff assaults.</p> <p>The Chief Executive reported that the Performance Team were developing a new Performance Assurance Framework which would be aligned to True North. It was noted that the new draft True North Performance Scorecard would be reviewed at the September 2018 meeting of the Finance, Investment and Performance Committee.</p> <p>The Chair referred to page 154 of the agenda pack and commented that there was a spike in the incidence of self-harm.</p> <p>The Director of Nursing and Governance reported that reducing self-harm was one of True North priorities and pointed out that Willow House had recently cared for a number of very challenging young people and this had increased the number of self-harm incidents.</p> <p>Chris Fisher, Non-Executive Director said that he welcomed the reduction in the number of delayed transfers of care in Reading and Slough and asked whether this represented a permanent shift.</p> <p>The Chief Operating Officer said that it was too early to know whether the reduction was permanent and said that the Trust was working very closely with local councils to reduce the number of delayed transfers of care.</p> <p>Naomi Coxwell, Non-Executive Director referred to workforce initiatives on page 158 of the agenda pack and asked whether the Trust had the right level of resources in place to support the various initiatives.</p> <p>The Director of Corporate Affairs reported that the Director of People had done a lot of work to link into the national recruitment campaign and had galvanized a lot of support across the Trust.</p> <p>The Trust Board: noted the report.</p>

18/173	Finance, Investment and Performance Committee Meeting – 25 July 2018 (agenda item 8.3)
	<p>The minutes of the Finance, Investment and Performance Committee meeting held on 25 July 2018 had been circulated.</p> <p>The Trust Board: noted the minutes of the Finance, Investment and Performance Committee meeting held on 25 July 2018.</p>
18/174	Mental Health Bed Capacity Actions and Bed Optimisation Update Report (agenda item 9.0)
	<p>The Chief Operating Officer presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • The report had been prepared to update the Trust Board on the actions being taken following the recent Mental Health Bed Capacity Modelling review and to update the Trust Board on the Bed Optimisation Programme set up to address Out of Area Placement pressures. • The two key actions from the Bed Modelling review were: to reduce the length of stay; and the system work to reduce the number of delayed transfers of care. • The majority of the acute overspill this year had arisen due to the refurbishment of Sorrell Ward and the subsequent high staff shortages which had meant that the ward had remained closed to female admissions. Despite this, the Trust was meeting the targets in the Bed Optimisation Programme for 2018-19. <p>The Chair welcomed the reduction in the length of stay but asked how the Board was assured that patients were not being discharged too early.</p> <p>The Medical Director stressed that the responsible Clinician was the only person able to discharge a patient and would only do so, if it was clinically appropriate to do so.</p> <p>The Chief Operating Officer reported that in addition, the Trust had a robust system for monitoring readmission rates and would take action if there was an increase in the number of patients being re-admitted.</p> <p>Ruth Lysons, Non-Executive Director commented that at a recent Mental Health Act Managers meeting, the Deputy Director of Nursing and reported that the number of sectioned patients as opposed to informal patients had increased over recent years and asked whether the bed model took account of the rise.</p> <p>The Chief Operating Officer confirmed that he was aware of the increase in the number of sectioned patients, but this was not expected to impact on future demand.</p> <p>Mark Day, Non-Executive Director expressed concern that Sorrell Unit remained closed to female patients.</p> <p>The Chief Operating Officer said that work was ongoing to address the staffing shortages, including offering enhanced rates of pay.</p> <p>Ruth Lysons, Non-Executive Director said that another challenge in terms of reducing the length of stay was the availability of community support for newly discharged patients.</p> <p>The Chief Operating Officer agreed but pointed out that the evidence base was that patient</p>

	<p>outcomes were better if the length of stay was lower and there was earlier intervention. The Chief Operating Officer said that the new personality disorder pathway was putting in place a range of out of hospital support which would hopefully reduce the length of stay for these patients.</p> <p>The Trust Board: noted the report.</p>
18/175	<p>Strategy Implementation Plan Update Report (agenda item 9.1)</p>
	<p>The Strategy Implementation Plan Update Report had been circulated.</p> <p>The Chief Executive highlighted that there was some slippage in terms of True North goals relating to falls and self-harm.</p> <p>The Chair commented that it was disappointing that there was also minor slippage in relation to the Make it Right programme for Black and Minority Ethnic staff and the Strategic Workforce Planning capability in the Workforce Strategy and asked for the reasons why the implementation of these important initiatives had slipped.</p> <p>The Director of Corporate Affairs explained that the new Director of People was working closely with the Director of Finance and with the Performance Team to gain a thorough understanding of workforce requirements in order to be able to develop quality workforce plans.</p> <p>The Director of Corporate Affairs reported that the Make it Right Programme which will be extended to Lesbian Gay Bisexual and Transsexual and Disabled staff been delayed for six months to provide time to refine and enhance the programme.</p> <p>Ruth Lysons, Non-Executive Director drew attention to the completion of the new Renal/Cancer Unit at West Berkshire Hospital and said that it was impressive that the Trust had delivered the programme on time and on budget. The Chief Operating Officer agreed to thank the Estates and Design Teams on behalf of the Trust Board.</p> <p style="text-align: right;">Action: Chief Operating Officer</p> <p>The Trust Board: noted the report.</p>
	<p>Berkshire West Integrated Care System Memorandum of Understanding (Local) (agenda item 9.2)</p>
	<p>The Director of Corporate Affairs presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • The Memorandum of Understanding represented an important agreement for partners to work as an Integrated Care System to achieve good quality care and treatment for local people, alongside effective use of our resources as a system. • The Memorandum of Understanding had been updated to take account of the merger of the previous four Clinical Commissioning Groups in Berkshire West to form a single Clinical Commissioning Group and to reflect the inclusion of the GP Alliances which were now formally part of the Unified Executive of the Integrated Care System and represented GPs in their provider role. • The Memorandum of Understanding had been agreed by both the Leaders Group and Berkshire West Unified Executive which included the Trust Chair and Chief Executive. <p>The Trust Board: approved the updated the Berkshire West Integrated Care System</p>

	Memorandums of Understanding.
18/177	Audit Committee – Minutes of the Meeting held on 25 July 2018 (agenda item 10.1)
	<p>Chris Fisher, Chair of the Audit Committee reported that the meeting on 25 July 2018 had received a presentation from the Chief Operating Officer on the Trust’s Business Continuity Plan and had reviewed the Annual Counter Fraud Report.</p> <p>Mr Fisher reported that in advance of the Trust Board’s annual review of the key risks to the Trust delivering its strategy at the Board’s Annual Strategic Planning Away Day in October 2018, the Audit Committee had asked the Executive Directors to review the risks on the Board Assurance Framework to ensure that they were still current.</p> <p>It was noted that the outcome of the review was to recommend that risk 1 (workforce) be expanded to include the impact of staff shortages on patient experience and risk 2 (service user involvement in the development of clinical pathways) and risk 5 (maintaining regulatory standards) be closed.</p> <p>Naomi Coxwell, Non-Executive Director said that the Trust’s robust approach to the Board Assurance Framework was noteworthy and the risks on the Board Assurance Framework were fully aligned to the Trust’s strategy.</p> <p>The Chair thanked Mr Fisher for his update.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> a) Noted the minutes of the last Audit Committee meeting; b) Approved the changes to the Board Assurance Framework 2018-19 as set out in Audit Committee minutes; and c) Ratified the proposed changes to the Audit Committee’s Terms of Reference.
18/178	Remuneration Committee – Change the Membership of the Committee (agenda item 10.2)
	<p>The Company Secretary reported that at its meeting in May 2018, the Remuneration Committee had discussed gender balance and had agreed that the current Non-Executive Director membership (three men) was unrepresentative of the Trust Board.</p> <p>The Chair reported that he had met with Mark Day, Chair of the Remuneration Committee and with the Company Secretary and it was agreed the membership of the Remuneration Committee should be expanded to include all Non-Executive Directors.</p> <p>The Trust Board: approved extending the membership of the Remuneration Committee to all Non-Executive Directors.</p>
18/179	Council of Governors Update (agenda item 10.3)

	<p>The Chair reported that he had agreed a new format for Joint Board and Council of Governors meetings with the Lead Governor which would be discussed at the September 2018 Council of Governors meeting. The Company Secretary agreed to circulate the proposed format of the Joint meetings to members of the Trust Board.</p> <p style="text-align: right;">Action: Company Secretary</p> <p>The Chair reported that he was continuing to hold Coffee Mornings at venues across the county. The Coffee Mornings provided governors with an opportunity to meet in an informal setting.</p> <p>The Trust Board: noted the update.</p>
18/180	Any Other Business (agenda item 11)
	There was no other business.
18/181	Date of Next Meeting (agenda item 12)
	Tuesday, 13 November 2018
18/182	CONFIDENTIAL ISSUES: (agenda item 13)
	The Board resolved to exclude press and public from the remainder of the meeting on the basis that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.

I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the Trust Board meeting held on 11 September 2018.

Signed.....Date 13 November 2018
(Martin Earwicker, Chair)

BOARD OF DIRECTORS MEETING: 13/11/2018

Board Meeting Matters Arising Log – 2018 – Public Meetings

Key:

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

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
13.02.18	18/015	Annual Health and Safety Report	Future reports to include a section on the number of fires involving patients together with benchmarking data from similar trusts.	April 2019	DT	
10.04.18	18/057	Council of Governors Update	The Company Secretary to seek feedback from the Governors on refreshing the format of the joint Council meetings.	19.09.18	JH/ME	The Governors approved the changes to the format of the Joint Board and Council meetings.
10.07.18	18/126	Patient Story	The Trust Board to receive an update on the Peer Mentor Pilot Project	February 2019	DF	The peer mentor pilot has commenced in Prospect Park Hospital. An update will be

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
						provided in February 2019
10.07.18	18/128	Annual Complaints Report	The outcome of the patient experience “deep dive” review into Reading Community Mental Health Team to be reported to the Trust Board.	13.11.18	HM	The deep dive review is reported in the Quarter 2 Patient Experience Report
10.07.18	18/128	Annual Complaints Report	Future Complaints Reports to include information about the volume of recipients of a particular service in order to put the number of complaints into context.	July 2019	DF/NZ	The Complaints Team will explore how this can be included in next year’s Annual Complaints Report.
10.07.18	18/135	Vision Metrics	Consideration to be given to including Quality Improvement Initiatives and timescales as part of the Vision Metrics reporting.	21.12.18	AG	The new Vision Metrics reporting system will be considered at the December FIP Committee meeting.
10.07.18	18/136	Strategy Summary Document 2018-21	The Trust’s strategy to be distilled into three or four lines of text which would be discussed at the Board’s Annual Strategic Planning Away Day in October 2018.	May 2019	BS	To be considered when the three year strategy is refreshed in May 2019.
10.07.18	18/136	Strategy Summary Document 2018-21	The Strategy Summary Document to be updated to include a slide on system working.	09.10.18	BS	Completed. Draft taken to Executive Committee for approval

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
						on 20 August 2018. Final version to be included as an appendix in papers for the Trust Board Away Day in October 2018
10.07.18	18/137	Mental Health Strategy Update Report	The next update report to include a section on the progress being made in relation to integrated services and how the Trust was managing the various service interfaces.	13.11.18	BS	Completed
10.07.18	18/138	Equality Strategy Annual Report	The Director of Corporate Affairs to include a section on gender pay equality when the Equality Strategy was refreshed.	TBC	BS	
11.09.18	18/167	Involving Patients and Carers Proactively within CYPF services	The Director of Nursing and Governance to review the measures of success for service user involvement.	13.11.18	HM	This is an area for development. Service user involvement is integral to our quality improvement management system, this will form the foundation of the measures.

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
11.09.18	18/168	Patient Experience Report	The Director of Nursing and Governance to raise awareness amongst clinical reception staff about the importance of encouraging patients to complete the Friends and Family Test.	13.11.18	HM	In September 2018, the Trust achieved over 17% Friends and Family Test response rate. Service Leads have been asked to make Clinical Reception staff aware of their role in encouraging completion of the Friends and Family Test.
11.09.18	18/168	Patient Experience Report	The Director of Nursing and Governance to find out what measures the Trust was putting in place to meet the needs of deaf patients.	April 2019	HM	The new Equality and Diversity Manager, reporting to the Corporate Lead for Patient Experience will take a lead in this area, with an update to be provided during April 2019.
11.09.18	18/168	Patient Experience Report	The Director of Nursing and Governance to provide further information about the process for assessing the severity of	13.11.18	HM	The Complaints Office on behalf of the Chief Executive triage the

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
			complaints.			<p>complaint by assessing the seriousness of a complaint according to the Risk Assessment Matrix in Berkshire Healthcare's Risk Management Strategy and Process (ORG006) (set out at appendix 1).</p> <p>The formal complaint will be entered on to Datix and an Investigating Officer assigned to the complaint by the Locality Manager. The Investigating Officer makes verbal contact with the complainant as soon as possible to introduce themselves and clarify any points within the complaint prior to the investigation starting, unless there is a clear</p>

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Status
						reason documented within the progress notes in the complaint record.
11.09.18	18/170	Executive Report	The Director of Corporate Affairs to email round the draft Workforce Race Equality Standard submission.	End of September 2018	BS	Completed
11.09.18	18/171	Finance Report	The Chief Financial Officer to brief the September 2018 Finance, Investment and Performance Committee about actions that would be put in place to mitigate the non-delivery of some Cost Improvement Programme Schemes, for example, WestCall and the Crisis Resolution Home Treatment Team.	26.09.18	AG	Completed
11.09.18	18/175	Strategy Implementation Plan Update Report	The Chief Operating Officer to convey the Trust Board's thanks to the Estates Team for delivering the Renal/Cancer Unit on time and within budget.	13.11.18	DT	Completed
11.09.18	18/179	Council of Governors Update	The Company Secretary to circulate the proposed format of the Joint meetings to members of the Trust Board.	13.11.18	JH	Completed

Fig. 4 - Authority levels for managing different levels of risk

Level	Colour Rating	Responsible Level	Action
Extreme risk	Purple	Executive Team	Immediate Chief Executive attention
Severe risk	Red	Executive Director	Immediate action required, Executive Director attention
High risk	Orange	Senior management	Local Senior Management attention
Moderate	Yellow	Local Directorate	Local Operational Management responsibility
Low	Green	Local	Manage by routine procedures within teams

Across the Berkshire West ICS we are comparing how complaints are risk assessed to agree a consistent tool.

Trust Board Paper

Board Meeting Date	13 November 2018
Title	Board Visit Report – Older People’s Mental Health Services - Hazelwood Unit, Prospect Park Hospital
Purpose	To receive the report of the Board Visit undertaken by Naomi Coxwell, Non-Executive Director
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	To provide good outcomes from treatment and care
CQC Registration/Patient Care Impacts	Providing additional Board level assurance on patient safety and quality of care
Resource Impacts	None
Legal Implications	None
Equalities and Diversity Implications	N/A
SUMMARY	Board members conduct Visits to Trust services and Localities throughout the year and reports are produced which are circulated to all Board members for information. At regular intervals during the year, a Board Visit report is selected for inclusion on the agenda for discussion.
ACTION REQUIRED	To receive and note the report and discuss any matters raised.

BERKSHIRE HEALTHCARE QUALITY BOARD VISIT TO OLDER PEOPLES MENTAL HEALTH SERVICES (Hazelwood), Prospect Park Hospital, 24th August 2018. 10.00-12.00pm

People participating: Naomi Coxwell, NED. David Aboagye – Team Leader, Trudy Kamera – Community Psychiatric Nurse, Rosemary Mangere – Community Psychiatric Nurse, Nancy Maiwa – Student Nurse, Debbie Nachrabass – Support Worker, Georgina Wieringa – Assistant Psychologist.

Introduction

Upon arrival at Prospect Park Hospital I was able to find the Hazelwood building very easily as it is well signed. I was greeted very warmly by Laura the receptionist/administrator and asked to sign in. David Aboagye also me welcomed me with a big smile and seemed genuinely pleased and proud to show me around.

David gave me an excellent summary of the work that is performed out of Hazelwood and an overview of the 30+ people that comprise the full team. David's key messages were:

- The team is looking forward to its move to Whiteknights campus but unsure if the open plan way of working will suit everyone.
- There are currently just 2 Consultant psychiatrists (Dr. Julian Mason and Dr. Dalia Hanna) who cover both North and South areas, and in his view a third is required to provide adequate cover (especially during sickness and leave periods).
- He believes that the absence of London Weighting is a major barrier to recruitment and retention.

Discussions

I was introduced to Georgina Wieringa, an Assistant Psychologist who will be leaving the trust to undertake a PhD in Clinical Psychology at Lancaster University. She provided some valuable insights into her work to diagnose and treat dementia, demonstrating a clear passion for the profession. She is particularly focused on the benefits and efficiencies that can be realised by working with the voluntary sector. I have asked her to stay in touch with me during her PhD studies.

I also had the privilege of attending the Home Treatment Teams Friday morning meeting. At this session the team (photo below) discussed 8 specific clients under their care.



Trudy Kamera

David Aboagye

Debbie Nachrabass

Rosemary Mangere

Nancy Maiwa

Each client was discussed in fine detail and their immediate needs identified, including visits that the team would undertake during the day and over the bank holiday weekend. The attention to detail was impressive, especially the knowledge and understanding demonstrated for client's family members and carers. It was also abundantly clear that the team act relentlessly to safeguard each patient.

Key Take-Aways

All the individuals I met are clearly hugely dedicated and passionate about their roles. The levels of complexity attached to each client are very evident and the team approach to this is characterised by deep insight and professionalism. Levels of enthusiasm are high and stress levels are low. I enjoyed the visit tremendously.

Naomi Coxwell, Non-Executive Director

24th August 2018

Trust Board Paper

Board Meeting Date	13 th November 2018
Title	Patient Experience Quarter 2 report
Purpose	The purpose of this report is to provide the Board with information on patient experience within the trust
Business Area	Nursing & Governance
Author	Liz Chapman, Head of Service Engagement and Patient Experience Nathalie Zacharias, Professional Lead for Allied Health Professionals Helen Mackenzie, Director of Nursing and Governance
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and supports maintaining good patient experience
Resource Impacts	N/A
Legal Implications	N/A
Equality and Diversity Implications	Patient experience has equality and diversity implications and this information is used to consider and address these.
SUMMARY	<p>Boards are required to review patient feedback in detail. The Director of Nursing and Governance has provided an overview at the beginning of the paper.</p> <p>In quarter two, the Trust received 63 formal complaints.</p> <p>Care and treatment and attitude of staff continue to be key reasons for complaints.</p> <p>The formal complaint response rate, including those within a timescale re-negotiated with complainants was 100% for the quarter which continues to be exceptional performance.</p> <p>Patient and Public Involvement 88.5% of patients rated our services as good or better in the trust's internal patient survey.</p>

ACTION

The Board is asked to:

Consider the report and reflect on the patient feedback received

Overview

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

The Board is required to consider detailed patient feedback because it provides insight into how patients, families and carers experience our services. The picture across the trust remains consistent with 2017/18. As part of this report I have also looked at the key finding regarding effective use of patient and service user feedback score in our staff survey in 2017. Nationally the average score was 3.69 with the trust scoring 3.73; East London MH Foundation Trust, rated outstanding by the CQC, achieved 3.85. As trust we sit in the middle of pack and as our aspiration is to be outstanding, we need to see our staff to recognise that we use patient and service user feedback to improve services.

In September our Friends and Family response rate exceeded 15% for both mental health and community services which means the result of 95% of patients and carers recommending our services is valid. This needs to be maintained so that in quarter three we are able to report a similar outcome for a period of three months.

Another important development reported in this quarter is the collection of ethnicity data associated with complaints. Over 48% of complainants do not state their ethnicity. There is a plan to improve recording including age and gender.

During quarter two, the trust continued to sustain a complaint response rate of 100%. Just over 68% of complaints closed during the quarter were upheld or partially upheld.

In quarter two the trust received 63 complaints across a range of services. The reporting process has been altered to service base as opposed to locality so that trends and themes can be more easily identified. The number of complaints received appears to be increasing slightly so this needs to be closely monitored. When considering which services to monitor other quality indicators are also examined:

- Community Mental Health Teams (CMHTs) complaints reduced in the quarter however it can be seen that overall the number of complaints has increased over the last couple of years. Themes from the complaints include care and treatment and communication. Work is required to manage patient expectation and the care pathways programme will support staff in this, as for each area of mental health the patient pathway will be detailed. The Reading CMHT deep dive outcomes are detailed in the report and the actions in progress will support improved patient experience.
- Child and Adolescent Community Mental Health Services received 6 complaints. The main theme of the complaints was care and treatment. CAMHS is under pressure as a service with increases in caseload, activity and wait times. A quality improvement project is in progress to improve productivity and waiting list management. A significant amount of time is invested in supporting families whilst waiting for appointments. The trust is also in discussions with the clinical commissioning groups about the whole pathway.

- Acute Mental Health Inpatients received 13 complaints in quarter two, an increase on the previous quarter. The complaints are predominantly around care and treatment. The hospital continues to have band 5 qualified nursing staff vacancies and as a consequence higher levels of temporary staff which is not optimal. The Director of People is working closely with the locality director on recruitment.
- Westcall, GP out of hours service received 5 complaints. The main theme involved care and treatment. This service is identified again as the CQC have rated it as requires improvement because of poor underpinning systems and processes to deliver good care.

Other services have seen a slight increase in complaints and these will be monitored for emerging trends. Each service takes complaints seriously however we need to be able to more easily demonstrate how we have used patient and service user feedback to change service delivery. Staff directly involved in the complaint are asked to reflect on the issues raised and consider how they will change their practice.

Examples of learning from complaints are included in the report and I wanted to highlight one example, the lack of care provided because of a patient's care coordinator sickness absence. This has also been a factor in serious incidents and therefore a robust process is required to manage sickness absence for care coordinators. The two clinical directors responsible for community mental health services are leading in this area.

The board has asked for information about face to face contacts versus complaints. Further work is required on data reliability before this is presented. The report does compare the number of complaints received by other mental health trusts and it can be seen that the trust is not an outlier in complaints received.

During quarter two the overall response rate for Friends and Family test was 14.82% which is much improved on previous quarters. Our community physical health services still underpin the performance of our mental health services however there is an increasing response rate trend which is good to observe.

Our long standing internal patient survey which asks patients how they rate their experience, by asking 5 questions, shows that 88.5% reported the service they received as good or better. Work undertaken as part of our True North has shown that the use of this survey is very inconsistent across the trust with services and managers saying that they were not aware of its existence or of its findings. A small task and finish group led by me is looking to develop an improved survey that all services will use.

Finally, well done to talking therapies which as a service far exceeds any other service with regard to compliments received.

Conclusion

Patient experience is an important indicator of quality and this report provides good intelligence when considering quality concerns. Over the year there are no new emerging trends. I do not take these lapses in care lightly and it is important services recognise and take steps to prevent similar incidents and that this is shared across the organisation. This continues to be work in progress.

Helen Mackenzie, Director of Nursing and Governance

1. Complaints received - activity

The information in this report excludes complaints which are led by an alternative organisation, unless specified.

Table 1 shows the number of formal complaints received into Berkshire Healthcare for 2017-18 and year to date 2018-19 by service. Details of complaints received are in appendix 1. There continues to be an increase in the number of complaints received overall.

Table 1 – Formal complaints received

Service	Q2	Q1	% of Total	% Comparison to Q1	Q4	Q3	Q2	Q1	Total	% of Total
CMHT/Care Pathways	11	16	21.95	↓	10	12	11	11	44	22.08
CAMHS - Child and Adolescent Mental Health Services	6	5	8.94	↑	4	6	9	7	26	14.29
Crisis Resolution & Home Treatment Team (CRHTT)	5	2	5.69	↑	6	4	6	4	20	9.09
Acute Inpatient Admissions – Prospect Park Hospital	12	9	17.07	↑	6	4	9	4	23	11.04
Community Nursing	1	1	1.63	no change	3	1	4	4	12	5.84
Community Hospital Inpatient	7	6	10.57	↑	6	1	1	3	11	3.25
Common Point of Entry	3	3	4.88	no change	2	1	-	2	5	1.95
Out of Hours GP Services	5	4	7.32	↑	2	3	2	2	9	4.55
PICU - Psychiatric Intensive Care Unit	0	0	0.00	no change	-	-	-	-	0	-
Minor Injuries Unit (MIU)	1	1	1.63	no change	2	1	2	-	5	1.95
Older Adults Community Mental Health Team	1	1	1.63	no change	3	1	1	0	5	2.39
8 other services in Q2– no trends identified (2 for Sexual Health)	11	12	18.70	↓	11	19	14	5	49	23.44
Grand Total	63	60	100.00		55	53	59	42	209	

The locality structure has previously been used as the main mechanism for reporting complaint information, however as this may differ from the geographical locality of where the service is based, complaints will now be reported by service locality. This will enable trends and themes to be more easily specified. The following tables show a breakdown of the formal complaints that have been received during quarter two and where the service is based.

There has been one formal complaint which was not allocated to a clinical locality; this is about the use of Trust email by a member of staff for personal use.

Learning Disabilities; there have been no complaints received during quarter two for either inpatient or community based services for people with a Learning Disability.

A deep dive was commissioned to look into the views around the discharge from the Champion Unit; to identify the factors contributing to delayed discharges and those which create successful ones. It also looked to uncover what can be done to prevent delayed discharges and improve the experience for patients and their carers. This project was completed in quarter two, and the findings are being presented to the Quality Executive Group in quarter three.

Table 2 – Mental Health Service complaints: 42 of a total 63 complaints (67%)

Service	Locality of service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Adult Acute Admissions		12					12
CMHT/Care Pathways		2	1	2	3	3	11
CAMHS	2	2		1	1		6
Crisis Resolution & Home Treatment Team (CRHTT)	1	4					5
Common Point of Entry		1	1			1	3
Talking Therapies			1	1		1	3
Older Peoples Mental Health (Ward Based)		1					1
CMHTOA/COAMHS - Older Adults Community Mental Health Team						1	1
Grand Total	3	22	3	4	4	6	42

Table 3 - CMHT complaints: 11 of a total 63 complaints (17%)

Main subject of complaint	Locality of service					Grand Total
	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Attitude of Staff					1	1
Care and Treatment			2	2	1	5
Communication	2				1	3
Confidentiality		1				1
Financial Issues/Policy				1		1
Grand Total	2	1	2	3	3	11

Table 3 shows the main subject for formal complaints about the CMHT. 5 complaints/ 45.45% of complaints were about care and treatment (a reduction from 56.25%). The services based in Windsor, Ascot and Maidenhead and Wokingham received the highest number of complaints overall. Complaints linked with attitude of staff, communication and confidentiality are potentially avoidable. Complaints with these as the main subject areas accounted for 5 complaints / 45.45% of the total complaints received for CMHTs.

Reading CMHT Deep Dive

Reading CMHT has received 33% of all CMHT complaints in the year 2017/2018 and therefore a comprehensive review of this CMHT was commissioned. The number of complaints has continued during 2017/18.

A qualitative approach was taken comprising:

- Data analysis
- Phone interviews with patients and stakeholders
- A one-page survey to identify key complain themes among patients who had made an official complaint in the last three years
- Face-to-face interviews with staff

Key Findings:

- Reading has an equal gender split which differs from other localities (apart from Slough) which feature a female bias.

- Reading and Slough are the more diverse localities, but Slough has a far greater Asian element
- Reading has the highest volume of 0-6 months caseloads and the second highest over 36-month caseloads. Short-term clients have diminished in Reading since the team specialising in short-term cases was closed.
- Reading has high numbers of clients in placements, including psychotic placements from out of area. It also has two bail hostels and a fixed drugs cohort
- Schizophrenia is the no. 1 diagnosis in Reading at 31% of all diagnosis. In all other localities it is Mood [affective] disorders.
- Mental and behavioural disorders due to psychoactive substance use became more prominent in Reading, WAM and Slough in 2016. It is now 15% of all diagnosis in Reading.
- Across the trust 80% of complaints are low/minor in severity. In Reading it is comparable, at 81%. 20% of complaints are moderate/high and again, Reading is the same. Slough has a higher proportion of moderate/high complaints (40%) and WAM is even higher, at 50%.

Key themes:

Service access and care planning were key themes identified:

- Receiving the treatment I want, for as long as I need it
- A fragmented service
- I was discharged before I was ready
- I never received the specialist service I need
- Being empathetic whilst fire fighting
- Contact with care co-ordinators

An action plan is underway which is being monitored by the CMHT Service Manager. This is attached as Appendix 3.

Table 4 – Mental health inpatient wards: 13 of a total 63 complaints (21%)

Main subject of complaint	Ward						Grand Total
	Bluebell Ward	Daisy Ward	Orchid Ward	Prospect Park Hospital*	Rose Ward	Snowdrop Ward	
Alleged abuse, bullying, physical, sexual, verbal					1		1
Attitude of Staff		1				2	3
Care and Treatment	1	2	1	2			6
Patients Property and Valuables					1		1
Support needs	2						2
Grand Total	3	3	1	2	2	2	13

* One of these complaints was about various aspects of an admission and the other was reclassified as a Serious Incident.

There were no complaints received about Sorrel Unit (PICU) or Psychological Medicines Service based out of Wexham Park Hospital in Slough and the Royal Berkshire Hospital in Reading.

Table 5 – Crisis Resolution/Home Treatment Team (CRHTT): 6 of a total 63 complaints (9.6%)

Main subject of complaint	Locality of service		Grand Total
	Bracknell	Reading	
Access to Services		1	1
Attitude of Staff	1		1
Care and Treatment		4	4
Grand Total	1	5	6

Table 6 - Older Adults Community Mental Health Team complaints: 1 of a total 63 complaints (1.6%)

Main subject of complaint	Locality of service	
	Wokingham	Grand Total
Communication	1	1
Grand Total	1	1

Table 7 – Community Health Service Complaints: 20 of a total 63 complaints (32%)

Service	Locality of service					Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	
Community Hospital Inpatient		4		3		7
Out of Hours GP Services (Westcall)		5				5
Sexual Health			2			2
Physiotherapy - Rehabilitation			1			1
District Nursing	1					1
School Nursing					1	1
Community Dental Services					1	1
District Nursing Out of Hours Service					1	1
Minor Injuries Unit				1		1
Grand Total	1	9	3	4	3	20

For the second quarter, Community Inpatient wards received the highest number of formal complaints across community services, followed by the GP Out of Hours Service, WestCall.

Table 8 – Community Health Inpatient ward Complaints: 7 of a total 63 complaints (11%)

Main subject of complaint	Ward				Grand Total
	Highclere Ward	Oakwood Unit	Donnington Ward	Windsor Ward	
Care and Treatment	1	2	1	1	5
Communication			1		1
Medication		1			1
Grand Total	1	3	2	1	7

Care and treatment continues as the main subject for complaints received about community inpatient wards, accounting for 5 of the 7 complaints received.

Table 9 – GP Out of Hours Service, WestCall Complaints: 5 of a total 63 complaints (7.9%)

Main Subject of complaint	Locality of service	
	Reading	Grand Total
Care and Treatment	3	3
Communication	1	1
Medication	1	1
Grand Total	5	5

Table 10 – Community Nursing Service Complaints: 2 of a total 63 complaints (3%)

Service/Main subject of complaint	Locality of service		Grand Total
	Bracknell	Windsor, Ascot and Maidenhead	
District Nursing Out of Hours Service		1	1
Care and Treatment		1	1
District Nursing	1		1
Attitude of Staff	1		1
Grand Total	1	1	2

As part of our carer's strategy a project has been established, as part of 'Our local community nursing project' in East Berkshire to understand the experience of patients and carers and develop their involvement in service changes. The first outcome is to provide education and information sessions to the appropriate population. Outcomes will be shared across West Berkshire.

Table 11 – Children, Young People and Family Service Complaints: 7 of a total 63 complaints (11%)

Service	Locality of service				Grand Total
	Bracknell	Reading	West Berks	Windsor, Ascot and Maidenhead	
CAMHS - Child and Adolescent Mental Health Services	2	2	1	1	6
School Nursing				1	1
Grand Total	2	2	1	2	7

Table 12 – CAMHS Complaints: 6 of a total 63 complaints (9.52%)

Service	Locality of service				Grand Total
	Bracknell	Reading	West Berks	Windsor, Ascot and Maidenhead	
Attitude of Staff				1	1
Care and Treatment	1	1			2
Communication	1				1
Medical Records		1			1
Waiting Times for Treatment			1		1
Grand Total	2	2	1	1	6

Each trust reports their complaint information nationally including, the number of new formal complaints that have been received by profession, category, age and outcome. The information is published a quarter behind. The table below shows the number of formal complaints that were reported for mental health services, nationally and for local Trusts providing mental health services in the South England region (the same Trusts that we benchmark against in the Annual CMHT Patient Survey).

Table 13 – Mental Health complaints reported in the national KO41A return

	2017-18				2018-19
	Q1	Q2	Q3	Q4	Q1
Mental Health complaints - nationally reported	3,461	3,790	3,451	3,653	3,598
2Gether NHS Foundation Trust	14	19	15	15	17
Avon and Wiltshire Mental Health Partnership NHS Trust	81	75	63	67	78
Berkshire Healthcare NHS Foundation Trust	40	58	56	59	49
Dorset Healthcare University NHS Foundation Trust	82	84	74	79	91
Kent and Medway NHS and Social Care Partnership Trust	78	72	88	86	87
Oxford Health NHS Foundation Trust	62	56	49	70	50
Southern Health NHS Foundation Trust	73	114	79	96	91
Surrey and Borders Partnership NHS Foundation Trust	14	28	21	26	26
Sussex Partnership NHS Foundation Trust	188	166	169	221	209

This shows a fluctuation in the number of complaints across mental health services both nationally and locally over time, with the Trust not identifying as an outlier for either the number of complaints, or complaint activity. When looking at the numbers you need to consider the size of population being served.

2. Complaints closed – activity

As part of the process of closing a formal complaint, a decision is made around whether the complaint is found to have been upheld, or well-founded (referred to as an outcome). Table 14 shows the outcome of complaints.

Table 14 – Outcome of closed formal complaints

Outcome	2018-19				2017-18					
	Q2	Q1	% of Total	Comparison to Q2	Q4	Q3	Q2	Q1	Total	% 17/18
Case not pursued by complainant	0	0	0	no change	1	1	1	1	4	1.95
Consent not granted	2	2	3.51	no change	4	0	1	0	5	2.44
Local Resolution	5	0	4.39	↑	2	6	3	3	14	6.83
Managed through SI process	2	0	1.75	↑	4	Reported from Q4			4	1.95
Referred to other organisation	0	0	0	no change	1	0	1	0	2	0.98
No further action	0	1	0.88	↓	1	2	0	0	3	1.46
Not Upheld	11	13	21.05	↓	7	7	20	6	40	19.51
Partially Upheld	26	25	44.74	↑	28	22	19	18	87	42.44
Upheld	15	12	23.68	↑	10	10	18	8	46	22.44
Grand Total	61	53	100		58	48	63	36	205	

Table 15 shows the response rate within a negotiated timescale, as a percentage total. The sustained 100% response rate achieved since 2016-17 demonstrates the commitment of the complaints office, Clinical Directors and clinical staff to work alongside complainants. There are weekly open complaints situation reports (SITREP) sent to Clinical Directors, as well as on-going communication with the complaints office throughout the span of open complaints to keep them on track as much as possible.

Table 15 – Response rate within timescale negotiated with complainant

2018-19		2017-18				2016-17			
Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

The investigating managers continue to make contact with complainants directly to renegotiate timescales for complaints where there has been a delay and these are recorded on the online complaints monitoring system (called DATIX).

3. Complaints as a mechanism for change – learning

Below are examples of learning from complaints found to be partially upheld or upheld during quarter two.

What we were told: A patient was waiting for a psychotherapy appointment as their allocated Social Worker had been off sick and was advised that no one else could deal with their care. The patient was not happy to speak with the staff member on duty for the team.

What we have done: There was a query about whether or not psychotherapy was the correct clinical treatment for this patient, so a community mental health nurse met with them to understand their current needs. There was no named contact for patient whilst their care coordinator was off sick resulting in a two week gap in care.

Cases will be reviewed on an individual basis to assess if they should be reallocated during short term absence.

What we were told: The parents of a young child were unhappy with the waiting time to be seen in the Community Dental Service and the number of teeth that were advised to be removed.

What we have done: There was a delay in the patient being seen due to a high number of referrals to the service. The service apologised for the delay. However, the patient needed to have the recommended number of teeth removed and this aspect of the complaint was not upheld.

What we were told: A member of the public was unhappy that their previous partner was using their trust email to send private documentation relating to family court proceedings.

What we have done: The staff member did not breach Trust policy by using their work email for personal reasons. However, we are adding a line into our policy to advise staff that if they use their work account for personal reasons, they must not give third party information.

What we were told: The family of a patient felt that a Doctor acted in an unprofessional towards the patient during their contact with the GP Out of Hours Service.

What we have done: The Doctor has apologised that they came across as laughing at the patient; explaining that they were trying to cheer the patient up. The clinical care was appropriate and the Doctor has reflected on how they managed this consultation.

4. Patient ethnicity

One of the ways that the Trust can monitor the quality its services is by seeking assurance through the complaints process, that people are not treated negatively as a result of their ethnicity or other characteristic. In the past, there have been various different ways of collecting feedback from people who have made complaints (who is not necessarily the patient), asking for their demographic information (e.g. complainant surveys). The Complaints Team are continuing to explore how to collect this information.

Table 16 shows the ethnicity of patients who have had complaints raised about their care that were closed between 1 April 2018 and 30 September 2018. As part of the investigating officers (IO) report, the ethnicity of the patient whose care has been complained about is recorded. This demonstrates that just over 48% of patient ethnicities remain not stated in the IO reports. This information will be shared with the Clinical Directors to service level to further encourage this to be captured.

Table 16 – Ethnicity of patients; April to September 2018

Ethnicity as reported by IO	Number of patients	%
Not stated	55	48.25%
White - British	52	45.61%
Other Asian	3	2.63%
Indian	1	0.88%
Mixed white and black African	1	0.88%
Other Black	1	0.88%
Other ethnic category	1	0.88%
Grand Total	114	100.00%

Table 17 – Ethnicity of patients; April to September 2018; by service

Service	Ethnicity							Grand Total
	Indian	Mixed white and black African	Not stated	Other Asian	Other Black	Other ethnic category	White - British	
CMHT/Care Pathways	1	1	6	1	1		19	28
Adult Acute Admissions			8	1		1	5	15
Out of Hours GP Services			12				1	13
CAMHS			5				4	9

Community Hospital Inpatient			4	1			4	9
Crisis Resolution & Home Treatment Team (CRHTT)			3				2	5
CMHTOA/COAMHS - Older Adults Community Mental Health Team			2				2	4
Common Point of Entry			1				3	4
District Nursing			2				2	4
Minor Injuries Unit			1				2	3
Corporate/Policy			2					2
Older Peoples Mental Health (Ward Based)			1				1	2
Psychological Medicine Service			1				1	2
Sexual Health			2					2
Talking Therapies			1				1	2
Community Dental Services				1				1
Continence							1	1
District Nursing Out of Hours Service			1					1
Estates			1					1
Health Visiting							1	1
Medicines Management			1					1
Multiple Sclerosis							1	1
Occupational therapy							1	1
Parkinson's - Specialist Nursing			1					1
School Nursing							1	1
Grand Total	1	1	55	3	1	1	52	114

The recorded ethnicity and service of the complaints closed during quarters one and two are in table 17.

The Head of Service and Engagement and Experience will be working with the new Equality and Diversity Manager (starting in post in quarter three) on how to improve the collection and effective use of demographic information collected across the Patient Experience Team (PALS, Complaints and PPI).

5. Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman (PHSO) are independent of the NHS and facilitate the second stage of the complaints process. The table below shows the Trust activity with the PHSO since April 2017.

Table 18 – PHSO activity

Month open	Service	Month closed	Current Stage
Nov-17	CMHT/Care Pathways	n/a	PHSO requesting information to assist with decision on whether to investigate or not
Mar-18	Older Adults Community Mental Health Team	n/a	Joint investigation Underway with PHSO/LGO
Mar-18	Admin teams & office based staff	n/a	Enquiry at this stage
Jun-18	District Nursing	n/a	Not a BHFT complaint - Joint investigation with PHSO/LGO; LGO are requesting a telephone interview with our staff.
Jul-18	CPE	n/a	PHSO requesting information to assist with decision on whether to investigate or not
Aug-18	Out of Hours GP Service	n/a	PHSO requesting information to assist with decision on whether to investigate or not
Sep-18	Psychological Medicines Service	n/a	Investigation Underway

6. Multi-agency working

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

Table 19 – Formal complaints led by other organisations

Lead organisation	Service area of complaint
Acute Trust	About information contained within a report from CPE
Acute Trust	Parents were not happy that clinicians did not recognise that their child wasn't putting on weight
SCAS/111	Waiting time for a visit from the Out of Hours GP Services
	Patient did not get a call back from WestCall following a call with 111
South, Central & West Commissioning Support Unit	Patient not happy about a change in the waiting time for Occupational Therapy
Acute Trust	Concern about catheter care from the District Nursing Service

7. MP enquiries, locally resolved complaints and PALS

In addition to raising formal complaints on behalf of their constituents, Members of Parliament (MPs) can also raise service and case specific queries with the Trust.

Table 20 – Enquiries from MP Offices

Service	Number of enquiries
Acute Inpatient Admissions – Prospect Park Hospital	1
CAMHS	2
Grand Total	3

There were 3 MP enquiries raised in quarter two compared with 9 in quarter one.

The complaints office discuss the options for complaint management when people contact the service, to give them the opportunity to make an informed decision as to whether they are looking to make a formal complaint or would prefer to work with the service to resolve the complaint informally. Some concerns are received and managed by the services directly and the complaints office is not involved. These are called local resolutions and services log these so that we can see how services are doing at a local level. Resolving complaints locally means that often concerns are addressed more quickly

Table 21 – Concerns managed by services

Service	Number of concerns managed directly by services
Physiotherapy Musculoskeletal	8
Health Visiting	3
Podiatry	3
CAMHS	2
District Nursing	2
Out of Hours GP Services	2
Children's Community Nursing/ Specialist School Nursing	1
CMHT/Care Pathways	1
Community Matron	1

District Nursing Evening	1
Integrated Pain and Spinal Service	1
Intermediate Care	1
Looked After Children	1
Minor Injuries Unit	1
Mobility Service	1
Transport	1
Grand Total	30

Table 22 – Informal complaints received

An informal complaint is managed locally by the service through discussion (written or verbal) and when discussing the complaints process, this option is explained to help the complainant to make an informed choice.

Service	Number of Informal Complaints
Acute Inpatient Admissions – Prospect Park Hospital	1
CMHT/Care Pathways	1
Community Hospital Inpatient	1
Corporate/Policy	1
Grand Total	4

NHS Choices; There were 28 postings during quarter two

The Garden Clinic, sexual health service in East Berkshire, had 5 postings. All highlighted issues with contacting the service and waiting times. The service has been piloting an appointment slot system following check in. If the service feels that the waiting time is going to be long for walk in patients the service offers patients the opportunity to make an appointment and return later in the day. Patients are also welcome to stay and wait. The service show patients an estimated waiting time in reception.

The service is purchasing a new telephone management system using an 0300 number which should cut down on the negative feedback about access via telephone going forward and investing in call recording software.

PALS Activity; There were 501 PALS contacts during quarter two, in addition there were 102 contacts that were about non-Trust services. The main reasons for contacting PALS were:

- Communication; Verbal and written to patients and between organisations
- Information requests; general, finding a local service and requesting clinical information
- Choice and flexibility of access to services
- Concerns about clinical care received

Themes around choice and flexibility of access to services were:

- Flexibility of access to the service; patients wanting convenient dates and times and the opportunity to self-refer
- Inability to make an appointment; unable to contact the service or confusion over a care pathway
- Patients requesting flexibility with regard to eligibility criteria
- Choice of location for treatment

- Consistency of service when moving into the county
- Availability of appointments, including via Skype
- Confusion around opening and closing times

Themes around concerns about clinical care received were:

- Concerns about prescribed medication
- Delay or failure to visit
- Failure/ delay in specialist referral
- Failure/ incorrect diagnosis
- Failure to examine or cursory examination

8. The Friends and Family Test

The NHS Friends and Family Test (FFT) give an opportunity for patients and their carers to share their views in a consistent way across the Health Service. Berkshire Healthcare has aligned its Strategic Objectives to support a 15% response rate for the FFT in both physical and mental health services as this is when the indicator becomes valid.

The monthly FFT results, for each service and reporting locality, are shared on our intranet. The comments are also available online and the patient experience team are currently exploring how to share these more visually. A summary of the comments from the FFT is sent to the Clinical Directors on a monthly basis and this is discussed in the locality Patient Safety and Quality Meetings.

An on-going project to widen the use of SMS (text messaging) has previously been suspended due to other priorities within the Clinical Transformation Team. MSK Physiotherapy and Reading CMHT will be the first community based services to implement SMS for the FFT in October, followed by wider implementation across the Trust. Initial work is underway to introduce this to our Sexual Health Services (who do not use RiO) and CPE.

Table 23 - Number of Friends and Family Test responses

		Number of responses	Response Rate
2018/19	Q2	5443	14.82%
	Q1	6625	11.64%
2017/18	Q4	5463	11.24%
	Q3	4105	6.81%
	Q2	4987	9.63%
	Q1	4238	7.04%
2016/17	Q4	3696	5.10%
	Q3	4024	5.10%
	Q2	5357	2.20%
	Q1	6697	2.70%
2015/16	Q4	4793	2.10%
	Q3	5844	4.20%
	Q2	6130	4.50%
	Q1	7441	6.60%

For the first time during quarter two, the Trust response rate exceeded the target response rate of 15% for both community and mental health services. In September the Trust achieved a combined response rate of 17.23%, with community health services achieving

17.4% and mental health services achieving 16.3%. So in September 95% of patients would recommend our services for care and treatment.

Based on the number of discharges from our services, there were 38241 patients eligible to complete the FFT during quarter two, and we received 5668 returns, giving our highest response rate to date.

Table 24 - FFT results for Inpatient Wards showing percentage that would recommend to Friends and Family

Ward	Ward type	2018/19		2017/18			
		Q2	Q1	Q4%	Q3%	Q2%	Q1 %
Oakwood Ward	Community Inpatient Ward	100	95.83	100	72.97	93.75	100
Highclere Ward		97.37	93.98	94.64	96.7	100	100
Donnington Ward		89.80	97.78	97.59	42.86	98.86	93.5
Henry Tudor Ward		96.67	88.00	95.24	94.44	100	100
Windsor Ward		93.75	100.00	100	100	100	100
Ascot Ward		94.92	97.50	97.83	100	100	100
Jubilee Ward		50	-	-	-	100	40
Bluebell Ward	Mental Health Inpatient Ward	50	100.00	33.33	-	66.67	50
Daisy Ward		70.73	70.59	100	85.71	76.19	60
Snowdrop Ward		50	100.00	-	-	100	-
Orchid Ward		0	100.00	33.33	100	50	100
Rose Ward		-	-	-	-	-	100
Rowan Ward							

- = no responses received

Each month health services (both NHS and independent providing NHS services) submit a report to the Department of Health on their FFT results and activity. As each organisation differs in the services that they provide, and the guidance for calculating the response rate differs substantially. The table below shows the most up to date comparison information available from NHS England, which is July 2018.

Table 26 - Community Health services FFT data; July 2018

Trust Name	Jul-18		May-18		Feb-18		Nov-17		Aug-17	
	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR
Berkshire Healthcare	11%	98%	14%	97%	9%	97%	6%	99%	9%	98%
Solent NHS Trust	4%	97%	5%	96%	5%	96%	4%	97%	4%	96%
Southern Health NHS FT	5%	98%	9%	97%	12%	94%	7%	97%	5%	98%
Oxford Health NHS FT	3%	96%	4%	97%	5%	97%	4%	97%	3%	97%

%RR – Recommendation rate

The national results for July 2018 for community health services were a response rate of 4% and recommendation rate of 96%. Berkshire Healthcare has a significantly higher response rate compared to both the national result and other local Trusts.

Table 27 - Mental Health services FFT data; July 2018

Trust Name	Jul-18		May-18		Feb-18		Nov-17		Aug-17	
	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR
Berkshire Healthcare	5%	87%	8%	92%	8%	88%	6%	87%	4%	88%
Solent NHS Trust	9%	87%	8%	83%	8%	93%	12%	93%	11%	93%
Southern Health NHS FT	3%	92%	4%	89%	2%	91%	3%	89%	3%	86%
Avon and Wiltshire MH Partnership	13%	91%	15%	90%	14%	89%	13%	88%	11%	86%
Oxford Health NHS FT	9%	91%	10%	90%	10%	91%	9%	92%	9%	92%

%RR – Recommendation rate

The national results for July 2018 for mental health services were a response rate of 3% and recommendation rate of 89%.

9. Our internal patient survey

The Trust received 2268 responses to the internal patient survey during quarter two, a decrease from 3438 the previous quarter.

Podiatry and IPASS have collected far fewer responses than they have previously as they have switched from using their device which collects both internal patient surveys and FFT, to using FFT cards only. The Sexual Health Service experienced some technical issues with their kiosk in the last quarter; however since being fixed there is a marked increase in their responses. There has been an increased response rate for our inpatient wards this month in both community and mental health wards; with the first responses received from Daisy ward, Orchid Ward and the Oakwood Unit for some time.

25 services have now received a new or additional device and this should hopefully make a significant difference over the following months. The Patient Experience Team continues to support and work with services to improve and act upon their results.

- 88.5% reported the service they received as good or excellent
- 14 services were rated 100%
- 16 services were rated 85% or above

10. Patient Leaders, Always Events and Patient Participation and Involvement Champions

The Head of Service Engagement and Experience has worked more closely with the delivery of the most recent Patient Leader course at the Royal Berkshire Hospital. We have continued to struggle with the recruitment of Patient Leaders, and have aligned the recruitment with our Trust Volunteer Services. As part of integrated involvement with the Royal Berkshire Hospital, the Head of Service Engagement and Experience will share opportunities for Patient Leaders at the Royal Berkshire Hospital to be involved with projects within Berkshire Healthcare. The next cohort of training for Patient Leaders is taking place in quarter three.

An existing Patient Leader continues to support a project led by the PPI Lead called Always Events. This is an NHS England programme which focuses on Evidence Based Co-Design (EBCD) and co-creation with patients and staff. WestCall (GP Out of ours services) is the first service to take part in an Always Event and visits to the Reading Primary Care Centre to collect feedback from both staff and patients have been arranged for October and

November. These will take place in the evening and early hours of the morning. The feedback will shape the 'vision statement' for the project and set the priorities for the project.

Our Patient Participation and Involvement (PPI) Champions within the Children, Young People and Families locality continue to meet both face and face and virtually, highlighting and sharing the local improvements and engagement activities they are undertaking. 'Beg, borrow or steal' is a standing part the agenda during which services share a project or activity, or a wicked problem they would like support with.

The introduction of PPI Champion roles at Prospect Park Hospital is part of wider service user strategy, and the Patient Experience Facilitator is a member of the group leading this. Community Mental Health Services in the West have a started the initial scope with services and the Head of Service Engagement and Experience is introducing the PPI Champions role to the Adult Community Health Services in November.

Appendix Two contains the 15 Steps report for quarter two. There were 2 visits during this period; both to mental health inpatient wards.

11. Compliments

There were 1878 compliments reported during quarter two. This is the highest number of compliments received for over 18 months. The services with the highest number of compliments are in the table below. Talking therapies compliments exceed all other services.

Table 28 – Compliments

Service	Compliments
Talking Therapies	1326
ASSIST	114
Community Hospital Inpatient	57
Cardiac Rehab	42
Community Based Neuro Rehab	36
District Nursing	35
Diabetes	26
Care Home In-reach Team	26
Adult Acute Admissions	25
Community Respiratory Service	23

Table 29 - Compliments, comparison by quarter

	2018/19		2017/18				17/18	16/17
	Q2	Q1	Q4	Q3	Q2	Q1		
Total Compliments	1878	1008	968	1163	1165	1488	4784	5950

Formal Complaints received during quarter two 2018/19

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	Adult Acute Admissions	Low	Father still unhappy and feels there are still areas to address following his response dated 29th August. Areas include, the lack of investigation regarding sexual harassment, the comment of the ward needing respite from his daughter, being advised the patient could have a bed on Bluebell Ward but this not happening.	Local Resolution	
Reading	Adult Acute Admissions	Low	Patient unhappy with the minutiae of the response letter centred around note taking of the Dr, patient wishes a response to the indicated questions ORIGINAL COMPLAINT: patient feels the Doctor on the ward lied about what the patient said and wishes this placed on formal record	Partially Upheld	Dr may have paraphrased statement which appears to give it a different meaning from what was intended, but find in no way that it can be seen as a lie.
Reading	Adult Acute Admissions	Low	Patient requested dental services as having problems eating and also requested GP services and says she has been refused. complaint sent in by CQC	Partially Upheld	We have apologised that patient found staff to be rude and obnoxious. The issue with dental appointment is not upheld as patient was not denied access. Her appointment was rearranged as it clashed with another patient.
Reading	Adult Acute Admissions	Minor	Complainant felt our previous response was inadequate. He said it did not accept poor practice, didn't offer apologies to the patient or family members. He felt it was contradictory and inaccurate and offered no solutions or remedial action into what had been done badly. Also did not acknowledge prior complaints which complainant says he sent in.	Partially Upheld	Call not made by CRHTT to carer as agreed. Multiple PMS referrals due to presentation and pathway in ED: contact and discharge plan entered against the first and not the one leading to discharge - meaning that information was not shared. As an outcome, direct contact to be made to discharge destination with plan. On-going care and support has been proportionate. The patient and their carer has declined housing options including supported living and the Recovery college.
Reading	Adult Acute Admissions	Low	patient feels the Doctor on the ward lied about what the patient said and wishes this placed on formal record	Partially Upheld	Dr may have paraphrased statement which appears to give it a different meaning from what was intended, but find in no way that it can be seen as a lie.
Reading	Adult Acute Admissions	Minor	Complaint is that patient, who has autism and dyspraxia is not receiving support with personal hygiene. She describes as being very uncomfortable and unclean in this particularly hot weather, causing her to feel a lack of dignity.	Investigation underway	
Reading	Adult Acute Admissions	Minor	Complaint is that patient, who has autism and dyspraxia is not receiving support with personal hygiene. She describes as being very uncomfortable and unclean in this particularly hot weather, causing her to feel a lack of dignity - complaint received from two sources	Investigation underway	
Reading	Adult Acute Admissions	Minor	Patient feels she has been given the wrong drug as she has had it before and is angry that she was forced to have an injection by 4 members of staff	Not Upheld	An explanation was given for the treatment and medication that has been provided to the patient on the ward. A review of this found it to be appropriate. The patient has asked for a second opinion for which a referral is underway.
Reading	Adult Acute Admissions	Minor	Patient says she was thrown from her wheelchair by a member of staff and verbally abused. Patient called the police but no action was taken in regards to charges. Patient feels the ward manager and head of PPH did not take this seriously and wishes an explanation into what happened along with an apology.	Investigation underway	
Reading	Adult Acute Admissions	Minor	Family wish to raise a general complaint about PPH covering 4 areas 1. Attitude of staff on the ward and PPH generally 2. Lack of communication to carers and between professionals 3. Care treatment regarding assessments 4. information gathered for the patients Tribunal - MH Act Family wish a copy of the patients medical records, a LRM meeting and assurance or general changes at PPH	Investigation underway	
Reading	Adult Acute Admissions	Minor	Patient admitted from Wexham Park and on the Rose ward for one day. Personal effects taken for safe keeping including insulin and 2 Accu-Chek Link assist insertion devices. Neither the insulin or the devices were returned and neither can be found on the ward. Mother wishes feels an investigation is required not just reimbursement.	Local Resolution	
Reading	Adult Acute Admissions	Minor	Patient under section feels there is a communication issue with staff and he is being threatened to have injections. Feels his diagnosis is old and his symptoms are misinterpreted. Patient believes his ribs were broken by staff when restrained.	Investigation underway	
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Moderate	8 yr old patient had Autism assessment in Dec 2017, Family kept chasing for paperwork which appeared to have gone missing. Final paperwork received 10th July. Family want to know why it took so long and where to alleged posted documents went.	Investigation underway	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Windsor, Ascot and Maidenhead	CAMHS - Child and Adolescent Mental Health Services	Moderate	Complaints from a mother about the conduct of a doctor and her two children: the first is in regards to her first child who had previous involvement with CAMHS and took his life as an adult. The second is about access to services and referrals to child protection.	Investigation underway	
West Berks	CAMHS - Child and Adolescent Mental Health Services	Moderate	Complaint about the delay in receiving treatment under the ADHD and A&D teams. Also about how assessment appointments are carried out and a lack of response from the service when contacting them; there was no acknowledgement from the service to a letter sent and the family is concerned about where this has gone.	Investigation underway	
Reading	CAMHS - Child and Adolescent Mental Health Services	Low	Very broad complaint covering communication and alleged level of support to the patient and family	Not Upheld	Complaint is primarily regarding lack of therapy sessions and staff changes. The investigation has shown that over seven years, patient has had 115 appointments, which is a significant offer. We have apologised for staff changes but these are inevitable over seven years
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Moderate	Following an overdose a 16 yr old patient the mother wishes to highlight the lack of support her daughter had had from CAMHS, leading up to the attempts, during and afterwards. When assessed the person said they could not offer advice as only assessing. GP has request medication review but they are still waiting, mother this was a contributory factor into the overdose	Investigation underway	
Reading	CAMHS - Child and Adolescent Mental Health Services	Low	Complaint about the refusal to remove information relating to an alleged allegation against another child from a CAMHS report.	Investigation underway	
Slough	CMHT/Care Pathways	Minor	Dr interruptpatiented the interpreter in front of everyone to ask if she personally was still under CMHT? patient/interpreter feels this was a breach of confidentiality which has left her being unable to work through her agency for BHFT anymore. patient wishes to know how this was able to happen and she wishes an apology for the impact it has had on her, she therefore wishes the ban to be lifted.	Upheld	Confidentiality was breached. Investigation underway outside the complaints process.
West Berks	CMHT/Care Pathways	Low	1&2 patient wishes clarity on CPN name with clarity of care plan 3. A personal written apology from staff member 4. A Dr led medication review 5. When will the psychotherapy commence 6. patient wishes regular contact and home visits to support her until completion of psychotherapy	Upheld	Upheld as there was no named contact for patient whilst care coordinator was off sick and there was a 12 day gap in care. Patient had to make many calls as she felt unsupported and did not gain reassuring answers to the questions she asked. After a period of time she was visited by RMN.
Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Minor	Patient seen through CRHTT says they were promised a specific psychiatrist in CMHT, talking therapies and a social worker. patient is insisting to deal with only one staff member who is not in CMHT	Investigation underway	
Reading	CMHT/Care Pathways	Minor	CRHTT patient referred to CMHT via CRHTT. patient called to chase when she would be seen by psychiatrist as employee needs info first told she was registered to CMHT then told she needed to speak to CRHTT as referral had been done incorrectly. CRHTT said not them call CPE (offered no number etc) CPE said CMHT as already on the system. CMHT said Duty team lead would call but never has. patient wishes Call handler from CRHTT to go on retraining. Patient feels there is a loophole in the system and CMHT assured her it would be looked into it	Upheld	Referral was not acted upon and appointment was not offered as it should have been. On listening to calls, it is apparent that staf did not handle call correctly. Actions: 1)Service Manager meeting with Consultant Psychiatrist and the Medical Secretary to ensure that a robust system of allocating referrals is in place to ensure that all people referred in are seen within an acceptable timeframe. 2)CMHT staff to have additional training around the Duty system, to raise awareness of areas of responsibility and to reduce the risk of people being passed between services. 3)Business support staff to have training around the transfer of calls between services, ensuring that necessary information is provided before handing over. 4)That staff use reflective practice to understand the impact of their actions and responses on people accessing the service. 5)Staff to undertake necessary training to improve customer service.
Wokingham	CMHT/Care Pathways	Minor	Adult patient pushed to be tested for ADHD from CMHT following a university assessment. Test confirmed ADHD so patient feels her EUPD or Bipolar diagnosis and medication have created problems for her over the years. patient feels the meds taken in the past have caused her left hand tremors.	Investigation underway	
Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	Mother concerned about the level of support her son is getting from his key worker	Investigation underway	
Reading	CMHT/Care Pathways	Moderate	Locum Psychiatrist wrote to DVLA advising patient should not be driving. Solicitor wishes to see the evidence to support this letter or wishes the psychiatrist to revoke the original letter	Upheld	Dr sent unsubstantiated information to DVLA. This has since been retracted.
West Berks	CMHT/Care Pathways	Low	patient says she has no care plan and has had no case worker since February. She sates she has been in crisis and states she needs help and support from CMHT. She would like an apology and a timescale for when a written care plan will be available	Partially Upheld	Patient did have appropriate care in place but there was some early confusion when she moved from Reading to West Berks. There is an action to complete a care plan.
Wokingham	CMHT/Care Pathways	Low	Mother of patient wishes to know why on the 21st March 2018 CMHT requested a Mental Capacity Act assessment and pursued a line of questioning which CMHT had requested having asked the mother to leave the house	Investigation underway	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Minor	Mother has been told that funding could not be agreed for a further 2 weeks as the panel do not meet till then but the mother says the care is needed now	Partially Upheld	Communication was not as clear as it could have been however the patient's care plan was followed
Wokingham	CMHT/Care Pathways	Low	Patient unhappy with discharge letter from Group therapy and does not understand why the GP referrals to CMHT have been denied. Concerned going forward whether he will be able to obtain MH services.	Investigation underway	
Wokingham	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Low	Family feel left out of the patient's care and feels there is a lack of communication with them. Family also state there is unexplained physical injury to the patient	Investigation underway	
Reading	Common Point of Entry	Minor	Following previous complaint patient wishes us to re-look at 1. Insufficient triage resulting in incorrect prognosis 2. No tangible therapy or regular updates 3. Telephone calls disconnected for no reason 4. Management not returning phone calls 5. Unprofessional service	Investigation underway	
Wokingham	Common Point of Entry	Low	Patient feels his CPE assessment has many inaccuracies that he wishes to be corrected, he feels the report is prejudicing staff. He wants it corrected and to meet with the clinical director to discuss, he also wishes another assessment to be carried out as a second opinion.	Investigation underway	
Slough	Common Point of Entry	Low	Complaint primarily about CPE assessment; waiting time to assessment and agreed actions not followed up such as named Psychiatrist was referred whilst asked for a alternate. Then complaint about onward waiting time for CMHT referral.	Investigation underway	
Windsor, Ascot and Maidenhead	Community Dental Services	Moderate	4 yr patient with severe tooth decay was sent to Community Dental from their Dental surgery due to the age of the child. They are unhappy with time they have had to wait and with the amount of teeth requiring to be removed. Disagreement regarding the advice given about the number of teeth being removed	Partially Upheld	Partially upheld as there was a delay in patient being seen. However, the patient does need to have the recommended number of teeth removed, therefore this aspect not upheld.
Reading	Community Hospital Inpatient	Minor	Son disputes the response sent stating that he finds it implausible He questions why an ambulance was called the following day if everything was fine. He also disputed the response regarding his mothers mobility. ORIGINAL COMPLAINT Son is complaining that when his mother was discharged her leg dressing was infected and had to be soaked off by the district nurse. He says he is going to contact the CQC.	Not Upheld	Not upheld. Leg dressings were not infected and wound care had been appropriate. Patient had been able to mobilise prior to discharge
West Berks	Community Hospital Inpatient	Moderate	DECEASED patient with infection - family feels the treatment received on the 9th June was not prompt enough and there appeared to be delays in administering medication. Family feel the delay in treatment left the patient in a vulnerable state and she died with sepsis.	Serious Untoward Incident Investigation	Moved over to an SI
Reading	Community Hospital Inpatient	Low	Patient discharge letter states he is allergic to penicillin but this is not true. Staff showed a lack of concern for the pain the patient was in and handled his legs roughly. overall General care and treatment received	Investigation underway	
Reading	Community Hospital Inpatient	Moderate	patient discharged from Oakwood with 2 discharge letter and 2 nomad packs, resulting in her being overdosed. No one was there to meet the patient when she was discharged despite the daughter being told they would.	Investigation underway	
West Berks	Community Hospital Inpatient	Moderate	DECEASED patient - Family feel the discharge assessment was completed before the patient had norovirus so missed important requirements of care. Family feel there was a lack of communication between all services and with the family due to one daughter being on holiday.	Partially Upheld	Communication was a failing and this has been identified in learning.
West Berks	Community Hospital Inpatient	Minor	Daughter has complained about many aspects of her mother's care both within BHFT and at RBH and GWH	Investigation underway	
Reading	Community Hospital Inpatient	Minor	Complaints covers JR, RBH and BHFT. Our part relates to care in Wokingham Ward and when patient was transferred to JR, she had serious vascular issues with her legs which resulted in mid-thigh amputation. Also, she had DNR that wasn't passed on to JR, so she was resuscitated but then had to endure the trauma of having a limb amputated and died two weeks later.	Investigation underway	
Bracknell	Corporate/Policy	Low	Person angry that his estranged wife is using BHFT NHS resources to send private documentation relating to family court proceeding and that it is stored on our server. Person feels his privacy has been breached	Partially Upheld	Staff member did not breach Trust policy by using her work email for personal reasons. However, we are adding a line into our policy to advise staff that if they use their work account for personal reasons, they must not give third party information.
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Minor	Patient feels she received unsatisfactory treatment and believes she is being discriminated against due to diagnosis of BPD and her weight.	Partially Upheld	Partially upheld as no clinical failings but comment made was 'not helpful' and sometimes staff came across as not helpful or courteous. We have apologised for this

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Low	Patient wishes to raise his disagreement with the ineffective medication throughout the last 8 yrs. patient feels he was lied to and was not dealt with properly, he wishes a second opinion and an apology from PPH he also feels he is regularly fobbed off.	Investigation underway	
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Moderate	Family called Crisis for help and say they were refused, that evening the son went missing.	Investigation underway	
Bracknell	Crisis Resolution & Home Treatment Team (CRHTT)	Low	On 5th June staff member repeated called the patient the wrong name despite the patient reminding him of his actual name, the same staff member allegedly laughed at the patient down the phone. On the 12th June again a staff member repeated called the patient the wrong name which he felt was disrespectful. patient feel staff members deliberately antagonise and provoke him. On the 6th Sepatient there were 11 messages on the complaints ansafone regarding the attitude of staff members at CRHTT. patient says he just wishes he could be treated with respect	Investigation underway	
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Minor	Patient wishes to complain about lack of care plan, attitude of some staff and an uncertain diagnosis. Presented to PMS at A&E. Home visits were not met, no discharge letter	Investigation underway	
Bracknell	District Nursing	Minor	Brother unhappy with the attitude of the HCA who visited the patient on the 16/8/18	Upheld	HCA found herself in a difficult situation, which she did not know how to deal with and agrees she may not have asked questions in the best way.
Windsor, Ascot and Maidenhead	District Nursing Out of Hours Service	Moderate	The Son of a patient has complained about the repeated refusal of the district nursing team to remove a catheter. The referral had come from the GP and there was evidence of a UTI the patient reportedly in pain. The Son is also unhappy with the attitude of the staff he spoke with.	Investigation underway	
West Berks	Minor Injuries Unit	Low	Patient broke her finger in October 2017 and feels she was not given appropriate treatment at the beginning of the process. patient wishes a full investigation as feels the MP response she received was not thorough enough	Not Upheld	No clinical failings. Care was appropriate.
Reading	Older Peoples Mental Health (Ward Based)	High	Family extremely concerned for their 94 yr old mother who has broken her arm on the ward. They state they have witnesses 2 incidents of violence in front of their mother. The family are concerned that the patient is deteriorating and thus extremely concerned for her welfare	Serious Untoward Incident Investigation	
Reading	Out of Hours GP Services	Low	Patient called 111 at 4.30 on 25th July with UTI and did not receive a call back from the Duty Dr till 00:30. Mother feels this is unacceptantable as the antibiotics could not be started till the following day.	Investigation underway	
Reading	Out of Hours GP Services	Moderate	Mother feels the doctor was rude and did not seem to know how to do his role. needed to return to Westcall the next day as patient was so unwell. Dr said medication should not have been given. Saw own GP 2 days later to be told patient did not have an ear infections and agreed medication should not have been given	Partially Upheld	Correct diagnosis made and medication prescribed. Dr has apologised for attitude.
Reading	Out of Hours GP Services	Moderate	Joint complaint with the RBH. The patient was seen by 111 and ED and discharged a number of times. GP arranged admission to SAU with a rupatientured appendix and abscesses requiring surgery.	Upheld	Dr did not reach correct diagnosis
Reading	Out of Hours GP Services	Low	Patient's home phone rang multiple times from 10.30pm followed by a Dr turning up at the patient's house at 5.30am to deliver some blood test results that the patient had had through her GP. patient says there was nothing wrong with the results so she wants to know why Westcall felt it necessary to do all this.	Investigation underway	
Reading	Out of Hours GP Services	Minor	Family feel the GP acted in a very unprofessionally towards the patient. Asking leading questions and laughing at the patient	Partially Upheld	Dr has apologised that she came across as laughing at the patient, she explains she was trying to cheer him up. It was reasonable, according to IO, to clinically treat as a UTI.
Slough	Physiotherapy - Rehabilitation	High	Complainant wishes an investigation into why his 83yr old mother was told she could not go to the bathroom before starting her physio apatient and to do it in her pants (incontinence pants)	Investigation underway	
Windsor, Ascot and Maidenhead	School Nursing	Minor	Letter of complaint from mother as she reported factual inaccuracies in child protection conference reports prepared by BHFT School Nurse. Parent had previously contacted to request that elements of reports be changed but advised that the comments were professional judgement and not subject to be changed by parents. However, on this occasion very specific issues identified.	Partially Upheld	We have acknowledged that there were inaccuracies in the report, these have been amended and apologies offered. There was no breach is sister's confidentiality. Other children's information contained in report did not identify them. We have apologised for misunderstanding with medication and explained why the school nurse stood down and apologised if mum saw this as a breakdown in relationship with her.
Slough	Sexual Health	Minor	Patient felt judged by the staff member	Upheld	We have apologised for how the staff member made the patient feel
Slough	Sexual Health	Minor	Patient attending clinic felt that staff dealt with her inappropriately and without sensitivity from the recepatientionist through to the Doctor.	Upheld	We have apologised that patient experienced high levels of distress associated with her clinic visit and that we did not make the visit less stressful for her. This has been fed back to staff and learning will be shared with a view to improving patient experience
Wokingham	Talking Therapies	Minor	Patient's appointment was cancelled without the patient knowing then a lot of mix up about telephone assessment appatient's result in TT calling patients husband to say they are trying to get hold of his wife. patient states we have breached her confidentiality and wishes for this to be investigated.	Investigation underway	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Slough	Talking Therapies	Minor	Member of staff forgot to send through a referral back in January for the Traumatic stress service when corrected the patient was advise she would now have to wait 6/12 months. She feels she should not have to wait this length of time as she would be near the top if the staff member had sent the referral at the appropriate time.	Investigation underway	
West Berks	Talking Therapies	Minor	Patient is very unhappy that the confidential information he shared with TT has been shared with Local Authority. He says he contacted us as he wanted help but we have left him in a worse situation as the social worker has shared letter with 'all and sundry' and now his wife is divorcing him. He is not permitting TT to store any PID and wants all data 'expunged' from our records, with confirmation we have done so. He says we are in breach of GDPR.	Investigation underway	

15 Steps Challenge

Quarter 2 2018/19

The Professional Development Nurses have continued with the programme of visits across the Trust and the feedback from services continues to be positive. Some planned visits were cancelled as they coincided with the arrival of the CQC. The 2 visits which were completed highlighted the dedication of the ward staff for their patients.

Orchid Ward

Ward staff welcomed the team warmly and were accommodating, engaging and keen for the team to visit their ward. Staff were visible on the ward and not in the office. The team observed staff engagement with patients to be attentive, warm and caring, and focused on patients being cared for safely.

Rowan Ward

The team were welcomed to the ward and were impressed with the effort that had been made to make the patients feel at home. Patient amenities such as garden room and cinema appeared to be well used by the patients. Staff were observed engaging with patients using a very natural, warm and caring approach.

Friends and family team discussion:

In both areas visited, the team was confident in the safe care being delivered should a family member or friend be admitted to the care of either ward.

Pam Mohamed-Hossen and Kate Mellor
Professional Development Nurses
October 2018

Action Plan for Reading CMHT Deep Dive

Action Plan Co-ordinator:	Alexandra Luke
Date written	October 2018
Latest update	October 2018

RAG scoring	Green = on track /completed	Amber = making progress not yet complete and some risk of not completing within agreed timescale	Red = will not/ unlikely to achieve within timescale
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No.	Recommendation	Action to be Taken (should be SMART) to Address Recommendation	Lead Person Responsible for Action	Target Date for Completion	Progress Towards Completion, Including Evidence of Action Taken	Date Completed/ RAG rating
1	<p>Communication</p> <p>1a. Consider renaming the service to reflect the service changes.</p> <p>Explain the criteria for funding decisions when specialist services are being requested or considered.</p> <p>Review the Trust's description of CMHT service and contact NHS Choices to review their description</p>	<p>Review Reading CMHT structure & working practices considering different models including Sunderland IRT model & Bracknell Task Team Model.</p> <p>Facilitate an away day to focus on team wellbeing & the way forward as a health only service.</p> <p>Review of the meeting structure within the service to ensure that the service is coherent and working as one service.</p>	Alex Luke & Martin Gill	December 2018	Currently underway	

No.	Recommendation	Action to be Taken (should be SMART) to Address Recommendation	Lead Person Responsible for Action	Target Date for Completion	Progress Towards Completion, Including Evidence of Action Taken	Date Completed/ RAG rating
	<p>1b. Review written communication with a view to better managing expectations and clarify what's expected from patients within the care plan to avoid misunderstandings further down the line.</p> <p>Document care plan discussions more accurately, consistently.</p>	<p>CMHT involved research '<i>Working with community mental health practitioners to develop team working, job satisfaction and personal resilience</i>' includes team development. This will include work around what the team offer and increasing the skills of the team in providing brief interventions.</p> <p>Clinical supervision to include discussions on communication with patients, understanding of care plans and management of expectations.</p> <p>Audit of the quality of care plans to be completed quarterly results to be discussed with individuals in supervision.</p>	Rachel Bellenger, Marnie Robinson, Debbie Riley	March 2019	Currently underway	
2	2d. Evaluate where admin team can help with paperwork transfer to Rio, to reduce care coordinator workloads. Look at the Sunderland Model to identify transferrable ideas that will	To work with performance leads to identify areas of admin that can be transferred across. Monthly Reading/West Berks performance leads meeting scheduled to discuss such	Sam Thorgood	March 2019	Currently underway	

No.	Recommendation	Action to be Taken (should be SMART) to Address Recommendation	Lead Person Responsible for Action	Target Date for Completion	Progress Towards Completion, Including Evidence of Action Taken	Date Completed/ RAG rating
	increase capacity. Consider the introduction of tablets to enable direct data entry and remove duplication of labour.	issues and identify where duplication across localities can be avoided.				
3	3b.Implement FFT benchmarking using either tablets for data collection and/or text messages sent after the initial care coordinator meeting and subsequently after review meetings. Limit text surveys to one question and when answered, offer the remaining questions as optional. This will ensure a larger cohort of responding service users and a more robust dataset	To learn from CRHTT experience of obtaining monthly feedback. Work with patient experience to pilot an easy to use text survey,	Alex Luke & Martin Gill	March 2019	Currently underway	

Trust Board Meeting	13 November 2018
Title	Research and Development Annual Report 2017/18
Purpose	The Report presents a summary of research and related activity for the year 2017/18
Business Area	Corporate (Medical Directorate)
Author	Mr. Stephen Zingwe, Dr Gwen Bonner
Relevant Strategic Objectives	To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
Patient Care Impacts	Clinical research provides patients with opportunities to contribute to the generation of evidence to improve current best practice and identify new and improved treatment options offering better outcomes. As such clinical research augments clinical excellence within Trusts with active portfolios, with those striving to offer participation to all patients securing the most benefit.
Resource Impacts	The research team are predominantly funded by the Thames Valley Clinical Research Network (CRN) supplemented by Research Capability Funding (RCF), a small commercial income and some trust finance. Funding is allocated annually and the majority of the team hold short term contracts as funding is based on research activity from the previous year. CRN funding was slightly increased for 2017/18 and RCF funding has significantly reduced over the past two years.
Regulatory requirements	Health Research Approval (HRA) is the process, implemented in March 2016, for the NHS in England that brings together the assessment of governance and legal compliance, with the independent Research Ethics Committee opinion provided through the UK Research Ethics Service. Local governance procedures are in place to ensure regulatory compliance within Berkshire Healthcare.
Equality & Diversity Implications	Berkshire Healthcare is committed to delivering the objectives of the National Institute for Health Research (NIHR) and regional CRN to continue to increase patient equality in terms of access to clinical trials. The Research and Development (R&D) team's long term vision is to offer research participant opportunities to all Trust patients.

<p>SUMMARY</p>	<ul style="list-style-type: none"> • The R&D team made good progress towards meeting the goals and objectives set for 2017/18 • A total of 1482 research participants were recruited into 45 high quality research studies compared to 1782 research participants in 2016/17, a slight reduction that was predicted due to the closure of a high recruiting childhood anxiety study. • The R&D team have made progress to broaden the range of studies available to different services across the Trust and 11 new Principal Investigators have been identified to support research delivery. • Berkshire Healthcare were ranked 9th out of 49 mental health research active Trusts for number of studies recruiting participants during 2017/18. • Berkshire Healthcare were ranked 14th out of 49 research active mental health Trusts for recruitment numbers into research studies by the NIHR Clinical Research Network (CRN) in 2017/18. • 28 articles were published by our clinicians in peer reviewed journals. • Engagement in Patient and Public Involvement remains core to the R&D delivery team and 6 new patient ambassadors were identified this year.
<p>Action required</p>	<p>The Board is asked to note the contents of the report and progress made during the year.</p>

Research and Development Annual Report 2017/18

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Executive Summary

In the 2017/18 financial year, the Trust participated in 45 National Institute for Health Research (NIHR) Portfolio studies involving 1,432 research participants compared to 45 studies involving 1,764 participants in 2016/17. In addition to NIHR portfolio studies, 50 participants were recruited into 12 non-portfolio studies compared to 18 participants into 17 non-portfolio studies in 2016/17.

The reduction in overall recruitment, following 5 years of growth, can be attributed to the closure of the particularly high recruiting childhood anxiety study mentioned above. Despite the reduction in overall recruitment figures, a greater spread of recruitment across a wider range of services indicates that there is improvement in engagement with research across the clinical services compared to previous years. Berkshire Healthcare were ranked 9th out of 49 mental health research active Trusts for number of studies recruiting participants during 2017/18, and we were ranked 14th out of 49 research active mental health trusts for recruitment numbers into research studies by the NIHR Clinical Research Network (CRN) in 2017/18.

We have continued to broaden our study delivery expanding into diabetes, Health Visiting, Community Cardiac and Respiratory Specialist services. Adult mental health and dementia studies have historically dominated our portfolio of research and this remains the case.

Our main sources of funding are the NIHR CRN, and Research Capability Funding (RCF). While our CRN funding was slightly increased this year, there has been a significant reduction in RCF over the past two years. Commercial income has also reduced in this financial year. Strategies are being developed to maximise funding opportunities, focussing around attracting more commercial research and a future increase in RCF funding is anticipated through the pipeline of sponsored studies. A breakdown of funding is included in Figure 1.

The Research and Development (R&D) Team is becoming more embedded within the Thames Valley Clinical Trials Unit (TVCTU), strengthening links with the University of Reading (UoR) and facilitating collaborative working with the core TVCTU team. Early steps have been taken in the development of a stronger research culture. Along with the reconvened R&D committee, there is now a Research Strategy for Berkshire Healthcare developed by Dr Andy Pain in collaboration with the trust R&D team, University colleagues and CRN. Collaboration with the TVCTU with the aim of generating locally developed research studies has progressed and work has started to scope existing University of Reading/Berkshire Healthcare relationships to develop new links between academics and clinicians across the two institutions with similar research interests.

Berkshire Healthcare have previously been noted as a high performing Trust in terms of best value for funded research based on number of NIHR studies and Trust budget, as well as number of publications (Mitchell and Gill 2014). Our research delivery within a reduced budget and published work for this year would suggest that this position continues with 28 articles being published by Trust employees in peer-reviewed journals during 2017/18.

The R&D team have had a presence at a variety of internal and external events to promote their work, and relationships are being fostered and strengthened with clinical teams such as Early Intervention in Psychosis (EIP), Talking Therapies (IAPT), and Older Peoples Mental Health (OPMH) Services. The benefits have been a high recruiting commercial study in IAPT and delivery of a home grown pilot study of psychotherapy in OPMH Wokingham, based on work developed by joint Chair, Professor Arlene Astelle, who was appointed in 2016/17 in collaboration between Berkshire Healthcare and UoR. Both have involved embedding staff from the R&D team into the clinical teams and this model will be developed further in the coming year.

Patient and Public involvement remains at the core of our R&D activities with the appointment of 6 Patient Research Ambassadors and the team's planned involvement in the 'I Am Research' campaign, celebrating the 70th birthday of the NHS encouraging patients, carers and the public to get involved in research.

1. Introduction

This report outlines Berkshire Healthcare NHS Foundation Trust's (Berkshire Healthcare) R&D activity for 2017/18. Our goals focused on two key areas building upon the foundations set the previous year – delivering high quality research which supports high quality care, and to support the development of locally developed research studies through our collaboration with TVCTU and Berkshire Memory and Cognition Research Centre (BMCRC). The following objectives were set to achieve these goals:

- Maintain core research activities to secure local CRN funding. This includes attendance by senior R&D management at monthly local CRN R&D meetings and increase recruitment into high quality, NIHR-adopted commercially supported and non-commercial supported clinical studies.
- Agree CRN recruitment targets with a view to sustaining a high level of study delivery activity and continue robust monitoring of team activity
- To increase our performance in the number of new studies opened that recruited the first patient within 70 days of a valid application for NHS approval to 70% (a stretch target from 50% the previous year)
- To increase the number of studies that closed and met the agreed recruitment target to 60% (a stretch target from 50% the previous year)
- Complete our planned integration with the TVCTU, subject to UoR plans for TVCTU sustainability
- Articulate a vision for BMCRC and outline a SMART plan for increasing home grown research activity related to dementia, as well as delivering portfolio studies to our community
- Continue to build on our growing non-mental health studies

Our progress in meeting these goals is outlined below:

- CRN funding has been secured with a slight increase in budget allocation for this year. Berkshire Healthcare have had regular senior management attendance at Thames Valley CRN Partnership meetings and although participant recruitment numbers are below those reached in 2016/17 (due to a particularly high recruiting study that year), a broader range of studies have been delivered. It should be noted that RCF funding has significantly reduced therefore our overall budget for the year was less than previous years.
- 9 new NIHR studies were registered however one closed prematurely. Of the remaining 8 studies a target of 75% was achieved in recruiting the first patient within 70 days.
- 5 studies involving BHFT were closed with a 100% recruitment target being met.
- R&D team have moved to the University of Reading site and are becoming embedded within the TVCTU

- Developing a vision for BMCRC has been challenging due to senior leadership capacity issues. Some developments with Professor Arlene Astelle's work have progressed in terms of study delivery within Berkshire Healthcare on the INLIFE study which recruited 102 participants, as well as a psychotherapy pilot study in Wokingham OPMH.
- We have further spread our non-mental health studies into health visiting, diabetes, cardiac and respiratory, as well as a delivering an app based study for staff wellbeing

2. Strategic Context

The Trust's R&D infrastructure continues to be predominantly funded through the CRN, who function to enable patients, NHS staff, and the public to have the opportunity to be involved in research studies which generate best evidence to support clinical interventions. CRN research funding for BHFT showed a small increase for 2017/18 although overall CRN income showed a 14% decrease, indicating strategic funding challenges within the CRN. The Trust is not yet in a position to sponsor major clinical trials however we are continuing to strive to build an infrastructure to support growing research activity over time. We have co-sponsored a large clinical trial with UoR and the Trust is a participating site for the remainder of the portfolio of this programme of work led by Professor Cathy Cresswell, UoR. Moving forward the R&D team aim to increase research participation and, through collaborations with UoR, take on the sponsorship role more regularly with three studies in the pipeline for the next financial year.

Plans to develop the commercial portfolio are underway, for example through on-going conversations with IQVIA (contract research organisation) and the identification of additional senior clinical capacity to support (1 x PA Psychiatrist input per week to the team). The R&D Team is now becoming embedded within the TVCTU, strengthening links with the University of Reading and facilitating collaborative working with the core TVCTU team. Early steps have been taken in the development of a stronger research culture and 11 new Principal Investigators have come forward to support research studies during this year.

A research morning was facilitated in March 2018 bringing together colleagues from Berkshire Healthcare, UoR and the Thames Valley CRN to share best practice and think together on future collaborations. The Clinical Director for Research, NIHR CRN, and the Mental Health Lead for NIHR CRN, Thames Valley, have both actively supported the Trust in engaging with potential Principal Investigators and have been involved in presentations and discussions with colleagues working in mental health clinical services. Work has started to scope out research interests within the Trust and UoR with plans to bring both together through a clinical academic forum, the aim being to develop new links between academics and clinicians across the two institutions with similar research interests. The inaugural Berkshire Healthcare Research Conference "Research Collaborations for Better Care" held in May 2018 was very well attended with delegates from Berkshire Healthcare and other Trusts, Higher Education Institutions and beyond, raising research awareness and contributing to the development of relationships alongside showcasing current work.

We are mindful that developing a more research focused culture across the Trust will be a slow and steady process. We now have a Research Strategy as an output from joint workshops (Berkshire Healthcare R&D staff and clinicians and UoR colleagues) and an action plan for a phased implementation of the strategy has been developed.

3. Financing Trust Research

The Trust received a total of £454,543 in funding for 2017/18. The bulk of our funding, £392,792, was to support the delivery of NIHR portfolio research from Thames Valley CRN and we were awarded an additional £12,432 contingency funding during the course of the year. We met the qualifying criteria to receive Research Capability Funding (RCF). RCF is allocated to research-active NHS bodies to enable research capacity and capability to be maintained / increased. It should be noted that RCF funding has decreased significantly by £89,526 over the past two years. With successful collaborative (TVCTU/UoR) NIHR grant applications submitted in 2017/18, RCF funding could increase moving forward however we are mindful that this is not guaranteed.

Limited income was generated from Commercial studies that were initiated in the previous years. Plans to develop the Trust's commercial portfolio are evolving, as described in section 2. All surplus commercial funding has been reinvested into supporting research capacity and delivery across the Trust.

Fig 1 below shows source of research funding for the last 3 financial years.

Figure 1: Research funding

Source	2015/16 funding	2016/17 funding	2017/18 funding
NIHR CRN	445,000	378,014	392,792
CRN contingency funding			12,432
Research Capability Funding (RCF)	114,542	67,674	25,016
Industry Studies; Commercial Income	15,931	25,002	13,247
Other Funding			
PoMeT Research project	0	34,491	11,056
Copic Research Project	0	7,527	0
Totals	575,473	512,708	454,543

4. Research & Development Department Structure and Function

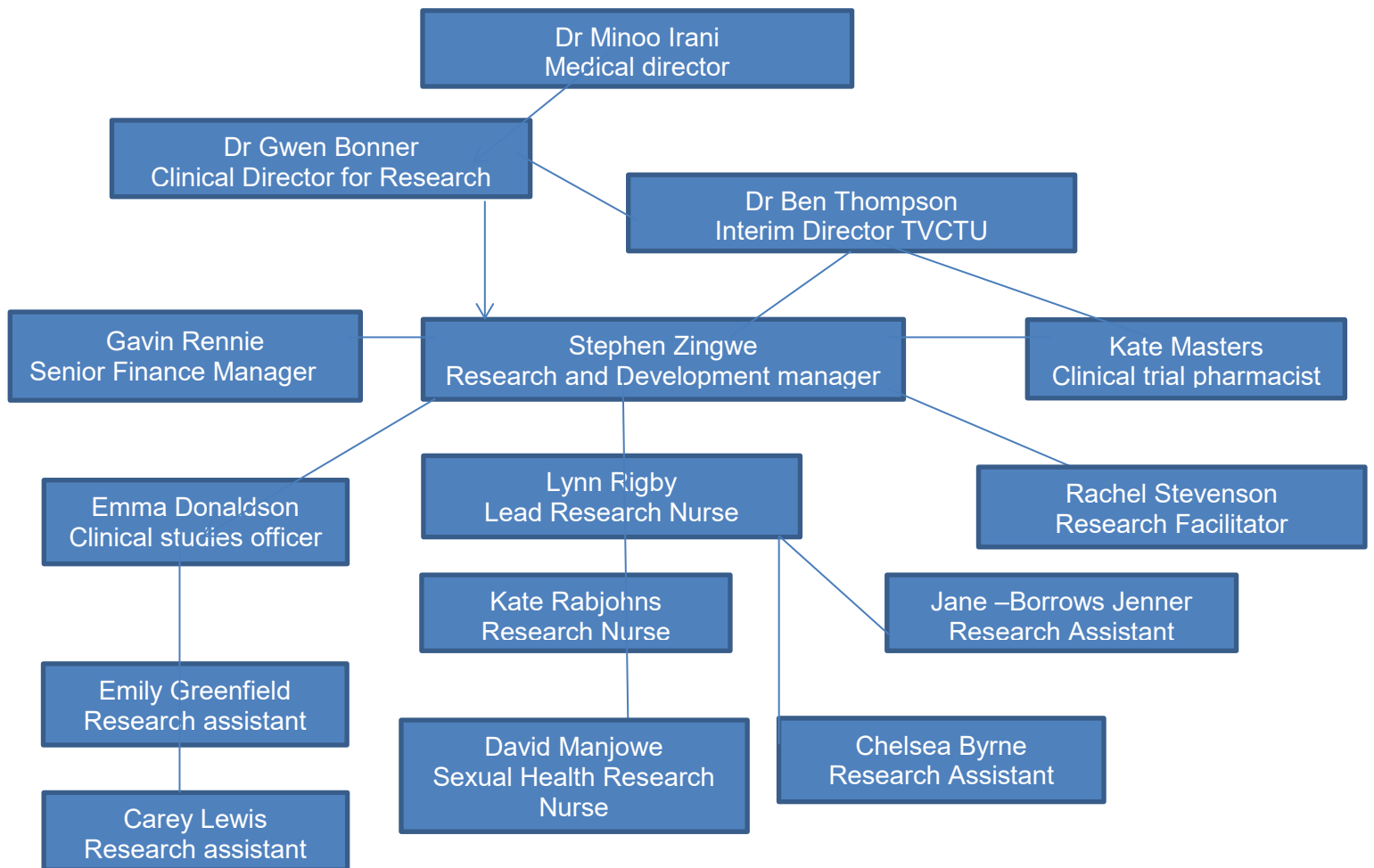
Dr Minoor Irani, Medical Director, is Executive lead for the team and figure 2 below outlines the team membership and structure.

The Department works in partnership with Investigators to support them with all aspects of the research process and offers expertise in research design, performance, project and data management, ethical advice and signposting.

Stephen Zingwe, R&D Manager, oversees research governance on a day to day basis and activity is quality assured by the R&D Committee, chaired by Dr Gwen Bonner, Clinical Director. The R&D Committee reports to the Trust Clinical Effectiveness group.

Dr Ben Thompson, Interim Director, TVCTU, University of Reading, supports the R&D Manager with oversight of the team.

Fig 2: Research and Development Organisational Structure for 2017/18



5. Trust Research Activity

5.1 NIHR portfolio recruitment

Berkshire Healthcare consented and recruited a total of 1432 participants (Figure 3) into 45 NIHR Portfolio research studies compared to 1764 participants from 45 active NIHR Portfolio studies in the previous year, a decrease in recruitment despite similarities in the number of studies. In 2016/17 one study recruited over a thousand participants whereas this year there was a good spread of recruitment across a broader range of studies.

Figure 4 below outlines recruitment over the past 6 years indicating a steady increase in recruitment over time, notwithstanding the spike last year with the high recruiting study mentioned above, and figure 5 outlines recruitment by quarter during 2017/18.

We had one commercial trial open during the year which was our highest recruiting study with 369 participants, exceeding the target of 350. This was a Digital IAPT study which was one of two studies delivered in this service which had not previously been involved in research delivery. Our second highest recruiting study was an app based digital stress support study which we were able to offer our staff and 264 members of our workforce took up this opportunity.

Closer supervision and oversight of the delivery team has supported a more robust approach to recruitment and ensuring that it remains a primary focus.

Fig 3: R&D overall studies and overall recruitment figures for 2017/18 compared to 2016/17

Type of Study	No of studies	No of studies	No of participants	No of participants
Year	2016/17	2017/18	2016/17	2017/18
NIHR Portfolio	45	45	1,764	1,432
Student	12	8	10	30
Other Funded (not eligible for NIHR Portfolio & Own Account (Unfunded))	5	4	8	20

Fig 4: Portfolio recruitment by year for the last 6 years.

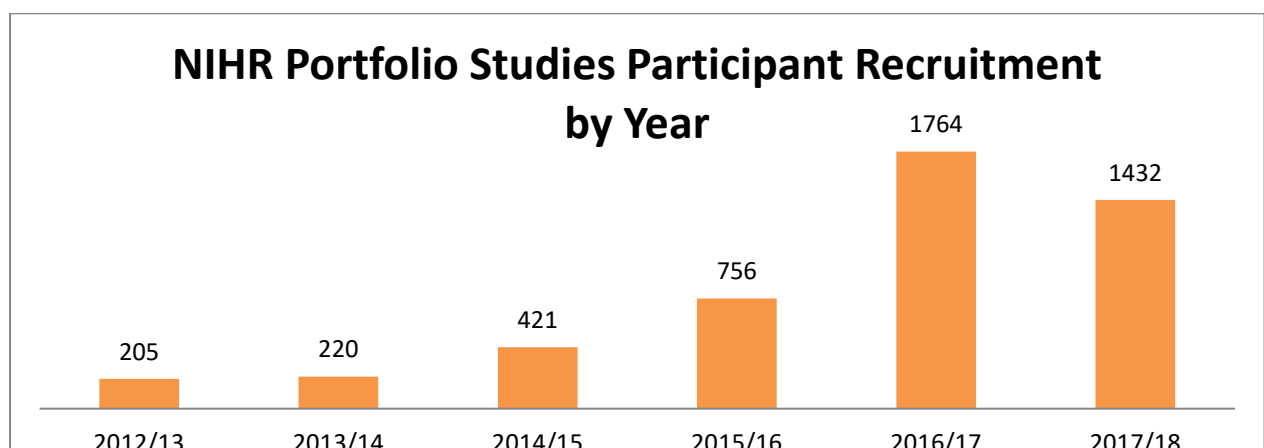
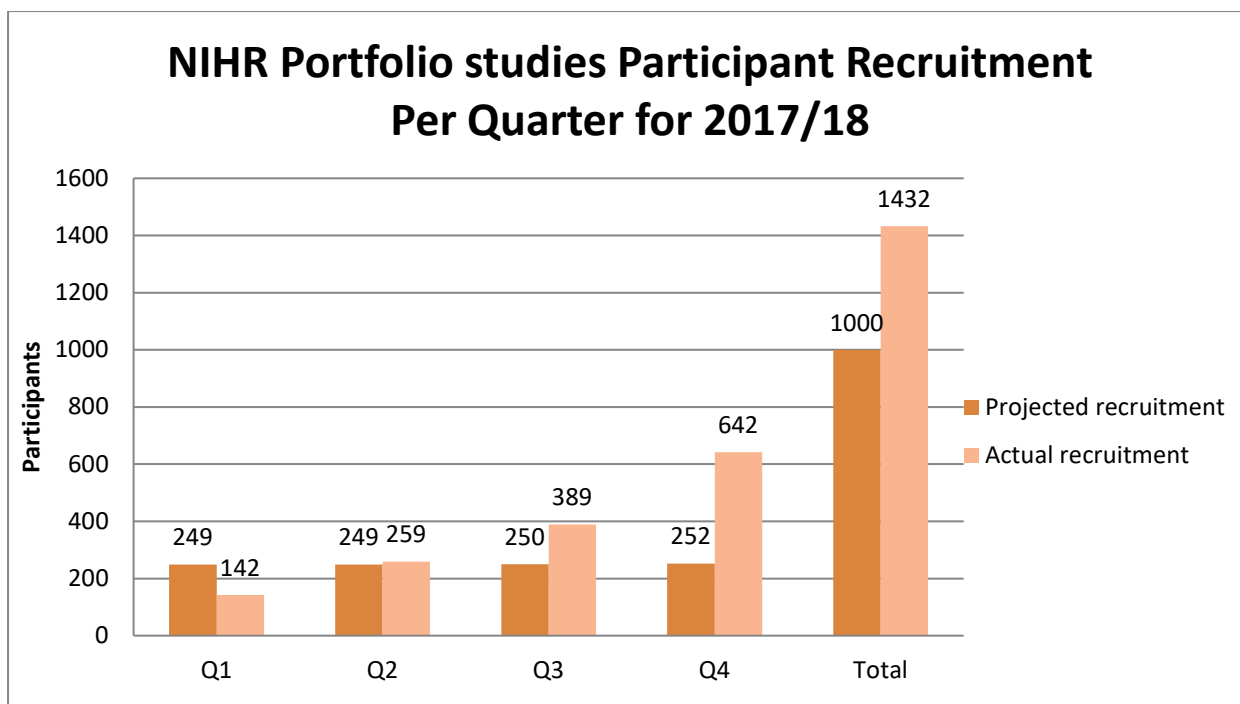


Fig 5: Recruitment to portfolio studies by year per quarter.



5.2 NIHR Portfolio Studies by speciality

The spread of research participant recruitment across services is an indication of a growing research culture within Berkshire Healthcare and highlights some strong collaboration with UoR and other academic institutions. Figures 6-8 below show the portfolio studies by speciality and the annual recruitment figure for each study (list only includes Portfolio studies that actively recruited during the year).

Fig: 6: NIHR Portfolio Studies that recruited in Adult and Children's mental Health services

Study Title	Participants recruited
ASC-UK	8
The effect of cannabis use on brain function in early psychosis	1
The contribution of the social worker role in CMHTs	1
DPIM (schizophrenia and Bipolar disorder)	12
Digital IAPT: The effectiveness & cost-effectiveness of internet-delivered interventions for depression & anxiety disorders in the IAPT programme.	369
EFFIP (1)- E support for carers of people with psychosis: focus groups	6
EFFIP (20 – EFFIP online services for carers: usability evaluation study.	6
ESMI	2
Psychological support for fears about other people: Feeling safe	4
MOLGEN	0
Patient preferences for Psychological help	28
PPiP2	12
REACT Trial	3
Slow Mo	10

TRIANGLE: A novel patient and carer intervention for Anorexia Nervosa	10
Voices Impact Scale (VIS)	17
Suicide & Homicide in PD	0
Parent-Adolescent Interactions in Depressed Adolescents – Version 1	27
National Investigation into Suicide in Children & Young People	1
N-CAT : National survey of Child Anxiety and Treatment access (UoR collaboration)	1
A-CAT: Accessing Child Anxiety Treatment Version 1 (UoR collaboration)	10
HTA Social Anxiety: Treatment of Social Anxiety Disorder in Adolescents (UoR collaboration)	10
Therapist Preferences when working with young people with Depression and their families.(UoR collaboration)	10
Development of an online treatment programme for child anxiety (UoR collaboration)	9
Understanding what maintains social anxiety disorder in children (UoR collaboration)	49
NCISH (National Confidential Inquiry into Suicide & Homicide)	22
Sudden death in Psychiatric in-patients and the relationship with psychotropic drugs	1
Outcome Evaluation of Liaison and Diversion Schemes	136
Improving Healthcare for Probationers	1
Autism Diagnosis as a Social Process	0
IAPT Study - An anonymous survey of mindfulness, self-compassion, wellbeing and mental health	90
The Smart Way to beat Stress at Work	264
Total	1119

Fig 7: NIHR Portfolio DeNDRoN studies (Dementia, Alzheimer’s and Neurodegenerative disease studies) that recruited in older adult services.

Study Title	Participants recruited
AD GENETICS : EOAD	8
AD GENETICS : LOAD	40
Caregiver obligations, preparedness and willingness to care: Hope	16
Dementia Carers Instrument Development: DECIDE Psychometric evaluation	23
Evaluation of Memory Assessment Services: Main Study (phase 2) v1	3
Independent Living Support Functions for the Elderly (IN LIFE)	102
Improving diagnosis & Support for younger people with dementia - The Angela Project.	22
AQUEDUCT (v1)	1

Patient and carer well-being in memory clinics	16
Better Conversations with Primary Progressive Aphasia (BCPPA)	1
Total	232

Fig: 8 NIHR Studies that recruited in other non-mental health specialities/community settings

Study Title	Participants recruited
Positive Voices: the national survey of people living with HIV	28
Trial of an intervention delivered by mobile phone messaging to reduce STI by increasing sexual health precaution behaviours in young people.	18
PrEP Impact Trial Study	31
Vaccination uptake	4
'Better Conversations with Primary Progressive Aphasia (BCPPA): Communication training to keep together' ()	0
Fluenz Tetra Safety Surveillance ()	0
Total	81

5.3 Non-Portfolio Recruitment

12 non-portfolio studies were registered by the R&D Office comprised of 4 funded studies and 8 unfunded MSc and PhD projects. 50 participants have been recruited into these non-portfolio studies.

6. Non-Portfolio activities

Over the year, a number of staff and students been advised and guided through the research process leading to progression towards achieving academic degrees at Masters Level and PhD level alongside assisting new and experienced academics, predominantly from the University of Reading, with funding applications.

6.1 Service Evaluations

In this financial year, 14 Service evaluations were reviewed and registered by the R&D Department.

7. Research Promotional Activity

A more research focused culture across the Trust is being promoted, linking clinical colleagues with academics within the University of Reading and beyond to identify areas of commonality for future research collaboration. Senior support is gradually enabling engagement with a wider pool of research naïve clinicians and work is underway to define a research strategy to detail future actions, building upon the work that has been done in the past year.

The Trust held its inaugural research conference in May 2018 providing the opportunity to celebrate the Trust's contribution to research and to raise awareness about the range of research activities in the trust. Entitled 'Research Collaborations for Better Patient Care' – guest speakers included, amongst others, Keynote speaker Dr Jonathan Sheffield, Chief Executive Officer, NIHR Clinical Research Network (CRN) and Professor Belinda Lennox, Clinical Senior Lecturer, Honorary Consultant Psychiatrist, Clinical Director NIHR CRN, Oxford University Hospitals. Over 100 delegates attended from both local and national Trusts and Higher Education Institutions and beyond.

7.1 Research Club

The monthly Research Club gave internal and external researchers an opportunity to present their research findings and discuss studies recruiting in the Trust. Historically, attendance has been predominantly junior doctors and an event was held in March 2018 to bring together Berkshire Healthcare clinicians and UoR leads to consider redefining the remit of the research club to become a clinical academic forum. This work was carried forward into the research strategy development planned for the summer with the aim of devising a more contemporary forum for the future.

8. Patient and Public Involvement

Examples of PPI activity for this year include:

- Patient Research Ambassadors (PRAs) initiative: Berkshire Healthcare was the first Trust in the Thames Valley and South Midlands Clinical Research Network to set up the Patient Research Ambassadors (PRAs) initiative. Six PRAs were appointed to assist promotion of health research from a patient perspective. Volunteers could be a patient, service user, carer or lay person enthusiastic about health research and willing to communicate that to others. One of these PRAs has agreed to present at our annual research conference telling their story about how and why they got involved in research and giving their thoughts about research participation.
- R&D hosted a PPI event at UoR on 23rd February 2018 to engage research interested patients focusing on PPI. Patients gave their feedback on a joint Berkshire Healthcare / UoR research study looking at medication management in people with dementia.
- The R&D team participated in events to promote the NIHR 'I Am Research' campaign, celebrating the NHS's 70th birthday (NHS70). The campaign encouraged patients, carers and the public to get involved in research alongside raising awareness and involvement in research among healthcare professionals.
- We have dedicated research assistants who support PPI in the Trust to raise research awareness and provide information materials (posters, leaflets etc).

- Clinicians across the Trust have collaborated with the research team to grow a list of patients interested in being contacted to take part in research that is relevant to them. In 2017/18 the list size was increased by 331 (Fig 9 below) bringing the total to over 1400.

Fig 9 Research interest list adult and older adult

Older Adult Research Interested (RIL) List referrals for 2017/18												
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
17	12	16	21	12	22	20	25	23	28	12	15	223
Adult Research Interested (ARIL) List referrals for 2017/18												
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
7	4	2	0	1	18	17	12	8	20	13	6	108

9. Reporting Adverse Events (AEs), Serious Adverse Events (SAEs) and Serious Unexpected Serious Adverse Reactions (SUSARs)

No AEs, SAEs or SUSARs were reported in 2017/18.

10. Future Plans

10.1. The Trust's Research strategy

Progress on the research strategy took longer than anticipated due to limited capacity to lead on this work. Additional senior resource was identified for one session per week from a Psychiatrist with significant experience in the commercial industry who supported taking this work forward during the summer. A detailed plan has been developed following a series of workshops and clear actions and timelines set for the coming year and beyond.

10.2 Objectives for 2018/19

Over the past two years the R&D team has focussed on two key areas – delivering high quality research which supports high quality care, and supporting the development of locally developed research studies through our collaboration with TVCTU and BMCRC. We have also supported the CRN in reaching their high level objectives. We will build on the successes set out in this report and address gaps highlighted in the following ways:

- Sustain core research activities to secure local CRN funding
- Meet criteria to attract RCF to build capacity and capability to support a growing research infrastructure within the Trust
- Maintain engagement of senior R&D management at monthly local CRN R&D and Partnership meetings.
- Aim to recruit 1500 research participants with a view to sustaining a high level of study delivery activity and continue robust monitoring of team activity
- Increase our performance in the number of new studies opened that recruited the first patient within 70 days of a valid application for NHS approval to 80%.

- Increase the number of studies that closed and continue to meet the agreed recruitment target to at least 80%.
- Develop a Berkshire Healthcare Research Strategy with input from the UoR, TVCTU, and CRN with a clear vision for BMCRC and outlining a SMART plan for increasing home grown research activity related to dementia, mental health and beyond.
- Continue diversity of studies across the Trust
- Increase the number of commercial studies undertaken within the Trust

Conclusion

Berkshire Healthcare is building foundations to develop a culture of research across the Trust. The R&D team have now moved onto the UoR site and are becoming embedded within the TVCTU which supports the vision of clinical academic collaboration. Despite a reduction in overall funding the team have continued to deliver a range of studies across services, and participant recruitment has grown over the past six years. Our clinicians continue to support evidence based culture with published work continuing in the course of the year and a growing number of Principle Investigators coming forward to support research. We continue to engage with patient and public involvement and aim to strengthen this further in the coming year. The trust research strategy developed jointly with UoR and CRN, will support our next steps in becoming a research active organisation offering opportunities for all patients to take part in research activities.

Trust Board Meeting Date	13 November 2018
Title	Information Governance Annual Report (2017/18)
Purpose	To provide assurance to Berkshire Healthcare NHS Foundation Trust Board of activity undertaken across the organisation for the reporting period 01 April 2017 - 31 March 2018, in relation to the trust's requirements to demonstrate compliance with relevant Information Governance legislation including the Data Protection Act 2018 and Freedom of Information Act (2000).
Business Area	Corporate
Author	Clinical Information Governance Manager
Relevant Strategic Objectives	To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and supports maintaining confidentiality of patient information
Legal Implications	Legal advice is sought as required for individual cases. There are no legal implications for this report.
Equality and Diversity Implications	None raised
SUMMARY	<p>The Caldicott Guardian is responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information sharing. The role of Caldicott Guardian is held by the Medical Director in Berkshire Healthcare and is assisted by the Clinical Information Governance Manager. The report details and gives assurance on the following: Information Governance Management, Information Sharing Assurance, and Confidentiality and Data Protection Assurance</p> <p>The key highlights and assurance include:</p> <ul style="list-style-type: none"> • The IG toolkit score increased from the previous year's score by 3% taking our overall score to 82% (Satisfactory no improvement plan required). • Of the 823 Subject Access Requests (SARs) the Trust received, only 3 breached the 40 day timeframe for response. • 471 Freedom of Information Requests were made, a 7% increase on the previous year. • Of the 307 reported Information Governance incidents, 22 met the threshold of a reportable breach to the Information commissioner's Office (ICO), key learning and actions are summarised within this report. • 7 complaints relating to Information Governance were made, the key outcomes and learning are summarised within this report. • The Trust achieved the 95% requirement for IG Training across all staff (A statutory requirement). <p>The Trust focus for 2018 has been to ensure full preparedness for the introduction of the General Data Protection Regulation (GDPR), which commenced on 25 May 2018. Alongside this we will continue to raise Information Governance awareness amongst staff, review systems available for recording and monitoring SARs and implement the new incident grading framework.</p>
ACTION REQUIRED	The Board is asked to receive the Annual Information Governance Report and note assurance that robust arrangements are in place to effectively manage information risks within the organisation.

Information Governance Report

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1. Purpose

The purpose of this annual report is to provide assurance to the Berkshire Healthcare NHS Foundation Trust Board of activity undertaken across the organisation for the reporting period 01 April 2017 - 31 March 2018, in relation to the trust's requirements to demonstrate compliance with relevant Information Governance legislation including the Data Protection Act 1998 (which has now become Data Protection Act 2018) and Freedom of Information Act (2000).

2. Introduction

Berkshire Healthcare NHS Foundation Trust is a recognised and registered Data Controller within the Information Commissioners Data Protection Register and has current Data Protection registration. There are no current or historical conditions or cautions against the Trust's data protection registration. This annual report details the compliance with the Information Governance Toolkit and provides assurance of on-going improvement in relation to managing risks to information. The key themes detailed within this report are:

- Information Governance Management
- Information Sharing Assurance
- Confidentiality and Data Protection Assurance

3. Information Governance Management

Key Responsibilities

The **Caldicott Guardian** is responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information sharing. The role of Caldicott Guardian is held by the Medical Director in Berkshire Healthcare and is assisted by the Clinical Information Governance Manager.

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

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

It is a requirement of the Caldicott role to maintain a Caldicott Log (Appendix A), this logs all high level requests made to the Caldicott Guardian, any action required and outcome.

4. Information Governance Group

Assurance on the following aspects of Information Governance is provided by the Information Governance Group which is accountable to the Executive Non Clinical Risk Group and meets quarterly, its role is:

- To give a strategic steer on Information Governance to the Trust.
- To approve policy, guidance and action plans to meet central and local Information Governance requirements.
- To oversee action plans and assure the Trust Board that there are effective processes in place for Information Governance.
- To review breaches of data protection and ensure learning is applied.
- To oversee application of the IG Toolkit and raise associated risks to the Trust Executive.

5. Policies

The following policies have elements relating to Information Governance and were reviewed in 2017/18:

- ORG019 Clinical Records Strategy – Reissued Dec 2017
- ORG005 – Information Security Policy – Version 12 was re-issued Feb 2017 but has since received updates in line with national legislation change and internal process reviews, the current version is 12.7
- ORG017 – Confidentiality – Reissued Dec 2017
- ORG019 – Clinical Records Strategy – Reissued Dec 2017
- ORG036 – Operation and use of CCTV System – Reissued Dec 2017
- ORG066 – Safe Haven – Reissued Oct 2017
- ORG080 – File Structure – Reissued June 2017

6. IG Toolkit

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

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

The Trust completed the annual self-assessment of compliance with national Information Governance requirements and submitted the NHS Information Governance Toolkit for 2017/18 (Version 14.1) on 31st March 2018. The Trust overall score represented 82% compliance with the requirements of the toolkit demonstrating ‘Satisfactory’ compliance. This score has increased from the Version 14 toolkit submission of March 2017 for the 2016/17 year which was 79%.

Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Total Req'ts	Overall Score	Self-assessed Grade ?	Reviewed Grade ?	Reason for Change of Grade ?
Version 14.1 (2017-2018)	Published	0	0	24	21	45	82%	Satisfactory	n/a	n/a

Grade Key

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

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

The IG Toolkit was withdrawn following the Version 14 submission in order for NHS Digital to overhaul it to make it more relevant to current data protection practices/laws and more user-friendly, however due to timeframes for the new Toolkit release a version 14.1 was created for the 2017/18 submission was created. The new version of the Toolkit, the Data Security and Protection Toolkit (DSPT) was released in March 2018.

7. Information Sharing Assurance

Subject Access Requests

A subject access request is a request made by or on behalf of an individual to access information held by the Trust. Access was entitled under Section 7 of the Data Protection Act (1998) for this reporting period, but changes to Chapter 3 Part 45 of the Data Protection Act (2018) from 25 May 2018. The Trust had 40 calendar days to respond to a request (for 2018/19 this will be 30 calendar days).

Consistent with other organisations, Berkshire Healthcare receive a significant amount of subject access requests which are managed in line with the subject access policy. Community physical health requests and mental health inpatients are managed centrally by the governance administrator and medical records team at Prospect Park Hospital; all other services manage and respond to their requests directly.

The Governance Administration Manager received 728 and the Medical Records Clerk at Prospect Park Hospital received 95 requests during the period 1st April 2017 to 31st March 2018, of these the Trust responded to 820 requests within the timeframe and 3 requests breached the deadline.

Police Requests

The Trust regularly receives requests from Thames Valley Police (TVP) for patient information, and these are managed in line with any other subject access request and ORGBPD005 Guidelines for the Disclosure of Information to the Police. The Trust is committed to providing information to the Police to assist enquiries in line with the data protection principles.

Police requests are normally supported by written consent from the patient or in cases where consent is not provided, there must be justification for the disclosure of information such that it would jeopardise an investigation if the data subject was made aware of the request. Where requests are received without consent, the decision to release information would be in line with legislation and if required, legal advice from Trust solicitors is also sought prior to release.

In addition to the above subject access requests, the Trust received 86 Police requests for information compared to 137 in 2016/17.

The process for tracking and monitoring of service requests is being reviewed and discussed in section 11 of this report.

8 Freedom of Information Requests

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

It does this in two ways:

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

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

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

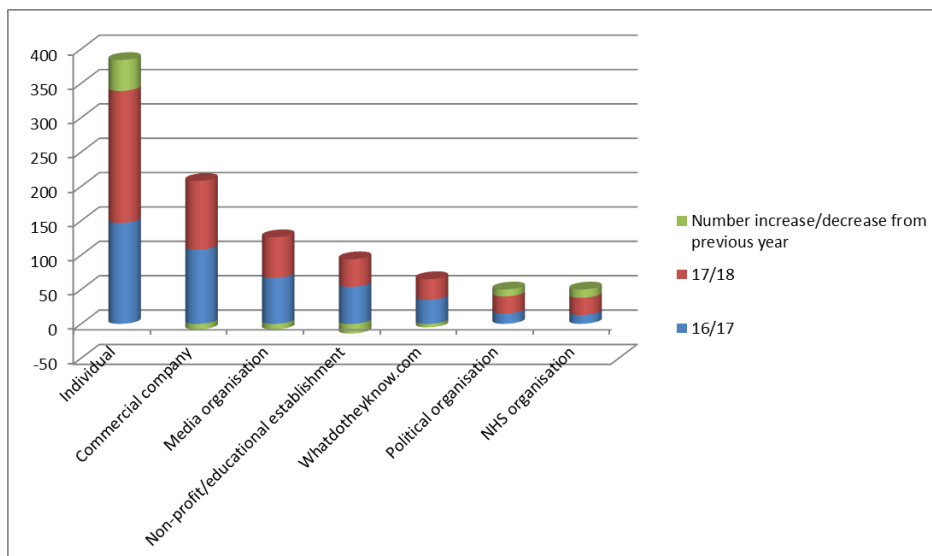
The Trust has 20 working days to respond to a request after receipt and all applicants receive an email acknowledgement.

Number of Requests Received

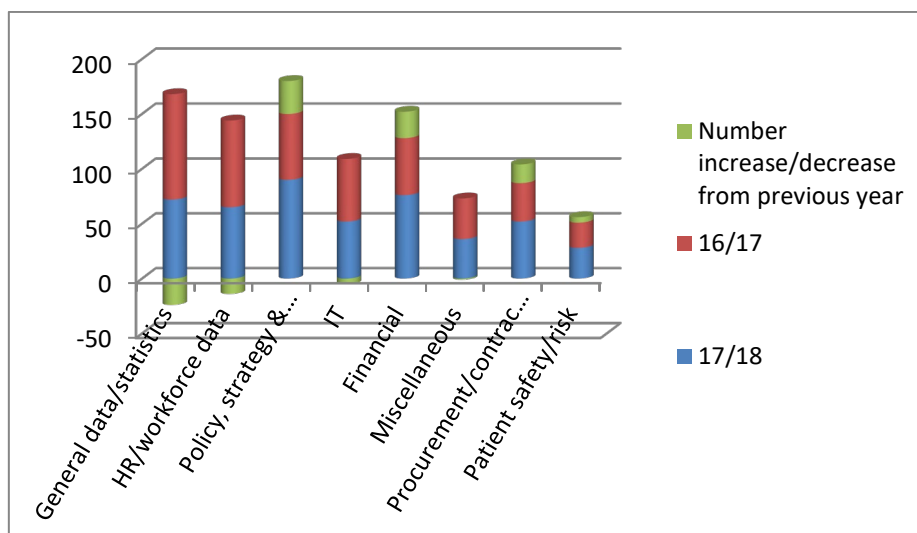
The number of FOI requests received for 2017/18 was 471 which is a 7% increase on the previous year in which 439 requests were received.

Source of Requests

The graph below shows the general source of requests for 2017/18, the previous year and the increase/decrease from the previous year:



The graph below shows the subject matter of requests for 2017/18, together with the figures for 2016/17 and the number increase/decrease between the years:



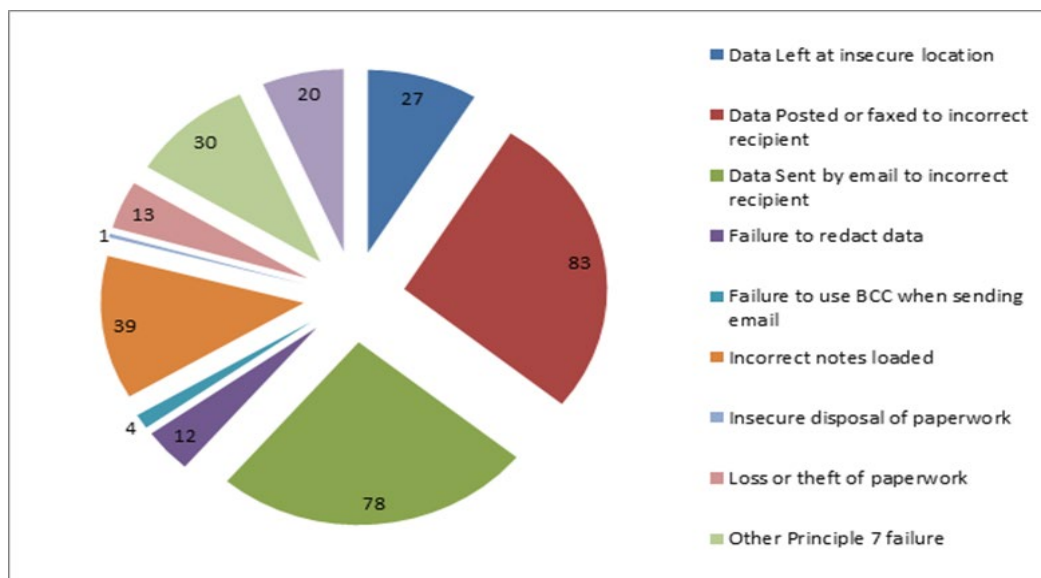
Please note that the figures above are representative of the main FOI enquiry, however, many requests still involve the input of several different departments and therefore the above figures do not totally represent the numbers of FOIs being dealt with in all categories.

Of the 471 requests received from 01/04/2017 to 31/03/2018, 358 were closed within the deadline, 89 were sent late/breached, 4 were in progress and overdue at the time this report was compiled, and 20 were open requests in

progress. Many of the overdue FOI's involve complex data analysis for the Information Team, there are no formal financial penalties for breaching the 20 day timeframe however enforcements can be made to comply by the Information Commissioners Office (ICO).

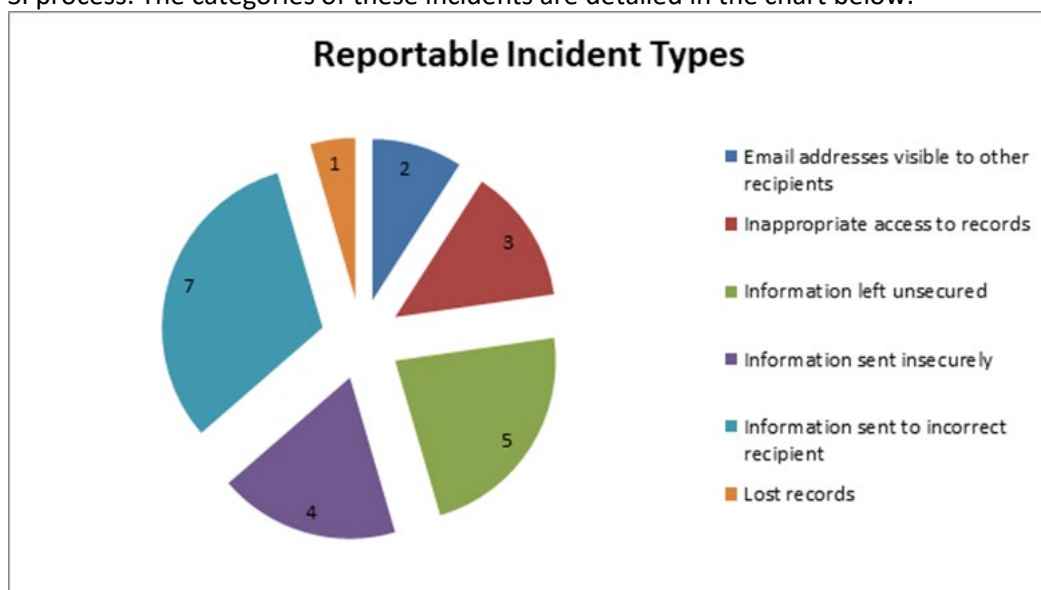
9 Information Governance Incidents

Staff are encouraged to report any incidents or concerns of breaches of confidentiality or Information Governance related incidents using the Trust Datix incident management system. After an incident is logged on Datix, it is assessed to determine the severity based on the amount of people affected by the incident, the nature of the information and the potential consequences in line with the ICO guidance. The ICO grade incidents from 1 to 5 (with 5 being the most severe). Any incident categorised as an ICO level 2 or above is reportable to the ICO.



*Other relates to principle 7 of the Data Protection Act (1998) security.

Between 1st April 2017 and 31st March 2018 there were 307 incidents related to Information Governance and Data Security breaches. Of these 15 incidents were classified as level 2, 6 incidents were classified as level 3 and 1 incident was classified as level 4. All 22 were reported to the ICO and also declared as serious incidents (SIs) through the Trust SI process. The categories of these incidents are detailed in the chart below.



Key Learning and Actions from the ICO reportable incidents

The table below details the key learning from the 22 reportable incidents; in addition to this there is an on-going programme of Team Brief articles and screensavers to continue to raise awareness for staff. The purpose of this programme is to further educate people in the way personal information is handled to both maintain confidentiality and enable access to records

Type of Incident	Key Action Taken
Email addresses visible to other recipients	Policy and guidance updated to clarify the need to use blind copy when emailing groups of patients Guidance circulated to all staff for awareness of how to use blind copy, and added to e- learning fresher module.
Inappropriate access to records	All staff reminded via Team Brief articles and email directly from Caldicott Guardian about responsibilities for records access
Information left unsecured	All staff reminded via Team Brief articles about ensuring information is handled in line with the Trust policies Screensaver created to remind staff to pick up hardcopy information when leaving a meeting room and locking information away when leaving their work area Children's Services Management have provided staff who carry hard copy information with red folders as a visual reminder to pick up documents when leaving an area
Information sent insecurely	All staff reminded via Team Brief articles about checking information is being sent between secure email accounts before sending the data
Information sent to incorrect recipient	All staff reminded via Team Brief articles about checking the recipients address before sending and if emailing sensitive information to a new contact sending an email confirming the correct individual had been reached before sending the data.
Lost records	Trust to compile a central log of archived records to remove the risk of services losing locally held lists

10 Complaints

There were 7 complaints which were reported directly to the Trust which included aspects related to Information Governance in 2017/18 compared to 4 complaints in 2016/17. During the 2017/18 period, no complaints were made to the ICO regarding Trust compliance with the Data Protection Act 1998.

Service	Complaint	Outcome and learning
Integrated Pain and Spinal Service	Inappropriate sharing of information	Investigation identified that appropriate and relevant information had been shared.
Child and Adolescent Services (CAMHS)	Letter incorrectly addressed and sent to the wrong GP. A family member worked at the GP practice and opened the letter.	Apology sent and service reminded of the need to check GP details on Rio and ensure that correct address is used.
District Nursing	Complaint that a District Nurse called the family member of a patient and discussed another family members' behaviours with them	No breach relating to information governance but improvements in communication identified.
Talking Therapies	Patient was unhappy that a Therapist called and spoken to her mother without permission, allegedly divulging confidential information	Investigation found no evidence that the alleged conversation had ever happened.
Talking Therapies	Patient self-referred and requested their GP was not informed. The service discharged the patient as they said they could not provide therapy to a patient who will not allow them to inform their GP.	The GP was informed despite the patient not consenting and the service saying they would not disclose to the GP.
Community Mental Health Team	Patient was unhappy that the service disclosed to her mental health to her employer which resulted in her losing her job.	Confidentiality breached by social services member of staff.
Complaints Service	Letter relating to a complaint was sent to an incorrect address, while the letter didn't directly identify the patient it was sent to another address on the same street.	Wrong address entered on trust system, apology given.

11 Information Governance Training Programme

The Trust is required through the IG toolkit to ensure that 95% of staff complete Information Governance training each year. Information Governance training is provided to Trust employees using an E-learning module on ESR, all new staff are required to complete the national module on ESR and annually complete the refresher module. Training is provided to temporary employees (contractors, bank staff, et cetera) via a hard copy of the training questionnaire.

The in-house refresher module was reviewed in January 2018 with the inclusion of additional questions as a direct result of learning from incidents. This training is reviewed yearly and the questions are updated to reflect areas of risk identified as a result of incidents reported, this ensures that the training is relevant to current issues.

For the 2017/18 year the Trust achieved 95% compliance for staff that completed Information Governance training.

12 Information Governance Focus for 2018/19

To ensure full preparedness for the implementation of the General Data Protection Regulation (GDPR), which commenced on 25 May 2018, this will include, but not be limited to the following:

- Ensure appropriate technical and organisational measures for safeguarding information, demonstrating that processing is in accordance with GDPR.
- Introduction of Data Protection Impact Assessments (previously Privacy Impact Assessments)
- Review rights to information – update fair processing notices for service users/patients and staff
- Rights to information – rights to erasure, right to restrict processing
- Rights to information – Subject access requests – no fee, 20 day response
- Raise staff awareness and knowledge of the changes to data protection law coming to ensure the changes brought are fully implemented and understood by staff

We will continue to:

- Further raise awareness of information governance training to ensure that at least 95% of employees receive training.
- Review systems available for recording and monitoring subject access requests to support consistency across individual services.
- Implement the new ICO reporting criteria for incidents for 2018/19; the change in assessment of incidents is expected to reduce the number of reportable incidents for 2018/19.

Appendix A – Caldicott Log Extract.

Status	Date	Description	Raised by	Caldicott Guardian Action	Further action	Reported to external agency (Y-N)
Closed	12/04/2017	Request to sign information sharing agreement for Adult Services	Richard Watson	Signed	None	N
Closed	23/05/2017	Level 2 incident reported to the ICO regarding an email sent to CAMHS clients which disclosed the client email addresses	Richard Watson	Advised	Incident now closed.	Y
Closed	13/06/2017	Level 2 incident reported to the ICO regarding 39 children's records sent to the incorrect place	Gemma Hayward	Advised	Incident now closed.	Y
Closed	13/06/2017	Level 2 incident reported to the ICO regarding 5 vulnerable children's records sent to an incorrect GP	Gemma Hayward	Advised	Incident now closed.	Y
Closed	01/08/2017	Level 2 incident reported to the ICO regarding details for 21 patients being sent to a non-Berkshire email account	Gemma Hayward	Advised	Incident now closed.	Y
Closed	03/08/2017	Level 2 incident reported to ICO regarding 3 domestic violence reports left in a shared health and social care meeting room	Gemma Hayward	Advised	Incident now closed.	Y
Closed	24/08/2017	Level 2 incident reported to the ICO regarding 21 patient records sent to an incorrect printer	Gemma Hayward	Advised	Incident now closed.	Y
Closed	20/09/2017	Request to sign Connected Care Information Sharing agreement	Bill Johnston	Signed	None	N
Closed	21/09/2017	Level 2 incident reported to the ICO regarding an email sent to IAPT clients which disclosed client email addresses	Gemma Hayward	Advised	Incident now closed.	Y

Closed	08/09/2017	Level 2 incident reported to the ICO regarding a member of staff viewing their own clinical record using their staff access to the clinical systems.	Gemma Hayward	Advised	Incident now closed.	Y
Closed	08/09/2017	Level 2 incident reported to the ICO regarding a member of staff viewing a colleagues clinical record without a legitimate relationship to do so.	Gemma Hayward	Advised	Incident now closed.	Y
Closed	21/09/2017	Notification from the ICO investigation into the data breach WEB73898 has been allocated to their Criminal Investigation Team	Gemma Hayward	Advised	GH is conducted an internal investigation in line with the HR policy and supplied the ICO with a copy of the report. No further action taken by the ICO against individual or Trust.	N
Closed	12/10/2017	Requested to review Safer Slough ISA ahead of signing by Julian Emms	Minoo Irani	Signed	GH reviewed, signed by JE and returned	N
Closed	18/10/2017	Requested to sign Thames Valley Police/Liaison and Diversion Service ISA	Gemma Hayward	Signed	None	N
Closed	20/10/2017	Draft Caldicott Guardian Report Issued	Gemma Hayward	Review	Report to be finalised before being taken to Trust Board in Dec 2017	N
Closed	27/10/2017	Level 2 incident reported regarding detailed mental health patient hearing information being sent to a private email address	Gemma Hayward	Advised	Incident now closed.	Y
Closed	27/10/2017	Level 3 breach reported regarding detailed mental health patient hearing information being sent to a private email address	Gemma Hayward	Advised	Incident now closed.	Y

Closed	09/11/2017	Level 2 breach reported regarding a detailed patient report sent to the home address of a different patient.	Gemma Hayward	Advised	Incident now closed.	Y
Closed	21/11/2017	Level 2 breach reported regarding an initial health assessment about a Looked After Child sent to the incorrect Local Authority.	Gemma Hayward	Advised	Incident now closed.	Y
Closed	08/12/2017	Level 2 breach reported regarding a CYPIT referral form and a CYPIT therapy plan for 2 separate patient left on a desk and not secured out of hours.	Gemma Hayward	Advised	Incident now closed.	Y
Closed	08/12/2017	Level 2 breach reported regarding a member of staff accessing records of 2 family members with no legitimate relationship to do so.	Gemma Hayward	Advised	Incident now closed.	Y
Closed	13/12/2017	Request to sign information sharing agreement for Child Health Data	Gemma Hayward	Signed	To have child measurement data removed from agreement—Richard Watson actioning	N
Closed	05/01/2018	Transfer agreement to be signed for the release of records to BHFT from CSH for transfer of service in	Gemma Hayward	Signed	Signed agreement returned to CSH	N
Closed	16/01/2018	Notification from the ICO investigation into the data breach WEB77313 has been allocated to their Criminal Investigation Team	Gemma Hayward	Advised	None	N
Closed	19/01/2018	Level 2 breach reported regarding the theft of a laptop and diary which held patient identifiable information for 448 patients.	Gemma Hayward	Advised	Incident now closed.	Y
Closed	08/02/2018	Advice on governance statement for funding panel ToRs	Susanna Yeoman	Agreed	None	N

Closed	21/02/2018	Level 2 breach reported regarding a Review Health Assessment (RHA) request for an out of area looked after child that was sent to the incorrect Local Authority.	Gemma Hayward	Advised	None	Y
Closed	07/03/2018	Level 4 breach reported regarding 1865 patient records sent via insecure transfer to Health Intelligence.	Gemma Hayward	Advised	None	Y
Closed	08/03/2018	Level 3 breach reported regarding patient and staff identifiable information left unattended on a desk.	Gemma Hayward	Advised	None	Y
Closed	08/03/2018	Level 2 breach reported regarding a clinic letter sent to the incorrect address.	Gemma Hayward	Advised	None	Y
Closed	16/03/2018	Approval for risk assessments to be removed from patient record	Sue McLaughlin	Agreed	None by CG, RiO back Office to trigger removal	N
Closed	28/03/2018	Advised of complaint made about a patients employer being notified of a patients MH issues and inpatient stay without patient consent. Following discussion between Investigating Officer and Clinical IG Manager, the complaint will be upheld.	Gemma Hayward	Advised	None	N

Trust Board Paper

Board Meeting Date	13 November 2018
Title	Executive Report
Purpose	This Executive Report updates the Board of Directors on significant events since it last met.
Business Area	Corporate
Author	Chief Executive
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
Equality and Diversity Implications	N/A
SUMMARY	This Executive Report updates the Board of Directors on significant events since it last met.
ACTION REQUIRED	To note the report and seek any clarification.

Trust Board Meeting 13 November 2018

EXECUTIVE REPORT

1. Never Events

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

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

2. 2018 Budget

On the 29th October 2018, Chancellor Philip Hammond delivered his final Budget before the United Kingdom is due to leave the European Union and ahead of the 2019 Comprehensive Spending Review. I have included in the appendix a briefing from NHS providers which outlines the key announcements with regard to health and social care.

Executive Lead: Julian Emms, Chief Executive

3. The State of Health and Adult Social Care in England 2017-18 – Care Quality Commission

In October 2018, the Care Quality Commission published their annual review of Health and Social Care in England. Charting a series of improvements and falls across services, they determine how the move towards integrated systems is impacting the care provided to patients in aspirant integrated systems.

The report finds that overall, quality has been maintained on last year's performance. The report also finds changes in the number of services rated as good from 2017 to 2018 as follows:

- GP Practices – 2 per cent improvement
- Adult Social Care locations – 1 per cent improvement
- NHS Mental Health Core Services – 2 per cent improvement
- NHS Acute Hospital Core Services – 5 per cent improvement

However, the report goes to great lengths to stress the variation in quality and access to care across different systems in what they describe as an 'integration lottery.'

In a dedicated section on joint-working arrangements, the authors explore the different pace of development in systems across the country. They observe a number of challenges for these systems in providing access to high quality care to local populations, identifying particular challenges for people with: mental health conditions; learning disabilities; and long-term conditions.

Although they concede that there is no such thing as 'one recognised system' or no single 'systematic approach to the process of commissioning and providing health and care services,' they are clear that system variation is an increasingly prescient challenge for commissioners and providers that must be addressed.

On approaches to quality improvement in the NHS, the report suggests that organisations need to move from an assurance focus to an improvement one. This will require a systematic and significant change in leadership skill sets and behaviours,

The report focusses on the conditions that need to exist for effective staff engagement with regard to quality improvement. These include:

- Leaders and staff working together on problems
- Improvement skills are built across and throughout the organisation
- A coaching style of leadership is used, which is modelled by senior leaders

Overall the report paints a picture of contrasts. Whilst 2017-18 has seen some improvements in the quality of individual services, the failure of these services to work in effective systems to a consistent level across the country is creating a variation in quality and access for patients that, they argue, must be addressed.

Executive Lead: Julian Emms, Chief Executive

4. Waste Disposal – Assurances on our current clinical waste disposal system

Our clinical waste contractor is Stericycle (SRCL).

Following an extensive tender exercise earlier this year, Stericycle were awarded a new contract. During this process Stericycle confirmed that they have capacity across the country and a large infrastructure of incinerators, alternative treatment facilities and waste transfer stations.

As part of our due diligence we (Infection & Prevention Control, Procurement & Estates Facilities) visited their incinerator site to satisfy ourselves that all was in order regarding Duty of Care, permits, processes, consignment notes and other paperwork. Our site services managers are required to carry out 'Duty of Care' visits and I am advised that this year's Duty of Care visit is planned for the 20th November 2018, and will cover all Hospital Sites.

In addition, we carry out pre-acceptance audits at all relevant sites as required by the Environment Agency and these are held in our property data base, monitored by the Waste Working Group and included in our 'compliance reports' monitored by Estates & Facility Management Team.

We meet quarterly with Stericycle to monitor contract performance and this group reports into the Trust Waste Group who in turn reports to the Infection & Prevention Control and the Health and Safety Groups. We have the assurance in place that are required and would be expected for this service.

A copy of the statement issued by Stericycle is attached for reference.

Executive Lead: David Townsend, Chief Operating Officer

5. Routes into Nurse Education

All nurses working in the United Kingdom must be registered with the Nursing and Midwifery Council (NMC). Before registration, trainees must have successfully completed a nursing programme of education that is approved by the NMC. There are now varying routes to take to obtain a nursing qualification. Approved courses must meet the NMC's standards of education and training but programmes vary in their content, the way they are structured, and how they are taught and assessed.

Nursing degree obtained through university

The Nursing degree is an approved full-time nursing degree course which lasts for three years (or four years if taking a dual-field degree.) For those students who already have a degree they can undertake an accelerated course, which take two years. Courses involve spending half of the time studying at university and half of time gaining practical, supervised experience in a range of healthcare settings. These nursing students are supernumerary and the courses are routinely self-funded by the student.

Nursing Apprenticeship

Nursing apprenticeships are now offered as an alternative to traditional nurse training courses.

Nursing degree apprenticeships offer flexible routes to becoming a nurse that do not require full-time study at university, although nursing degree apprentices will still need to undertake academic study at degree level at an approved education institution and meet the standards laid down by the NMC.

The student needs to secure a place as a nursing degree apprentice and the employer's responsibility is to release the student to study at university on a part-time basis. The practice placements are also in a range of healthcare settings.

Most nursing degree apprenticeships will take four years. If students are able to evidence prior learning and experience, this could be recognised and so the nursing degree apprenticeship may take less than four years to complete.

Nursing apprentices are supernumerary to staffing levels and are funded through the apprenticeship levy.

Nursing Associate

The nursing associate is a new role in the nursing team who will provide care and support for patients and service users. This role is being used and regulated in England and it is intended to address a skills gap between health and care assistants and registered nurses.

The nursing associate is a stand-alone role in its own right and will also provide a progression route into graduate level nursing.

Nursing associates work across all four fields of nursing: adult, children's, mental health, and learning disability. It's intended that the role will enable registered nurses to focus on more complex clinical duties.

During the two year training, nursing associates are employed in a specific healthcare setting such as our mental health or community health wards, or community settings and attend education one day per week.

Nursing associates are employed and funded within the localities and the training element is provided through the apprenticeship levy. The nursing associates when in training are not supernumerary.

Funding Approved

In September 2018, the Executive Team approved funding of approximately £800,000 to train 13 healthcare assistants and associate nurses to be qualified nurses, through a variety of routes starting in 2019. The course length (2–4years) will depend on the route taken. The apprenticeship levy will be utilised to pay course fees.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

6. WestCall Care Quality Commission (CQC) Inspection

Westcall, GP Out of Hours Service has been rated overall as requires improvement by the Care Quality Commission following its inspection in June 2018.

The Safe, Effective and Well Led domains were rated "requires improvement" with Caring and Responsive domains rated as good. The areas for improvement are detailed below:

There were limited systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- *Not all incidents and events had been reported by staff to inform the provider of themes and trends.*
- *The provider had not engaged in effective quality improvement activity (including prescribing) to demonstrate impact on patient outcomes.*
- *The provider had not risk or safety assessed GP working hours.*
- *The provider had not risk assessed infection prevention and control for all service sites*

- *The provider had not monitored staff training to ensure all staff were up to date with Safeguarding training to the appropriate level, mental capacity act training or basic life support.*

An action plan has been developed in response to the inspection which will be monitored by the Quality Executive Group, chaired by the Chief Executive.

Executive Lead: Helen Mackenzie, Director of Nursing and Governance

7. Fire Regulatory Notice

The Trust had a fire on Daisy Ward on 1st April 2018 in which a patient set fire to their bedding requiring the ward to be evacuated and the attendance of the Fire Service. The patient had no history of fire setting and was not assessed as a risk and was therefore not in one of our high fire protection rooms, established on each ward after a previous fire incident. The ward was safely evacuated, the fire was extinguished and there were no injuries, but the people involved in tackling the fire did not follow the processes that are in the training we deliver.

The Royal Berkshire Fire Service (RBFS) undertook a fire safety audit on 3rd April 2018 which found that whilst training records were compliant, the actions on the ground were not consistent with the training and procedures for locating the fire and evacuation and liaison with the Fire Service were inadequate.

This led a regulatory notice being issued on 31 May 2018 which required the following –

“From the date of this notice the Responsible Person has three months to provide extensive and robust evidence which provides assurances that any evacuation required at a fire incident, for relevant persons within the hospital, will be effective or, if the Responsible Person is of the opinion that the assurances required cannot be given, the Responsible Person is to provide confirmation that an active and effective fire suppression system is now in place and in operation in relevant rooms.”

Following the fire in December 2016, the Trust had made significant changes to its training, policies and procedures, improved its training compliance levels, implemented the no smoking policy at Prospect Park Hospital, improved fire protection of wards and rooms and had reviewed options for a fire suppression system – a suggestion from the fire service at the time. We had also reviewed the fire incident of 1 April to review what had happened and what we could learn and improve, putting in an action plan to further improve our fire safety measures.

As a result of the Regulatory Notice, we undertook a comprehensive and complete review of all our fire safety measures and produced a response for the fire service which included all measures in place and actions already being addressed to provide the assurances required. These were independently reviewed by a leading national fire safety expert who confirmed they provided comprehensive assurance. We were also able to update on our work on developing a safe and effective fire suppression system for our high fire protection rooms.

This response was provided on 20 August 2018 and comprised 229 pages covering the following –

- Current Policies and Procedures
 - Fire Safety
 - Risk Assessment policy
 - Risk Assessment Training
 - Training compliance

- Improvements implemented and progressed
 - High fire retardant bedrooms
 - Fire suppression system
 - Fire training
 - Fire evacuation
 - Fire Detection
 - Fire risk reduction

- Additional Actions
 - Training
 - Notices
 - Evacuation Plans

Through the review and response we have sought to provide the assurance required by the Regulatory notice whilst also considering the demands on staff at PPH, the balance of risks of self-harm, assaults and fire and the need to provide a therapeutic environment which delivers the least restrictive environment.

RBFS sent a further letter on 31st August 2018 seeking clarification on a number of aspects of our procedures and extending the enforcement notice response period to 31 October 2018.

We provided our response (appendix 3) to these matters on 26 October 2018 and have now had confirmation that the enforcement notice has been withdrawn.

Executive Lead: David Townsend, Chief Operating Officer

8. Staff Flu Vaccination Campaign

Introduction

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

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

What is new for 2018-19?

NHS Improvement have stated that Trusts need to work towards 100% ambition in 'high risk' clinical environments, to include haematology, oncology, bone marrow transplant, neonatal intensive care and special care baby units. Additional areas are to be identified and determined locally.

Berkshire Healthcare has identified Children's Respite and Campion Units as high risk due to the adverse outcomes flu could have on these patient groups. In addition community nurse managers have been requested to plan care allocation so that unvaccinated community staff are not allocated to visit patients who are receiving chemotherapy. Trust Boards are required to record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated.

Trusts are required to report the number of healthcare workers with direct patient contact that have been offered the vaccine and opted-out. Berkshire Healthcare has made a decision not to offer opt-out until December when all staff who have not had the vaccine will be contacted and requested to complete a survey monkey with the required questions included.

By February 2019, Trusts to include in their public board papers their performance on overall vaccination uptake rates and numbers of staff declining the vaccinations including details of rates within each of the areas designated as 'higher-risk'. This report should include actions undertaken to deliver the 100% ambition.

Trusts will be required to give a breakdown of the number of staff opting out against each of the reasons listed (I don't like needles, I don't think I'll get the flu, I don't believe the evidence, I'm concerned about side effects, I don't know how or where to get vaccinated, it was too inconvenient to get to a venue to be vaccinated, the times weren't convenient, other-please state). NHS Improvement will collate this information nationally.

The Board is asked to

- Record their commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated
- Receive their flu vaccinations and encourage all staff to have their vaccination
- The flu team are currently considering incentives for the second half of the campaign.

As in 2017-18, the Denominator data will need to be updated each month prior to submission to reflect the dynamic nature of the workforce being vaccinated. This will need to be undertaken manually as there is currently no field in ESR to record flu vaccination. As a result the Trusts percentage compliance could fluctuate going down as well as up over the period of the campaign.

Progress to date

Monthly flu campaign strategy meetings continue and involve key stakeholders; communications are being managed by the Marketing and Communication Team.

The campaign is being delivered through a mix of clinics, peer vaccination in services, vouchers and recording of staff who report that they have had their vaccination at their GP practice, previous employer etc. This year we have 26 peer vaccinators to support delivery of the campaign.

The campaign got off to a good start but was hampered by a two week gap in delivery of further vaccine supplies early in the campaign resulting in a loss of momentum for peer vaccinators as priority had to be moved away from vaccination within teams and at events and given to the published clinic schedule. Supply has been a national issue this year and affecting other providers too.

As of 31st October 2018, 2016 vaccines had been given. Table 1 shows the break down by locality and Table 2 by clinical staff group.

Table 1

	Children YPF	Community Health East	Community Health West	Corporate	Inpatients PPH	Mental Health East	Mental Health West	Other Health Services	Berkshire Healthcare
Overall Baseline	590	551	857	549	230	183	794	201	3955
Clinical Baseline	490	481	700	108	216	138	675	173	2981
Clinical Actual	258	208	332	51	60	71	250	81	1311
Clinical Percentage	52.65%	43.24%	47.43%	47.22%	27.78%	51.45%	37.04%	46.82%	43.98%
Non Clinical Baseline	100	70	157	441	17	45	119	28	977
Non Clinical Actual	64	37	69	199	7	29	59	18	482
Non Clinical Percentage	64.00%	52.86%	43.95%	45.12%	41.18%	64.44%	49.58%	64.29%	49.33%
Locality Actual Total	322	245	401	250	67	100	309	99	1793
Overall Actual Percentage	54.58%	44.46%	46.79%	45.54%	29.13%	54.64%	38.92%	49.25%	45.34%

Table 2	Doctors & Dentists	Nurses	AHP/ST&T	Clinical Support
Baseline	182	1045	791	963
Number vaccinated	70	481	381	379
Percentage	38.46%	46.03%	48.17%	39.36%

Executive Lead: Director of Nursing and Governance

9. Berkshire West Integrated Care System - Engagement Event – 29 October 2018

The Trust hosted an engagement event on behalf of the Berkshire West Integrated Care System on 29 October 2018. Over 70 people attended the event including governors and senior staff from the Trust and the Royal Berkshire NHS Foundation Trust, Berkshire West Clinical Commissioning Group, Healthwatch, Local Authorities, GP Federation and the Voluntary Sector.

Nicola Walsh, Deputy Director of the King's Fund presented the national and international context of Integrated Care Systems and gave some case study examples of system working. This was followed by local patient stories which highlighted the benefits for patients of taking an integrated approach.

A panel of system leaders from the Trust, the Clinical Commissioning Group, the Royal Berkshire NHS Foundation Trust, GP Alliance and West Berkshire Council gave their personal perspectives on what they wanted to achieve by working as a system.

Finally, delegates had an opportunity to discuss on their tables what further information they required about Berkshire West Integrated Care System. A summary of the feedback is attached at appendix 4.

Executive Lead: Julian Emms, Chief Executive

10. Frimley Health and Care Integrated Care System

Sir Andrew Morris has decided to step down from his role as Chair of Frimley Health and Care Integrated Care System with effect from the end of December 2018.

Andrew has recently been appointed to the Board of NHS Improvement as a Non-Executive Director and feels he now has a significant conflict of interest. The process for the appointment of a successor is not yet clear, but I shall of course keep the Board briefed as more detail emerges.

Executive Lead: Julian Emms, Chief Executive

Presented by: Julian Emms
Chief Executive
November 2018

November 2018 Budget

Overview

Chancellor Philip Hammond delivered his final Budget before the UK is due to leave the EU and ahead of the 2019 Comprehensive Spending Review with a positive message that “austerity is coming to an end”, and a signal that he is preparing the economy and country for a “new chapter”. In a marked change of tone from his previous Budgets, the Chancellor set out a raft of spending measures designed to offer a promise of a brighter tomorrow for the British people whose hard work, after eight years of austerity, “has paid off”.

An unexpected £13bn windfall, resulting from better than expected tax receipts, meant that the Chancellor was able to honour the commitment to grant an additional £20.5 billion over 5 years to the NHS without raising taxes. Other big announcements included raising the personal tax free allowance, increasing the living wage and providing a £1bn boost to support the rollout of Universal Credit.

This briefing outlines the economic headlines within the Budget, key announcements for health and the wider economy, and NHS Providers’ response.

Economic Overview

- Public sector net borrowing has fallen faster than expected, and the OBR has revised its forecasts accordingly. The UK government is now expected to borrow £25.5bn this year, which is £11.9bn less than previously forecast. This change is the result of stronger tax revenues and lower spending on welfare and debt interest than expected.
- THE OBR BORROWING FORECAST
- This year’s GDP growth has been revised down from 1.5% to 1.3%, primarily because of the snowy conditions experienced during winter. However growth has been revised upward for the subsequent years, following the publication of new employment data.
 - These revisions to borrowing and growth have created a ‘fiscal windfall’, most of which will be used to fund the NHS settlement announced by the prime minister in June. It means the Government can avoid certain tax rises to fund these commitments. In 2018/19 the deficit is set to fall to 1.3% of GDP but will

rise to 1.6% the following year. The OBR is forecasting a deficit of 0.8% in 2023/24, leaving the government only two years to reach its target of balancing the budget.

- Employment has risen by 240,000 during the first six months of the financial year, almost three times more than expected. Since March CPI inflation has declined in line with forecasts, but following recent rises in oil prices inflation is expected to grow throughout the second half of the year at 2.6%.
- The OBR has continued to apply the same broad-brush assumptions to its post-Brexit forecasts as it has used since the referendum. The current forecast assumes a 'relatively smooth exit from the EU next year'. It warns that, although difficult to predict, a 'disorderly' exit may lead to severe short-term implications for the economy, particularly on public finances.

OBR GDP forecast growth: 2018 to 2023						
	2018	2019	2020	2021	2022	2023
November 2018 forecast	1.3%	1.6%	1.4%	1.4%	1.5%	1.6%
March 2018 forecast	1.5%	1.3%	1.3%	1.4%	1.5%	

Department of Health spending profile

Overview of Department of Health spending: revenue and capital

- The Government has increased NHS England's budget by £7.2bn, in line with the Prime Minister's announcement in June. This includes an additional recurrent £1.25bn, on top of the core revenue increase, to fund an increase in NHS employer pension contributions.
- However, the Department of Health and Social Care's (DHSC) budget, which includes the NHS England budget, will rise more slowly, by £6.3bn. The means there are likely to be cuts to budgets outside the NHS ring fence, including funding for public health, training, and the budgets of national organisations such as the Care Quality Commission.
- The Red Book also gives five-year projections for both NHS England spending. As revealed in June, NHS England's budget will rise to £149bn in 2023/24.

NHS England budget						
Year	2018/19	2019/20	2020/21	2021/22	2022-23	2023-24
NHS England budget (£bn)	114.6	121.8	128.2	134.4	141.1	149.0

- The DHSC capital budget for this year is given as £5.9bn. This is £500m less than the figure given for 2018/19 in last year's Red Book.
- Beyond this year, capital budgets are set to rise, to £6.7bn in 2019/20 and £6.8bn in 2020/21.

Department of Health budget: revenue and capital		
Year	2018-19	2019-20
DH revenue budget (£bn)	123.3	129.6
DH CDEL (£bn)	5.9	6.7
Total (£bn)	£129.2	£136.3

Health specific announcements

- The Budget gives new detail on the future efficiency requirement for the NHS. It says the NHS long term plan must set out how the NHS will achieve cash-releasing productivity growth of at least 1.1% a year, as one of the government's five financial tests for the plan.
- The five financial tests, which were first outlined in June, are restated in full. The NHS long term plan must set out how the NHS will:
 - (including providers) return to financial balance
 - achieve cash-releasing productivity growth of at least 1.1% a year (with a final number to be confirmed in the plan), with all savings reinvested in frontline care
 - reduce the growth in demand for care through better integration and prevention (with a final number to be confirmed in the plan)
 - reduce variation across the health system, improving providers' financial and operational performance
 - make better use of capital investment and its existing assets to drive transformation.
- As also set out in June 2018, the government will consider proposals from the NHS for a multi-year capital plan to support transformation, and a multi-year funding plan for clinical training places. The government will also ensure that public health services help people live longer healthier lives. Budgets in these areas will be confirmed at Spending Review 2019.
- In addition, the government has made provision for NHS pension costs until 2023-24, which will be adjusted in line with the confirmed Superannuation Contributions Adjusted for Past Experience (SCAPE) rate change.

Mental health

- The government has committed that funding for mental health services will grow as a share of the overall NHS budget over the next five years. Although £2bn additional spending on mental health was widely reported before the Chancellor's speech, the figure is not in the Red Book. The government has promised to extend mental health crisis services, at a cost of £250m per year by 2023/24. These include:
 - Giving 24/7 mental health support via NHS 111;
 - Crisis teams in every part of the country for children and young people;

- Comprehensive mental health support in every major accident and emergency department;
 - More mental health specialist ambulances; and
 - More community services such as crisis cafes.
- The NHS will also prioritise mental health services in schools. For adults, access to the individual placement support programme will be expanded to help people with severe mental illness find and stay in work, with the aim of helping 55,000 people by 2023/24.

Social care

- A number of short term measures have been announced on social care funding. The government has repeated its commitment to addressing longer term funding in the forthcoming social care Green Paper.
- In addition to the already announced £240m social care funding for 2018/19, another £240m is set aside for adult social care in 2019/20. The intention of these measures is to free up NHS beds over winter.
- A further £410m has been made available for adult's and children's social care in 2019/20. Again, the government has made it clear this money should improve social care provision to ease demand for NHS services.
- A final £55m will be channelled via the Disabilities Facilities Grant in 2018/19 to provide home aids and adaptations for disabled children and adults on low incomes.
- The Budget also makes £84m available for 20 local authorities to improve children's social care over the next five years. The intention is for this money to help more children stay at home with their families.

Other health related announcements

- The government is making £10 million of capital funding available to air ambulances in England.
- In his speech the Chancellor said the government would continue to back public/private partnerships, where they add value for the public and transfer risk to the private sector. However the government has found Private Finance 2 (PF2), which succeeded the private finance initiative (PFI), to be "inflexible and overly complex", and announced in the budget it would no longer use it for new projects. No new PF2 schemes have been started since 2016. In its economic and fiscal outlook report, the OBR said PFI and PF2 both represented a "source of significant fiscal risk to the government". A new centre of best practice in the DHSC will be established with the aim of improving management of existing PFI contracts.
- As part of the government's wider package for research and development, around £50m has been made available to fund research in the most pressing areas. The Budget mentions this might include public health and cyber security.
- The duty rates on beer, most cider and spirits will be frozen. Duty on most wine and higher strength sparkling cider will rise by RPI inflation from 1 February 2019.

- Duty rates on all tobacco products will increase by 2% above RPI inflation until the end of the Parliament. Hand rolling tobacco will increase by an additional one percentage point. This change will come into effect from 6pm on 29 October 2018.
- The Minimum Excise Tax for cigarettes will rise to £293.95 per 1,000 cigarettes. This will take effect from 29 October 2018.

Overview of other key / relevant announcements in the budget

Brexit

- A further £1.5billion will be set aside in 2019/20 over the next two years to ensure that the UK is prepared for every possible outcome in the Brexit negotiations. This is in addition to the £2.2billion allocated to departments for Brexit preparations.

Welfare

- The Budget confirms that the OBR forecasts welfare spending to remain within the Government's welfare cap and margin set at Autumn Budget 2017.
- The government is providing additional support for Universal Credit in the Budget, announcing a package of support, including;
 - Increasing the amount that households with children and people with disabilities can earn before their Universal Credit is withdrawn, the Work Allowance, by £1000 from April 2019, meaning £630 of extra income each year.
 - Housing benefit claimants will receive an additional payment providing 2 weeks worth of support during the transition to Universal Credit
 - Extending the 12-month grace period for self-employed people.
- The government announced the introduction of a new statutory entitlement to two weeks of leave for employees who suffer the death of a child under 18, or a stillbirth after 24 weeks of pregnancy.

Taxation

Income tax, national insurance and employee benefits

- From April 2019 the personal allowance and higher rate threshold will increase to £12,500 and £50,000 respectively.
- The government will reform the off-payroll working rules (IR35) in the private sector, following a consultation and the roll out of reform in the private sector.
- The government will publish a consultation on how to make the taxation of trusts simpler, fairer, and more transparent.
- Following the call for evidence published in March 2017, the government is launching the National Retraining Scheme and skills pilots to help those in work, including the self-employed.

Charity taxes

- From April 2019, the government will introduce a package of measures to reduce administrative burdens on charities including increasing the upper limit for trading that charities can carry out without incurring a tax liability. This will increase from £5,000 to £8,000 where turnover is under £20,000, and from £50,000 to £80,000 where turnover exceeds £200,000.

Business and corporate tax

- The government will introduce a new 2% tax on the revenues of big digital businesses.

Property tax

- The government will extend first-time buyers relief in England and Northern Ireland to qualifying shared ownership property purchasers. This will be backdated to 22 November 2017 and be applied to relevant transactions with an effective date on or after 29 October 2018.

National Living Wage (NLW) and National Minimum Wage (NMW)

- The government has accepted the recommendations of the independent Low Pay Commission (LPC), and will increase the National Living Wage (NLW) by 4.9% from £7.83 to £8.21 from April 2019. Living Wage will increase to £8.21 in April 2019.
- The government will announce a remit for the Low Pay Commission for the years beyond 2020 next year.

Fuel duty

- The government has announced that fuel duty will be frozen for a ninth successive year.

Business rates

- The government announced that it would be providing additional support to businesses, cutting business rates for small shops by one third.

Pensions and savings

- The lifetime allowance for pension savings will increase in line with CPI, rising to £1,055,000 for 2018/19.

Environmental taxes

- The government will introduce a new tax (subject to consultation) on plastic packaging which does not contain 30% recyclable material.
- The government will not introduce a tax on disposable cups, but will look at the best way to tackle the environmental impact of cups in the Resources and Waste Strategy, expected later this year.

- The government will provide £15 million to charities and others to distribute surplus food to avoid food waste.

Implications for the NHS and the provider sector

- The government has signalled its intention to provide budgets for capital, clinical training places and public health in the 2019 Comprehensive Spending Review. This means that trusts will have a longer wait to access to the capital they need to enable the productivity improvements they are committed to delivering.
- While the additional money for social care is welcome, we still await the Social Care Green Paper and with it details of how to achieve a long term, sustainable system of social care provision. We are clear that short term fixes and injections of money can only go so far.
- At a time when workforce is the number one concern for trusts, the lack of funding for training places and the absence of the long awaited work force strategy is worrying.
- Despite the Secretary of State for Health and Social Care's welcome identification of prevention as a key priority for the health service, there was no mention of public health in the Budget, representing a significant omission.

Press statement

NHS Providers press statement setting out our response to the Budget is below and also accessible online [here](#).

Commitments to mental health sends right message but more support for core services needed -NHS Providers response to the Budget

The chief executive of NHS Providers, Chris Hopson, said:

For immediate release

"We welcome the commitments made to mental health in the Budget. We were also pleased to hear confirmation from the chancellor of the £20.5 billion increased funding commitment made to the NHS over the next five years, which will underpin the new NHS long term plan.

"The allocated money for mental health sends the right message about the importance of ensuring parity with physical health services. However while this funding is directed at specific new programmes, it is vital that we also see more support for core services for people with severe and long term mental health problems. And given previous commitments on mental health funding it is particularly important to ensure that, this time; any additional money does actually reach the front line.

"The extra funding for social care will offer more support to local authorities and the NHS. However, despite this, it is clear that total social care funding will still fall well short of what is needed to keep up with extra demand. It's also vital that the forthcoming Green Paper and the Spending Review provide a long

term, sustainable, resolution for social care funding, rather than forcing local authorities to rely on an endless series of short term stop-gap solutions.

“For the NHS funding settlement to deliver real value, recover performance and deliver integrated health and care, it’s also vital that the forthcoming Spending Review provides the right settlement for public health, training and NHS capital. Prevention, as the health and social care secretary has flagged, must be a priority and trusts need the right buildings and equipment and the right numbers of staff with the right skills to provide outstanding care. These issues all remain unresolved while the budget for them is squeezed.

“Whilst we note the Chancellor’s announcement on the future of PFI, a number of trusts with particularly onerous existing PFI contracts will need further financial support if they are to meet the Prime Minister’s stipulation that no NHS organisation should be in financial deficit over the medium term. We will need the forthcoming review of NHS capital spending to set out how trusts can fund big building projects in the future.

“Attention will now turn to the publication of the NHS long-term plan later this year. This will rightly be ambitious, but it must also be realistic about what the service can be expected to deliver, given the competing priorities for resources, the steep and relentless rise in demand for care and the current financial and performance gaps the NHS currently has.”

ENDS

Useful links

The full Budget document can be accessed [here](#)

The full text of the Chancellor’s speech is accessible [here](#)

OBR figures are available [here](#)

Re: Clinical Waste Capacity Issues

Dear Customer,

In light of the media reports and political statements that have emerged since 4th October 2018 concerning a clinical waste supplier – and the clinical waste market in general – I am writing to reassure you that Stericycle is fully committed to performing all of its contracted services to its customers.

As a long-standing, global provider of clinical waste services, we have the necessary resources, capacity and expertise to maintain services throughout the UK and Ireland to our usual high standards of service and compliance.

Stericycle is working closely with the government, regulators and other responsible suppliers to identify:

- sufficient disposal capacity to process the backlogs of clinical waste
- sufficient disposal capacity to meet ongoing Incineration and Alternative Treatment requirements
- robust contingency arrangements for any supply failure in the coming months

Stericycle has stepped in to help resolve such situations before, so we are sharing our experience and expertise with all stakeholders to ensure that compliant solutions can be found which will sustain the clinical waste market into the future.

Stericycle will treat all service requests fairly and responsibly. We will find solutions that work for all waste producers. In return, we ask that all our customers work in partnership with us during this time.

If you have any questions or concerns regarding the current situation, please call Customer Service on **0333 240 4400** or e-mail **supportuk@stericycle.com** and they will do their best to help you.

Yours sincerely,

Ian Osborne

Vice-President, Stericycle UK & Ireland

Appendix 3
20th August 2018

Simon Jefferies
Assistant Chief Fire Officer
Royal Berkshire Fire & Rescue Service
Headquarters
Newsham Court
Pincent's Kiln
Calcot
Reading
RG31 7SD

Fitzwilliam House
2nd/3rd Floors
Skimped Hill Lane
Bracknell
Berkshire
RG12 1BQ

Tel: 01344 415600

Fax: 01344 415666

<http://www.berkshirehealthcare.nhs.uk/>

Dear Mr Jefferies

**Re Enforcement Notice number 272
Regulatory Reform (Fire Safety) Order 2005: Article 30.**

Further to our letter of 26th June to Trevor Ferguson, we responded to the points raised in his letter and informed you we would provide a separate response to the above enforcement notice. This letter is our response to the enforcement notice and the letter of fire safety matters sent at the same time from James Whitton.

The Trust confirms that the points raised in the Notice are as follows:

The Trust to provide extensive and robust assurances that any evacuation required at a fire incident will be effective, to ensure that the fire risks posed by patients setting fires is reduced so far as is reasonably practicable and fires set by patients are controlled so they do not present a significant fire injury or fire death potential

The Trust has detailed below and in attachments, how its current policies and procedures provide assurance, improvements it has implemented and progressed over the last 2 years, our investigation and learning following the fire incident and additional steps it will take to reduce fire risks.

Current Policies and Procedures

1. Fire Safety policy and procedures (HS006).

The purpose of this document is to provide a clear, unambiguous fire safety policy for Berkshire Healthcare, with the objective to minimise the incidence of fire and, where fire does occur to minimise its impact on life safety, patient care, property and the environment. This policy is reviewed every 2 years and after fire incidents. The last review was in April 2017 and its next review is due April 2019 or sooner should there be an incident or material change to environment process or procedure. [Doc 1: A copy of the policy is attached]

A smoking policy is in place which prohibits smoking within the premises.

[Doc 2: A copy of the policy is attached]

2. Risk assessment procedures

The risk of setting fires is covered in the risk assessment of all patients in two ways – firstly the risk of malicious or intentional ignition and secondly the risk of accidental fire setting, which includes illicit smoking. Both would be determined based on past history and current mental state. Staff are prompted to consider these risks within the risk summary recorded on the Trust clinical record completed for every patient and updated throughout their stay.

TEST, Bt (Mr) DoB: 1 Mar 2017 (1 year(s), 4 month(s)) Gender: Male NHS: N/A

Risk Summary

ABC

2. Risk of Accidental/Unintentional harm to Self

RISK RATING: Medium

GUIDANCE

WARNING SIGNS:
Previous history of neglect or accidents • Falling to eat/ drink properly • Swallowing difficulties/choking (Dysphagia Screen) • High doses of medications • Unable to engage/ comply with treatment • Unable to maintain activities of daily living (cooking, cleaning, shopping, self-care, physical health) • Confused or disoriented • Memory impaired • Prone to wandering • Risk through unsafe use (may also be deliberate and should be considered under harm to others) • Previous other Accidents (burns, scalds) • Difficulty communicating • Unsafe Driving • Unsafe use of medication

The risk assessment policy focuses on the need to consider all aspects of risk based on historical, clinical, situational, protective factors and the need to devise a robust plan to mitigate. The aide memoir outlining areas to cover in your risk assessment (page 9) in the attached Standard Operating Procedures specifically refers to fire risk and the use of fire retardant room to help mitigate it in PPH. The CPA policy links to the risk summary and stipulates that a comprehensive multi-disciplinary, multi-agency assessment covering the full range of needs and risks must be undertaken.

[Doc 3: Clinical Risk Documentation Guidance – Standard Operating Procedures]

3. Risk assessment within In-patient mental health services

The risk assessment process for a person within the in-patient services commences prior to admission. All patients being admitted to hospital are seen by at least 1 mental health professional prior to admission who have assessed the patient's risk as part of this process. The norm is that more than 1 professional would be involved in the risk assessment of any patient being admitted to an in-patient bed.

On admission this risk assessment is continuously updated and is informed by the various professionals now involved in the patients care, patient, family, carers and those who have had previous acquaintance or professional interaction with the patient. Forensic history can be obtained along with current criminal investigations or pending court cases. The risk information that is stored in the patient's electronic medical record is retained and cannot be accidentally deleted or mislaid. All interactions, incidents or warnings attached to the patient are retained in this electronic record and helps all professionals who are currently involved with all patients to be informed by previous professional involvement.

Patients who are deemed at high risk, requiring more intervention than may be possible on an acute admission ward would be assessed for suitability for admission to our psychiatric intensive care (PICU) ward which provides a greater level of security.

Those who have been assessed as criminally liable secondary to mental ill-health would be referred to the Oxford Health Services who host the forensic beds (high secure) and this type of patient is not admitted to Prospect Park Hospital.

The risk assessment is updated frequently with known or assumed risks and takes into consideration both current and historical risk factors. It is a multidisciplinary form and the document can be updated and reviewed by all professionals involved in the patients care. Those who have a history of or risk of both intentional and/or unintentional fire-setting would have individualised countermeasures incorporated into their risk-management safety plan to mitigate such risks. These countermeasures may include transfer to our PICU, increased observation, restricting personal items or being nursed in one of our extra fire-retardant bedrooms and will be based upon the level of risk posed to self and others.

[\[Doc 4: Risk Management in Mental Health and Learning Disability Services CCR003\]](#)

4. Risk Assessment Training

At Prospect Park Hospital (PPH) clinical risk training is identified as a priority and training is mandatory. All clinical staff employed in the Trust attend a full days training on clinical risk assessment and Prospect Park staff attend an annual half a day update where the principles of clinical risk are linked with recent serious incident events and learning from these are shared. We provide a monthly induction session and then monthly update sessions.

These sessions cover the following:

- Learning from serious incidents
- Principles of risk assessment
- Identifying risk factors for suicide, self-harm, violence and aggression, harm to others, harm from others, arson and deliberate fire setting and how the environment can influence/increase risk
- Indicators of increased risk and high risk groups
- Myths about risk
- Joiners model of why people die by suicide
- Gathering of risk information/asking difficult questions
- Formulation/risk rating
- Risk management planning and safety planning
- Importance of triangulation: sharing knowledge within documentation and seeking collateral information from carers.

Any new aspects of risk or serious incidents that occur across the Trust are fed into this training to ensure any learning is shared as wide as possible.

Clinical risk is also covered in our band 2/3 and 4 (unregistered staff) training programmes and part of the clinical lead (band 6) role to develop this skill on wards and ensure risk assessment and management plans reflect the risks of individuals accurately.

Compliance Rates for Risk training July 2017- June 2018

Average compliance rates across all 7 wards at PPH; this is reviewed monthly at the locality performance meeting and also the ward managers meeting.

Freq	Sector	Last 12m avg	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
M	Total	93.8%	96%	95%	95%	94%	93%	92%	91%	92%	93%	94%	94%	95%

Improvements implemented and progressed

6. High Fire Retardant bedrooms

6.1 Work to create 2 high fire retardant bedrooms on 6 wards, including all of our 4 adult wards, has been completed. The fitting of fire retardant bedding (pillow, pillow case, duvet, duvet cover, mattress) to Ignition Source 7 (the highest level of ignition resistance in the relevant tests, and that suitable for high risk patients according to HTMs) was completed 17th-30th Jan 2018. Additional work to refurbish rooms and install fire retardant furniture (open shelving unit and bed) was completed in January 2018. This delivers 12 high fire retardant bedrooms which provides capacity that is higher than the number of patients with a known risk of fire setting we would need to manage at one time. Based on our experience and analysis there would be a maximum of 4 high risk patients at any one time.

6.2 Eighty bed frames at PPH have been replaced with solid base Sovie box beds in acute admission wards. Made by Pineapple using Kydex material which has the following fire safety rating – “Achieves class A rating for American society for testing and material (ASTM)- 84 (surface burning and characteristics of building materials). Is self-extinguishing in the absence of an external flame “. Installation of all 80 was completed at the end of April 2018. This has removed the opportunity to store items under the bed and reduces the fire risk in all rooms.

7. Fire Suppression System

The Trust has done a lot of work over the last 2 years to source a suitable fire suppression system. Our actions on this to date are as follows –

7.1 The Trust has been working with 5 different suppliers of suppression systems to find a system that is suitable. It has also looked at other trusts to see if suitable systems already exist elsewhere. So far the Trust has not been able to identify a system that is safe for our environment.

7.2 Several of the systems investigated use standard sprinkler heads which are not suitable because they can be vandalised and then used as a ligature point.

7.3 The Trust has looked at a company suggested by a fire safety expert. This was a domestic system with a tank of water housed in a plastic box within the room and would not sustain an attack by a patient and was therefore discounted.

7.4 The Trust has been in contact with other Trusts across the country to find suppression systems in patients' bedrooms but this has been difficult to obtain. One was suggested in Guildford but it was in fact installed in a plant room and not a patient bedroom. A visit was made to Broadmoor but they have very high ceilings where the heads cannot be accessed.

7.5 Since February the Trust has been working with a company called VapourMist/ Plumis who use a different misting head and have worked with us to adapt it with a robust, anti-ligature water safe profile. The Trust made a visit to witness a demonstration of the head and system in action under fire conditions. It was witnessed by our Fire Officer who is of the view that it performed very well. The possible downside is that the misting head has to be fitted at waist height and that is well within reach of patients.

7.6 We have agreed to trial this misting system in 2 high retardant fire rooms on Daisy Ward for 6 months and these are due to be installed by end of September 2018. During this time we will need to evaluate that the misting system is effective and does not pose a safety risk to our patient group. We will need to ensure that the system does not lead to a greater risk of self-harm, ligature, vandalism and legionella bacteria.

7.7 We have also approved the funding to roll out the installation of this misting system in all of our high fire retardant bedrooms if the trial is successful. [\[Doc 5: misting system brochure\]](#)

8. Fire Training

8.1 The Training regime for all our wards was completely reviewed and IPFE training delivered to all staff annually, now includes detailed, ward specific training on fire evacuation, progressive horizontal evacuation, use of evacuation sleds, fire fighting equipment; choosing the correct extinguisher, basic door procedure and a dry run demonstration [\[Doc 6: Copy of training material or content\]](#).

The way we evaluate that the training has been understood is by verbal confirmation through the training and an individual multiple choice questionnaire at the end of the training which has a pass mark of 75%. [\[Doc 7: Example training multiple choice questionnaire\]](#)

Records of training are sent to Learning and Development for recording within 48 hours of the training. Learning and Development monitor compliance against staff records and issue weekly and monthly compliance reports for services. [\[Doc 8: example copy of training compliance report\]](#)

8.2 All PPH ward staff received extra training early in 2016. Compliance levels have been above 90% for at least 12 months to date. Compliance with training records is undertaken by our Fire Safety

Specialist, Ward Managers, Inpatient Service Manager and the Learning & Development team from weekly reports and emails. Compliance is also reviewed as part of the Trust performance reporting system by each division at their monthly Patient, Safety & Quality meetings, at the quarterly divisional performance meetings, at the monthly Trust Finance, Information and Performance Executive meetings and at the Non Clinical Risk Management Meeting held every other month. [\[Doc 9: fire compliance report example for PPH and FIP Executive meeting\]](#)

8.3 All Duty Senior Nurses (DSNs), who take on call responsibility for the PPH wards on a 24/7 rota have annual face to face training on how to run a fire incident. This is in small groups and has included a number of training exercises. [\[Doc 10: training course content\]](#).

8.4 All ISS staff (facilities management provider) undertake annual fire evacuation training and fire refresher training. In addition specific training is undertaken for second fire officers and the Trust monitors compliance. [\[Doc11: evacuation training attendance sheet.\]](#) [\[Doc 12: refresher training attendance sheet.\]](#)
[\[Doc 13 second fire officer training material\]](#)

8.5 Staff members working for NHS Professionals (bank staff) are required to attend IPFE training at the Trust's expenses if they work regular shifts – more than 2 in a month. Spot checks are undertaken of compliance with the extra training. This is in addition to the fire training they all receive from NHS Professionals.

8.6 On 20th October 2017 a joint training exercise was carried out with RBFRS; this exercise was initiated by Berkshire Healthcare and lessons from it have been used in subsequent training delivered to PPH staff. [\[Doc 14: Jasmine exercise debrief and follow up actions completed\]](#)

8.7 Additional training was undertaken with the staff involved in the Daisy ward fire incident in April 2018.

9. Fire Evacuation

9.1 All the ward plans have been redrawn with better highlighting of compartment and sub-compartment barriers. These plans are displayed in all wards and staff are trained in their use as part of Inpatient Fire Evacuation (IPFE training). [\[Doc 15: example fire evacuation plan with access door numbers\]](#)

9.2 All external fire-service access doors have been numbered inside and out and added to the plans held on the wards, at reception and by RBFRS. [\[Doc 16: example photo of door numbering\]](#)

9.3 RBFRS were pro-actively invited to attend PPH to carry out inspections under 7 (2)(d) Fire & Rescue Services Act 2004. In September 2016 Berkshire Healthcare's Fire Safety Specialist went to Dee Road fire station to inform the crews of the changes to the fire service access doors and invited the crews to visit. Since then 2 of the 4 watches have visited where they were shown the blue-light access road, door access numbers and shown how to get information from reception before going to

the scene of the fire. There has also been a visit by Barry Ratchford who has attached all information regarding access doors to the Prospect Park Hospital Tactical Plan held by RBFRS.

10. Fire Detection

10.1 Information on how to operate the repeater panel and call reception was simplified and is now displayed by all repeater panels; this is used in all IPFE training along with the ward plans.

[\[Doc 17existing repeater panel flow chart\]](#)

10.2 In order to reduce false signals, new Siemens S-Line multi sensors have been installed in one of the wards as a trial with the intention of implementing this within the other wards if deemed a success.

In the 3 months since there have been no activations from these detectors. This is an initiative to reduce the instances of false fire signals so that staff have greater awareness and confidence that when an alarm sounds processes need to be initiated.

11. Fire Risk Reduction

11.1 Patient-searching training has been reinforced to ensure that all that can reasonably be done to eliminate ignition sources from the wards, whilst maintaining the dignity and human rights of the patients, is being done. Search training and the searching of in-patients at Prospect Park Hospital Search training is mandatory for all In-patient staff who may be required by virtue of their working role, to authorise or become involved in implementing search procedures. This would include all of the nursing and support workers who are based in the in-patient service.

Average compliance rates across all 7 wards at PPH is reviewed monthly at the locality performance meeting and also the ward managers meeting.

Freq	Sector	Last 12m avg	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
M	Total	93.8%	96%	95%	95%	94%	93%	92%	91%	92%	93%	94%	94%	95%

The aim of the training is to enable staff to:

- Search individuals, their property & ward areas whilst being sensitive to the needs of the individual & the service
 - To understand the legal procedures & requirements of the BHFT policy when conducting a search.
- Once staff receive this training they are expected to be able to:
- Define the lawful justification for searching
 - Demonstrate an awareness of BHFT policy in relation to searching of inpatient
 - Identify the contraband items for their own area
 - Demonstrate the correct procedure for a rub down, metal detector, room & area search
 - Describe how to systematically deal with a find
 - Demonstrate an awareness of personal safety during the search procedure

Each ward holds a Search Kit which includes a metal detector wand, an extendable mirror, probe and evidence bags. When a patient is admitted to the ward a full search of the patient and their belongings is undertaken and any prohibited removed. All sources of ignition (e.g. lighters and matches) are prohibited along with any flammable liquids.

When a patient returns to the ward from ground, day or overnight leave a search is also undertaken on the person. This search includes the use of the metal detector wand. If there is reason to believe there is contraband on the ward a full ward search is undertaken or a more local search of a patient's room as and when felt necessary.

The prohibited items on all inpatient wards are:

- Weapons of any kind Alcohol
- Lighters/matches/ignition sources Illegal drugs or non-prescribed medication of any kind
- Aftershave/perfume with alcohol content Sharp or pointed instruments (e.g. scissors)
- Any literature of material that incites violence or racial, cultural, religious or gender hatred
- Plastic bags
- Flammable liquids Metal/ Wooden Coat hangers
- Toxic substances e.g. bleach, cleaning solutions, nail
- varnish remover
- Metal cans of any type (e.g. aerosols)
- Tobacco products Glue

[\[Doc 18: Searching policy for mental health in-patient areas \(CCR019\)\]](#)

11.2 Fire incidents are reported on the Trust incident reporting system. This is used to monitor, evaluate and determine any changes or improvements needed. For every fire event, a report is produced from the system and sent to the Fire Safety Specialist for review, analysis of any trends and action. The system also generates an automatic email notification to a Trust Executive Board director, within 3 days of each fire incident reported on the system.

11.3 Annual fire risk assessments are carried out on all the wards; in early 2016 they were revised to include consideration of the patients as a potential fire risk and to consider the fire loading in patient bedrooms. In 2018 they were further enhanced to include not only the overall training compliance level on the ward but also to take a sample of compliance over randomly chosen day and night shifts to gauge whether use of non-substantive staff was affecting overall compliance levels. Additional training or staffing adjustments are used to mitigate on-going compliance risks.

11.4 Fire door assessment periodic maintenance programme; ISS have categorised all fire resisting doors within the hospital and uses an accredited company to carry out periodic inspections of these doors.

Category one doors are inspected 6 monthly, category 2, 12 monthly and category 3, 18 monthly. Prestige Doors carry out the inspections and remedial work. Further improvements are that all ward staff, as part of their fire safety training are now reminded of how to report a defective door to ISS who will then either carry out repairs themselves or ask Prestige Doors to review the condition of

the doors. Fire doors are also now part of the monthly walk round inspections carried out by the PFI Performance Team.

[\[Doc 19: Fire Door Assembly P.P.M. Schedule\]](#)

11.5 Emergency Lights PPM; all emergency lights are given a monthly function test by ISS. Any lighting failures are recorded, prioritised and are repaired by an electrical contractor according to their importance. High priority repairs will be done by calling out the contractor immediately. Lower priority repairs are carried out during the regular monthly visits by the contractor. ISS also undertake 6 monthly full discharge tests. [\[Doc 20 : Emergency Lighting record of service/maintenance\]](#)

11.6 Internal Learning Review – Comprehensive Investigation: Root Cause Analysis

Following every serious incident, the Trust commissions an independent investigation to provide learning and recommendations for improvement and to reduce the risk of the incident happening again. This was undertaken following the Daisy ward fire on 1 April 2018 and was completed on 7 June 2018, providing a comprehensive review of the incident. A majority of the actions have been completed and remainder are due to be completed by end of December 2018. Actions identified are covered within this response.

The following additional actions will be undertaken to increase assurance.

12. Training to all ward staff as part of the Inpatient Fire Evacuation (IPFE) programme will include hands-on use of water and CO2 extinguishers similar to those found on all the wards. The current training includes a trainer demonstration of safe extinguisher use and choosing the correct extinguisher. Timescale – training extinguishers sourced and training started 11th July 2018.

13. IPFE training will include a walk-through evacuation using candidates as patients. Training will be followed up after 6 months with an unannounced visit from a trainer who will question staff on procedures and ask for a demonstration walk through of an incident. Ward staff will be reminded of the need to report defects for repair on fire doors. Performance will be checked against the staff fire action notice. Timescale – from September 2018. [\[Doc 21: New IPFE training contents\]](#)

14. Staff fire action notices with more emphasis on communicating the fire service access door numbers will be placed next to all ward call points and will contain ward specific information about the access door numbers. Completed. New design ward fire action notice is attached. [\[Doc 22 new ward staff fire action notice\]](#)

15. Additional Internal fire access door numbers are being placed further into the building to show routes to the fire service access doors. (Timescale – by end October 2018 as signs will need to be manufactured)

16. Fire evacuation plans will have the high fire retardant rooms indicated on them (timescale by end August 2018 as part of the annual fire risk assessment process for the wards)

17. Approval is being obtained from the Medicines Management Group for patients to be permitted to vape as part of a trial to enable the Trust to evaluate whether this reduces the risk of illicit smoking by patients and or whether other risks are created. Subject to approval being obtained the trial is planned to commence in November 2018.

18. A demonstration evacuation will be filmed to show best practice. This film will then be used for all induction and bank/agency-staff training and will be part of future IPFE training. Timescale – film to be made and available for use from December 2018 and will be shared with RBFRS. *N.B. The Trust would like to work in partnership with RBFRS in the production of this training film. An early meeting with a representative of RBFRS to confirm the film content would be of great benefit. It would also be helpful if a member of RBFRS or a crew from the local station could take part in the film. We would share the film once it is complete so it can be used for RBFRS staff training. Please contact andrew.walker@berkshire.nhs.uk to arrange this.*

19. The fire policy will be reviewed and updated to reflect the above changes if they impact on the policy.

We would be pleased to meet with you to discuss these proposals and consider any further recommendations you might have. Our key contact point for further correspondence is Andrew Walker – Fire Safety Specialist.

Please be assured that the Trust takes this matter very seriously and actions are already underway to ensure these improvements are in place at the earliest possible opportunity.

Yours sincerely



Julian Emms
Chief Executive Officer



Engagement Event

Monday, 29 October 2018

Feedback from the Table Discussions

Delegates were invited to spend a few minutes on their tables to discuss what they had heard at the event and to identify any information gaps. The following is a short summary of the feedback from the table discussions:

Communications

- What is the common “storyboard” for the ICS?
- The ICS needs to develop some simple and consistent messages about its work/aspirations which could then be shared more widely with local communities and staff
- It would be helpful to repeat the ICS engagement event to keep stakeholders updated about progress

Public Engagement

- How can we best engage with our local communities and ensure that the engagement is meaningful?
- What does the ICS mean in “real life”?
- Patient stories are useful, but we need to use them to highlight what has actually changed as a result of system working?

Public Health

- What is the “real” state of public health? (an analogy was made between crime as reported in the official Police Statistics versus the National Crime Survey)
- Given the budget cuts in local government, does the ICS need to provide ring fenced funding to support Public Health’s role in health prevention?

Self-Care

- What are the plans for developing more self-care (both physical and psychological)?
- Population Health Management - how do we prepare and educate the public about their responsibilities in terms of their own health and wellbeing?

Governance

- How can we engage the individual organisation's Governing Bodies and Local Authority Councillors in the work of the ICS?
- How is the governance of the ICS going to progress and how are Governors and Non-Executive Directors going to be involved?
- What is the timescale for the ICS initiative and how long will before a national view is taken about whether this way of working is the way forward for the future?

Barriers/Challenges

- It needs to be recognised that the public assumes that initiatives such as "Connected Care" which enable health professionals to access patient records are the "norm"
- Leadership capacity - how do we reduce the burden of system working and remove some of the duplication (eg Berkshire West, Frimley Health and Care and STP)?
- Partnership working is important but legislation is needed to ensure that individual organisations have to work as a system
- With each organisation responsible for developing its own strategic direction - how can we ensure that there is an alignment of strategy across the ICS?
- Given the shortage of GPs, how do we encourage GPs to engage with the work of the ICS?

Trust Board Paper

Board Meeting Date	13 November 2018
Title	Financial Summary Report – M6 2018/19
Purpose	To provide the Month 6 2018/19 financial position to the Trust Board
Business Area	Finance
Author	Chief Financial Officer
Relevant Strategic Objectives	3. - Strategic Goal: To deliver financially sustainable services through efficient provision of clinical & non-clinical services
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting regulatory requirements
SUMMARY	The Financial Summary Report provides the Board with summary of the M6 2018/19 financial position.
ACTION REQUIRED	<p>The Board is invited to note the following summary of financial performance and results for Month 6 2018/19 (September 2018):</p> <p>The trust reports to NHSi its 'Use of Resources' rating, which monitors risk monthly, 1 is the highest rating possible and 4 is the lowest.</p> <p>YTD (Use of Resource) metric:</p> <ul style="list-style-type: none"> • Overall rating 1 (plan 1) <ul style="list-style-type: none"> ○ Capital Service Cover rating 2 ○ Liquidity days rating 1 ○ I&E Margin rating 1 ○ I&E Variance rating 1 ○ Agency target rating 1

YTD Income Statement (including PSF Funding):

- Plan: £0.5m surplus
- Actual: £1.8m surplus
- Variance: £1.3m better than plan.

YTD Cash £24.9m vs Plan £22.9m - £2.0m better than plan due to YTD surplus in excess of plan and lower than planned capital expenditure.

YTD Capital expenditure: £2.9m vs Plan £3.6m.

Forecast against Trust control total:

October FIP committee reviewed detailed quarter 2 forecasts for 18/19, confirming a ranged outlook to achieve the previously reported forecast of £1.5m surplus above our pre-PSF control total of breakeven.

The Board is asked to note that £900k of the £1.5m forecast benefit over plan is formally offset (60% to Berkshire West ICS) against Royal Berkshire NHS FT, within the context of reporting on the ICS system control total.

The system reporting offset (no transfer of cash) was requested by all ICS partners and agreed by regulators to address in year demand cost risk in RBFT and assure our joint delivery against the system financial plan.

It is the first system control total offset agreed nationally and reflects positively on the “mutual aid” and partnership approach developing within this ICS, and Frimley, although Frimley ICS has not yet requested formal offset of their share of our forecast benefit (40%, £600k).

The effect of the Berkshire West ICS offset does not change our individual control total. However, Trust PSF will now be earned against phased delivery of £900k surplus over control total.

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2018/19

Month 6 (September 2018)

Purpose

To provide the Board and Executive with a summary of the Trusts financial performance as at 30th September 2018.

Document Control

<i>Version</i>	<i>Date</i>	<i>Author</i>	<i>Comments</i>
1.0	10.10.18	Bharti Bhoja	1st Draft
2.0	10.10.18	Tom Stacey	2nd Draft
3.0	17.10.18	Paul Gray	Final
4.0	02.11.18	Tom Stacey	Final for Board

Distribution

All Directors

All staff needing to see this report.

Confidentiality

Where indicated by its security classification above, this document includes confidential or commercially sensitive information and may not be disclosed in whole or in part, other than to the party or parties for whom it is intended, without the express written permission of an authorised representative of Berkshire Healthcare NHS Foundation Trust.

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1.0 Key Messages

Key Metric	Actual £'m	YTD Plan £'m	Variance £'m	vs Last Mth	vs Prior Year
Surplus / (Deficit) for PSF	0.9	(0.3)	1.3	▲	▲
PSF - Trust	0.5	0.5	(0.0)	▲	▲
PSF - System	0.3	0.3	0.0	▲	▲
Control Total Surplus / (Deficit)	1.8	0.5	1.3	▲	▲
Statutory Surplus / (Deficit)	2.3	0.5	1.8	▲	▲
CIP Delivery	1.3	1.1	0.1	▼	▼
Agency Spend	2.8	2.7	0.2	▲	▼
OAPs - Specialist Placements (incl LD)	4.9	4.7	0.3	▼	▼
OAPs - Overspill Beds	1.1	0.9	0.3	▲	▲
Capital Expenditure	2.9	3.6	(0.7)	▼	▲
Cash	24.9	22.9	2.0	▼	▲

NHSI Compliance	Actual	Plan	
Capital Service Cover	2	2	
Liquidity	1	1	
I&E Margin %	1	2	▲
I&E Variance From Plan %	1	1	
Agency vs Target	1	1	
Use Of Resources Rating	1	1	

Key Messages & Actions

- The Trust reported a surplus of £0.6m, £0.6m above Control Total. YTD the surplus has risen to £1.8m, £1.3m better than Control Total. Our YTD statutory surplus is now £2.3m, including £0.6m of Donations.
- Operating expenditure was £0.5m below plan with Staff costs £0.3m and Non Pay £0.2m below planned levels.
- Capital spend was £0.7m below plan and Cash was £2.0m higher than anticipated, due to the higher YTD surplus and lower than planned capital expenditure. Use of Resources rating remains at a "1" overall.
- We are forecasting a YE surplus of £4.2m, £1.5m ahead of our Control Total. We have agree with NHSI/ NHSE to offset £0.9m of our forecast Control Total improvement with the Royal Berkshire Hospital, continuing our approach to closer system working and management of risk. Whilst this does not move our Control Total, it does require us to deliver our forecast to ensure receipt of PSF Funding.

Key Risks

- CIPs schemes are forecast to under deliver by £1.3m. This is driven by overspill beds costs in particular. Any further deterioration to CIP delivery will present a risk to our forecast.
- LD OAPs (£406k), CRHTT (£347k), LD inpatients (£336k) and Acute & PICU Beds (£274k) are the highest overspending services YTD and represent the highest financial risk going forwards.

2.0 Income & Expenditure

Income Statement	In Month			YTD			FY Plan £'m	Prior Year YTD		
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m		Act £'m	Var +/-	%
Operating Income	19.0	18.9	0.1	114.1	113.6	0.5	227.0	113.6	0.5	0.4%
DoH Pay Award	0.2	0.2	0.0	1.2	1.2	0.0	2.3	0.0	1.2	
Other Income	1.5	1.6	(0.1)	9.6	9.4	0.2	18.6	9.4	0.3	2.7%
Total Income	20.7	20.7	0.0	124.9	124.2	0.7	248.0	123.0	1.9	1.5%
Staff In Post	12.7	13.1	(0.4)	77.1	78.7	(1.6)	156.8	75.9	1.2	1.6%
Bank Spend	1.2	1.0	0.2	6.9	6.2	0.7	12.3	5.6	1.3	23.0%
Agency Spend	0.4	0.4	0.0	2.8	2.7	0.2	5.3	4.2	(1.4)	(33.0)%
Total Pay	14.4	14.6	(0.3)	86.9	87.5	(0.7)	174.5	85.7	1.1	1.3%
Purchase of Healthcare	1.4	1.1	0.3	8.5	7.3	1.2	13.7	8.6	(0.1)	(1.5)%
Drugs	0.6	0.4	0.2	2.9	2.5	0.4	5.0	2.4	0.6	24.2%
Premises	1.1	1.2	(0.1)	7.3	7.0	0.3	14.3	7.5	(0.2)	(2.5)%
Other Non Pay	1.5	2.0	(0.6)	10.4	11.9	(1.6)	23.3	10.4	(0.1)	(0.6)%
PFI Lease	0.5	0.5	0.0	3.2	3.2	0.0	6.3	3.1	0.1	3.5%
Total Non Pay	5.1	5.3	(0.2)	32.2	31.9	0.3	62.7	31.9	0.3	0.9%
Total Operating Costs	19.4	19.9	(0.5)	119.1	119.4	(0.3)	237.1	117.7	1.4	1.2%
EBITDA	1.2	0.8	(0.5)	5.8	4.8	(1.0)	10.9	5.4	(0.5)	(8.6)%
Interest (Net)	0.3	0.3	(0.0)	1.8	1.8	(0.1)	3.6	1.8	(0.0)	(0.6)%
Impairments	0.0	0.0	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	
Disposals	0.0	0.0	(0.0)	0.0	0.0	(0.0)	0.0	0.0	(0.0)	
Depreciation	0.4	0.5	(0.1)	2.3	2.5	(0.2)	5.6	2.7	(0.4)	(13.6)%
PDC	0.1	0.1	(0.0)	0.8	0.8	(0.0)	1.6	0.8	0.0	5.7%
Total Financing	0.8	0.9	(0.1)	4.9	5.1	(0.2)	10.9	5.2	(0.3)	(5.9)%
Surplus/ (Deficit) for PSF	0.4	(0.1)	0.6	0.9	(0.3)	1.3	(0.0)	0.1	0.8	544.7%
PSF - Trust	0.1	0.1	0.0	0.5	0.5	(0.0)	1.4	0.6	0.2	40.5%
PSF - System	0.1	0.1	0.0	0.3	0.3	0.0	1.0	0.0		
Surplus/ (Deficit) for CT	0.6	0.0	0.6	1.8	0.5	1.3	2.4	0.7	1.0	135.4%
Donated Income	(0.0)	0.0	(0.0)	0.6	0.0	0.6	0.0	0.6	0.0	5.9%
Donated Depreciation	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	0.0	(0.1)	(0.0)	(0.0)	14.5%
Surplus/ (Deficit) Statutory	0.6	0.0	0.5	2.3	0.5	1.8	2.3	1.3	1.0	80.6%

Key Messages

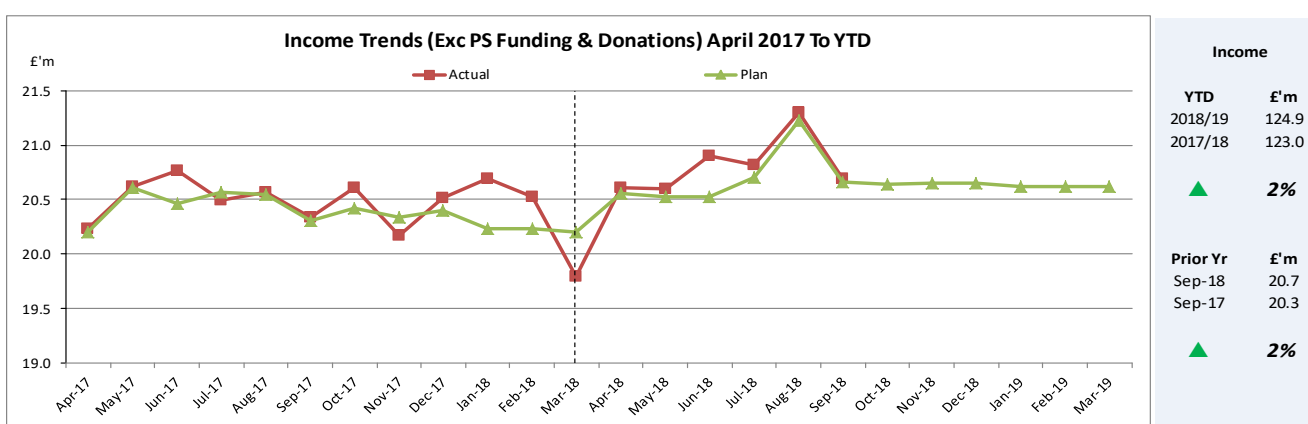
This months surplus of £0.6m exceeding the Control Total by £0.6m. Our YTD surplus has increased to £1.8m, £1.3m ahead of plan. This includes £0.8m of PSF funding.

Our staffing costs continue below plan, even after accounting for recruitment assumptions. YTD we are £1.6m below plan, and even after offsetting non permanent staffing cost, we are £0.7m below our overall Pay plan. This indicates that we are running with vacancies in excess of our initial £6m estimate for the year.

The continuing cost of higher than planned out of area placements continues to dominate Non Pay. YTD spend is now £1.2m higher than planned, with unbudgeted LD placements and un-patriated PICU patients continuing to be the key driver of costs. Unallocated contingency continues to be releases to offset these costs, mitigating the overall impact to a £0.3m overspend.

Income & Contracts

Income Statement	In Month			YTD			FY Plan £'m	Prior YTD		
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m		Act £'m	+/-	Var %
Block Income	16.6	16.5	0.1	99.3	99.1	0.2	198.1	96.9	2.4	2.4%
Tariff Income	0.2	0.3	(0.1)	1.3	1.5	(0.2)	3.1	1.6	(0.3)	(18.1)%
Pass Through Income	0.4	0.3	0.1	1.9	1.5	0.4	3.0	1.4	0.5	35.7%
DoH Pay Award	0.2	0.2	0.0	1.2	1.2	0.0	2.3	0.0	1.2	
Other Income	3.4	3.5	(0.1)	21.3	20.9	0.4	41.5	23.1	(1.9)	(8.0)%
Total Operating Income	20.7	20.7	0.0	124.9	124.2	0.7	248.0	123.0	1.9	1.5%
PSF - Trust	0.1	0.2	(0.1)	0.5	0.5	0.0	1.4	0.6	0.2	40.5%
PSF - System	0.1	0.0	0.1	0.3	0.3	0.0	1.0	0.6	0.0	5.9%
Donated Income	0.0	0.0	(0.0)	0.6	0.0	0.6	0.0	0.6	0.0	5.9%
Total Reportable Income	20.8	20.8	0.0	126.4	125.1	1.3	250.4	124.2	2.2	1.7%



Key Messages

Income was in line with budget this in month and remains £0.7m better than planned YTD. There were no significant movements in month.

We have received doctors' pay award notification this month. Doctors will be paid increased salaries from 1st October 2018. We will continue to receive monthly funding allocations of £0.2m for agenda for change pay award for the remainder of the year. However, funding arrangements for 19/20 are still unclear.

YTD we have accrued both Trust and System PSF to plan, although the risk of overall system delivery remains.

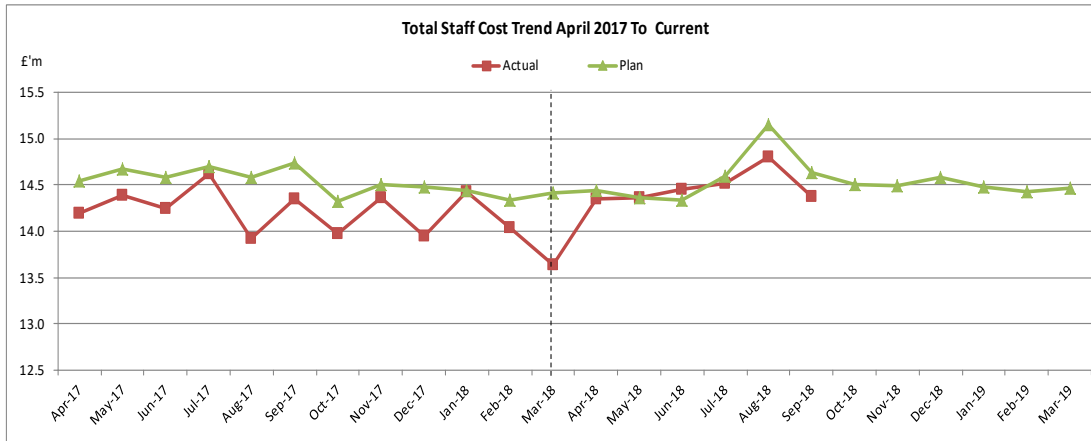
Commissioner Focus

The contracts for 18/19 are agreed with only a few minor contractual amendments remaining to be resolved.

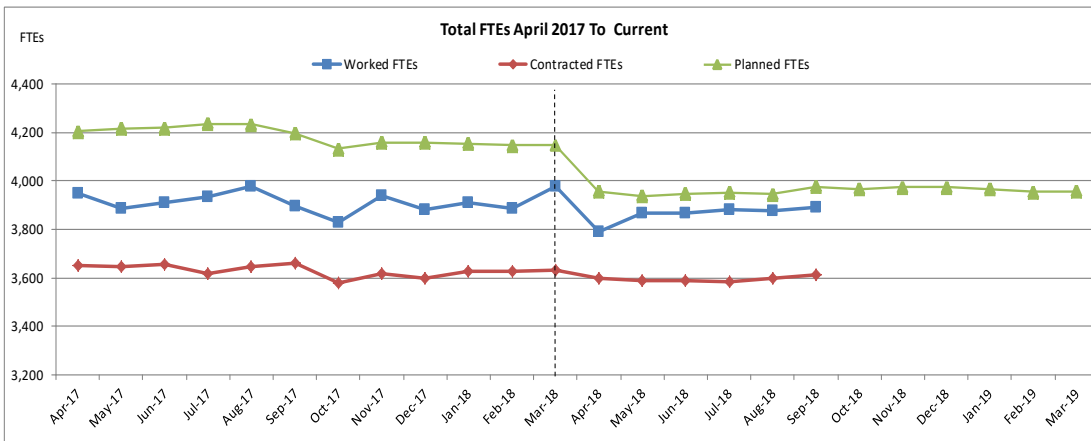
System Focus

At a system level, Control Totals have been met, and as a Trust we have achieved our Q2 Control Total. We will therefore qualify for full Q2 tranche of PSF funding £490k. It should be noted that RBH have utilised £0.5m of our YTD above Control Total performance to 'Offset' their performance and enable them to meet their Control Total.

Workforce



Staff Costs	
YTD	£'m
2018/19	86.9
2017/18	85.7
▲	1%
Prior Yr	£'m
Sep-18	14.4
Sep-17	14.3
▲	0%



FTEs		
Prior Yr	CFTE	WFTE
Sep-18	3,613	3,891
Sep-17	3,661	3,895
▼	1%	0%
Prior Mth	CFTE	WFTE
Sep-18	3,613	3,891
Aug-18	3,597	3,879
▲	0%	0%

Key Messages

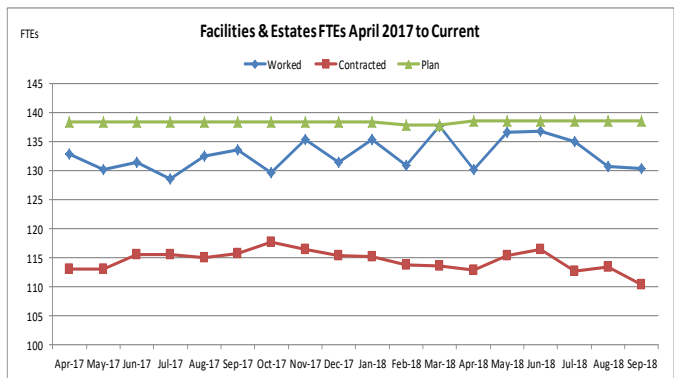
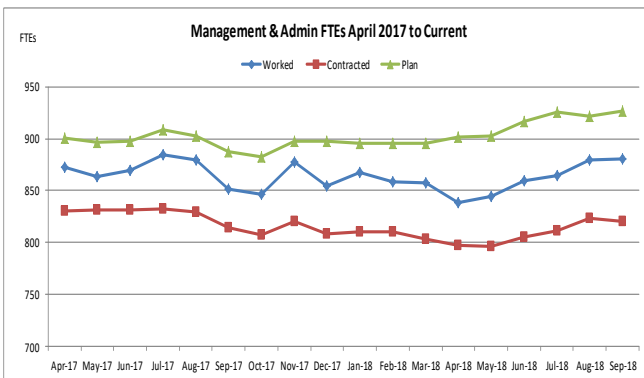
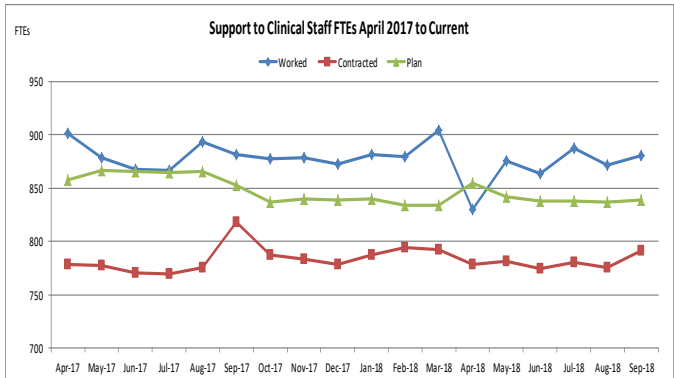
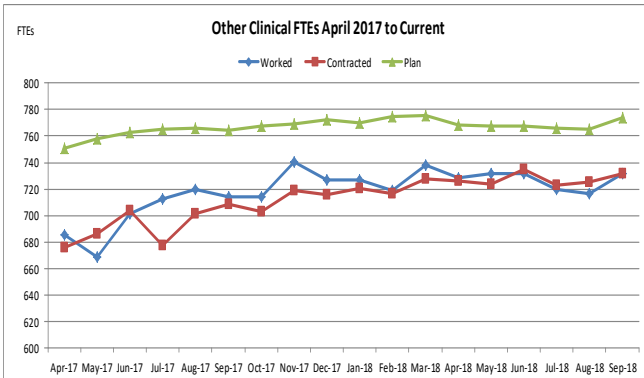
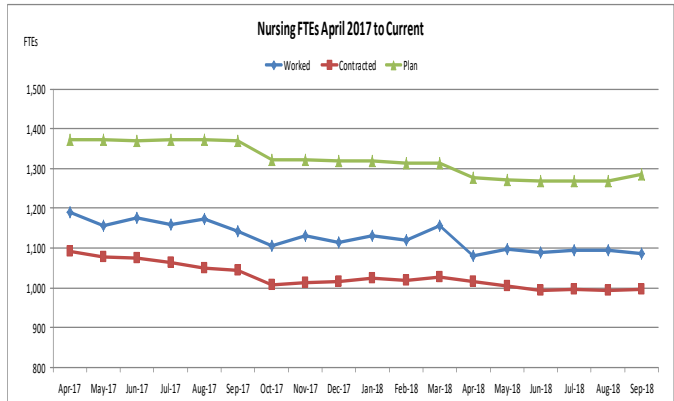
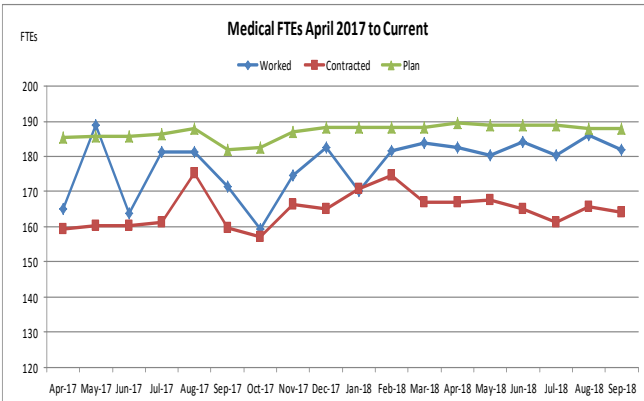
Staff costs in September were £0.3m lower than planned and YTD £0.7m lower than plan.

Our YTD costs include the full impact of the 18/19 Agenda For Change Pay Award, Medics Clinical Excellence Awards payments and YTD recruitment and retention premium for Sorrell Ward. We are continuing to hold a £0.5m provision to cover the risk of historic HCA costs, which we believe will be sufficient for the cohort of staff impacted over the agreed period. Medical staff pay award will be effective from October at c.£50k per month impact.

Since the beginning of the year, permanent staffing numbers have remained almost flat, with a net movement over the period of +15 FTE. Even after the inclusion of additional worked hours, either through, bank and agency, we have remained below our deflated establishment all year. Whilst we have assumed staffing numbers increasing in our forecast, it remains to be seen if this will materialise.

Despite our staffing costs being contained within our planning assumptions, there remain the continuing pressures in CRHTT and WestCall, neither of which will revert back to plan by the end of the current year. Champion Unit observation costs also continue to overspend and YTD overspend at the end of September was £336k.

Workforce: Staff Groups



Key Messages

The charts clearly indicate that all staffing groups are operating below established levels, with the exception of clinical support staff, who are ahead of plan, in some instances due to over recruitment to offset qualified vacancies.

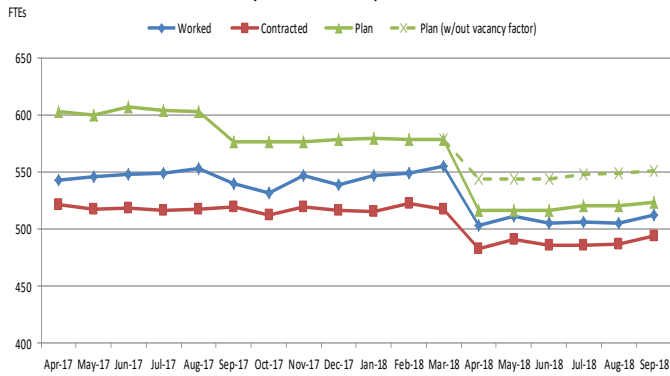
Recruitment of Clinical Support staff showed the most marked increase with District Nursing ,9 FTEs, new trainees in Talking Therapies, 8 FTE, and increases seen on Mental Health Inpatients Wards 6 FTE.

The uses of Support staff over and above plan continues, offsetting the challenges to recruit and retain qualified staff. Qualified Nursing numbers, despite efforts, remain stubbornly static, and well below planned levels. Even after factoring in non-permanent usage, the gap to planned levels remains c200 FTE.

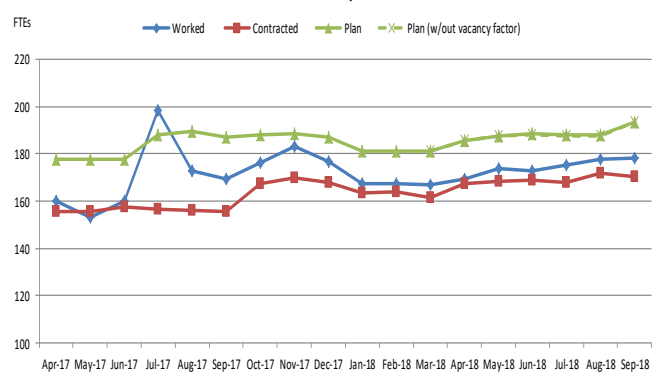
Facilities and Estates FTEs showed continued reduction, although small in number overall.

Workforce: Divisional

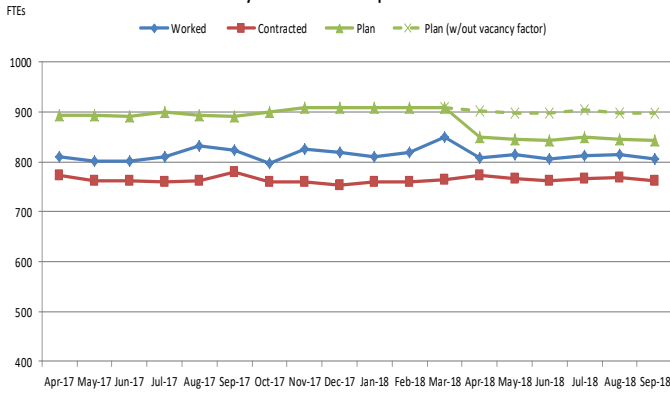
Community Health East FTEs April 2017 to Current



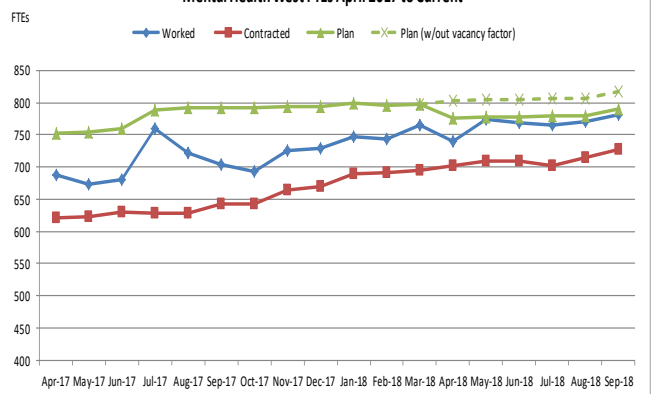
Mental Health East FTEs April 2017 to Current



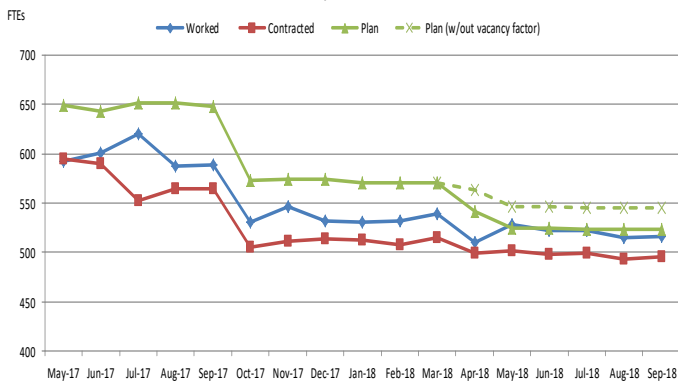
Community Health West FTEs April 2017 to Current



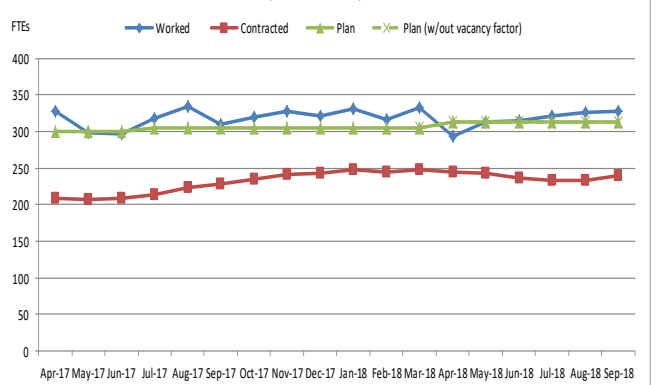
Mental Health West FTEs April 2017 to Current



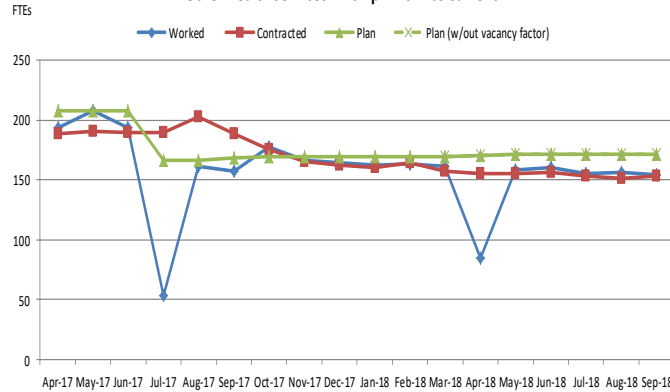
CYPF FTEs April 2017 to Current



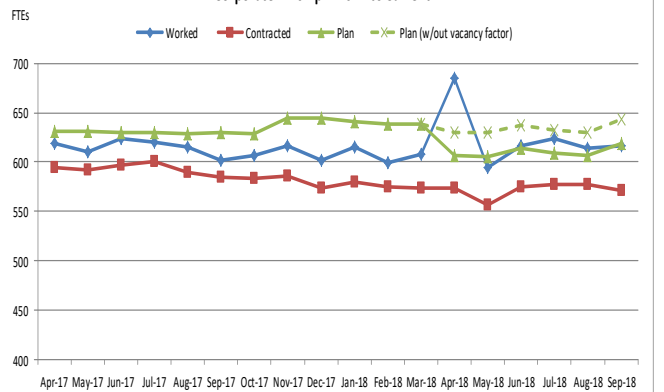
Mental Health Inpatient FTEs April 2017 to Current



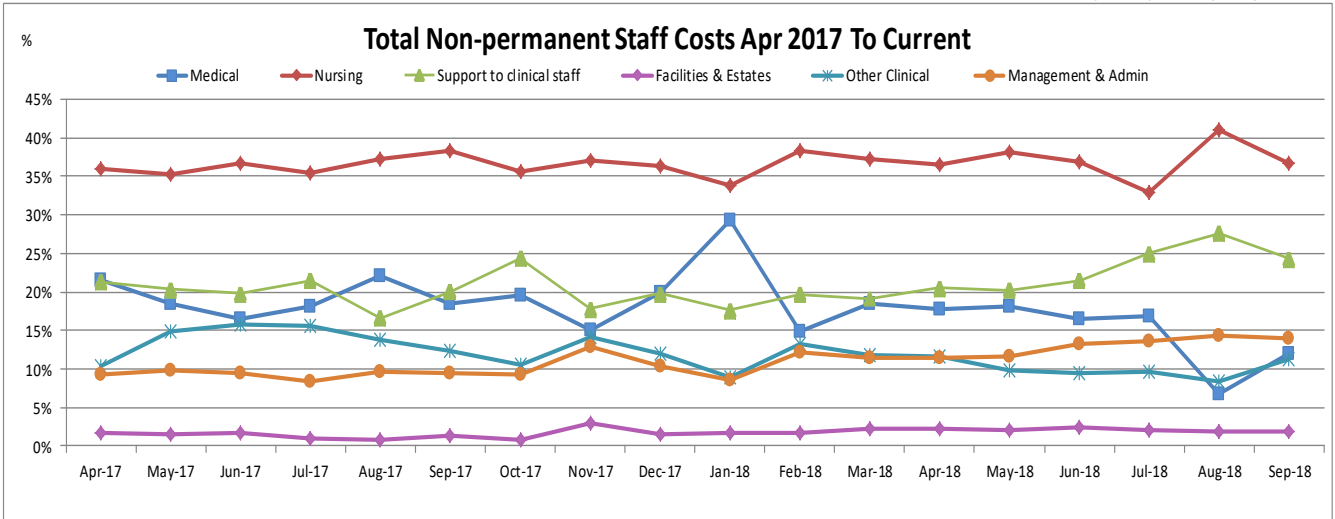
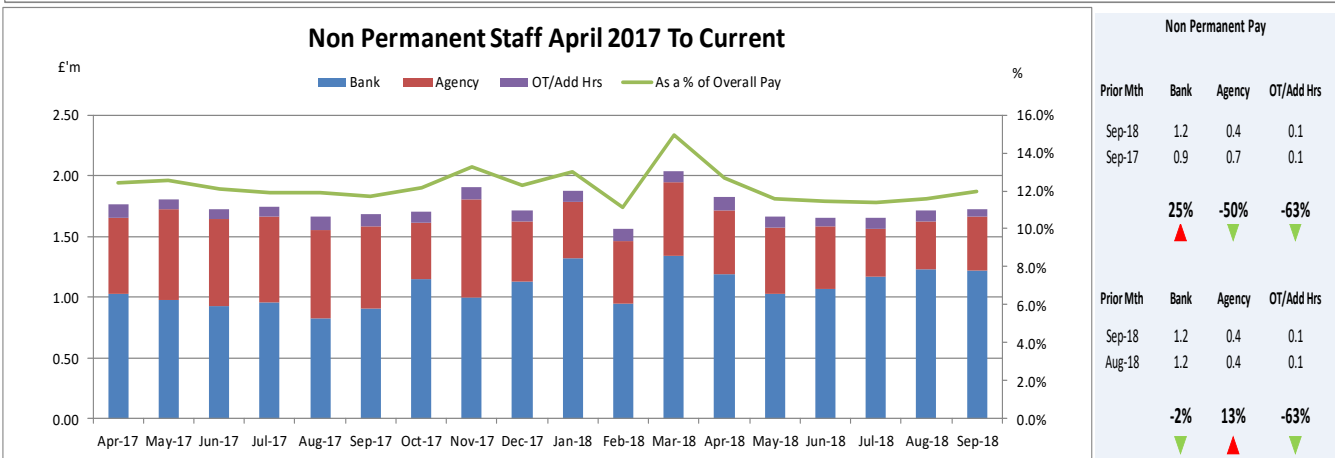
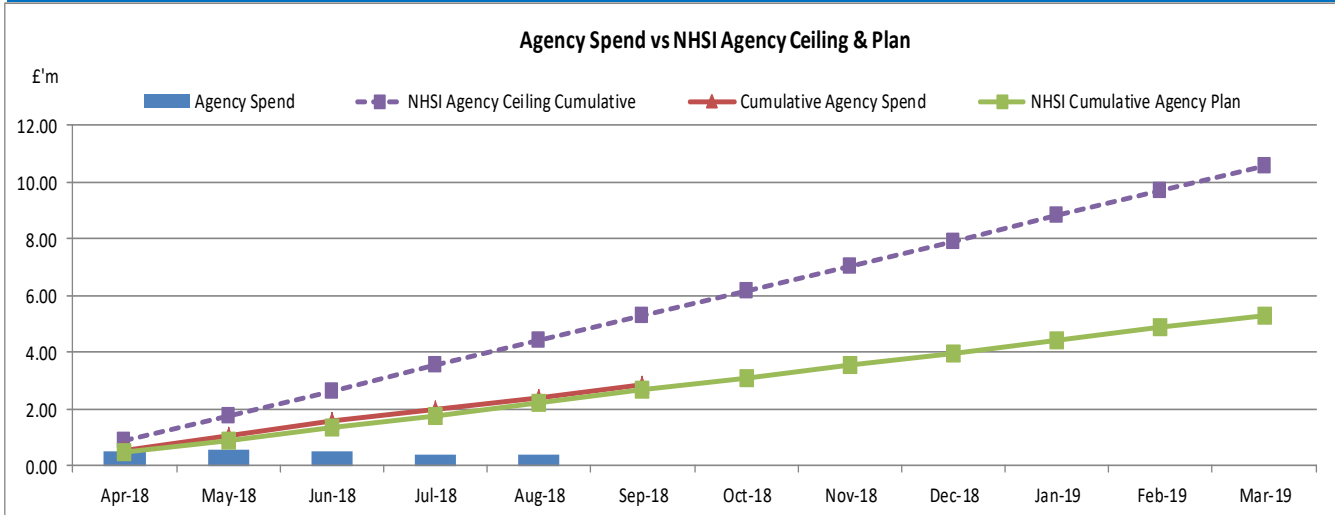
Other Health Services FTEs April 2017 to Current



Corporate FTEs April 2017 to Current



Non Permanent Pay



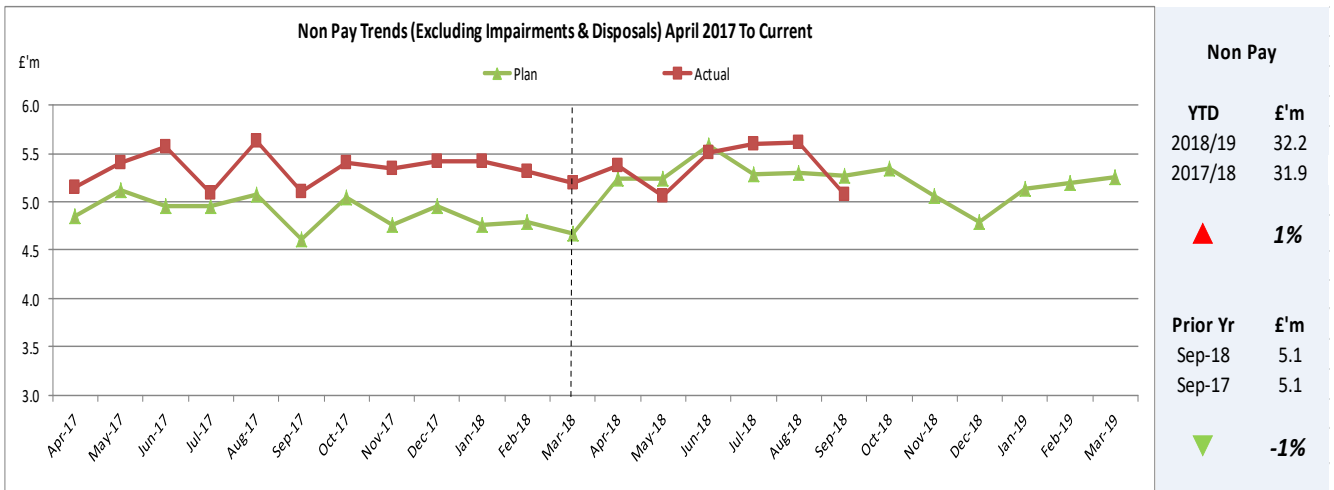
Key Messages

Non permanent staffing graph above includes overtime and additional hours worked as well as bank and agency costs. September's costs (excluding overtime and additional hours) was £1.6m, £0.2m higher than planned and represented a second consecutive month of increasing cost. Agency costs rose £59k, with a notable increase in OP Physiotherapy

YTD overall Non Permanent staffing spend (excluding additional hours and overtime) has risen to £9.7m, and even with inflated rates, this represents a £103k reduction on last years spend.

Non Pay Expenditure

Non Pay	In Month			YTD			FY Plan £'m	Prior YTD		
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m		Act £'m	Var +/- %	
Purchase of Healthcare	1.4	1.1	0.3	8.5	7.3	1.2	13.7	8.6	(0.1)	(1.5)%
Drugs	0.6	0.4	0.2	2.9	2.5	0.4	5.0	2.4	0.6	24.2%
Premises	1.1	1.2	(0.1)	7.3	7.0	0.3	14.3	7.5	(0.2)	(2.5)%
Supplies and services – clinical	0.4	0.4	(0.1)	2.3	2.6	(0.3)	5.2	2.4	(0.1)	(3.9)%
Transport	0.2	0.3	(0.1)	1.5	1.9	(0.4)	3.9	1.4	0.1	6.3%
Establishment	0.3	0.3	0.0	1.9	1.5	0.3	3.1	2.5	(0.7)	(26.0)%
Other Non Pay	0.6	1.0	(0.4)	4.6	5.8	(1.2)	11.2	4.1	0.6	14.5%
PFI Lease	0.5	0.5	0.0	3.2	3.2	0.0	6.3	3.1	0.1	3.5%
Total Non Pay	5.1	5.3	(0.2)	32.2	31.9	0.3	62.7	31.9	0.3	0.9%



Key Messages

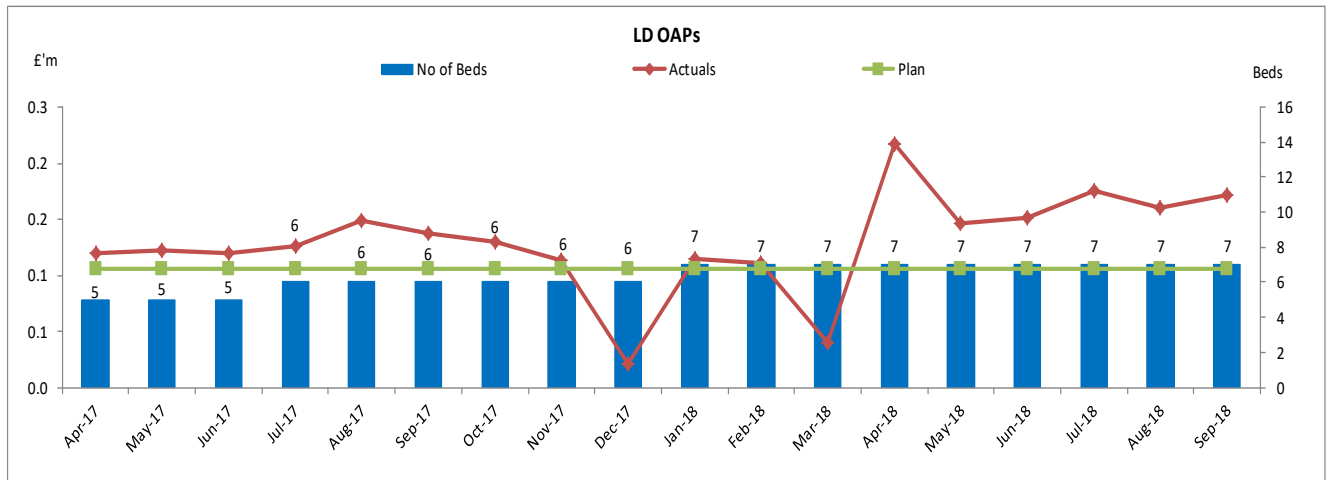
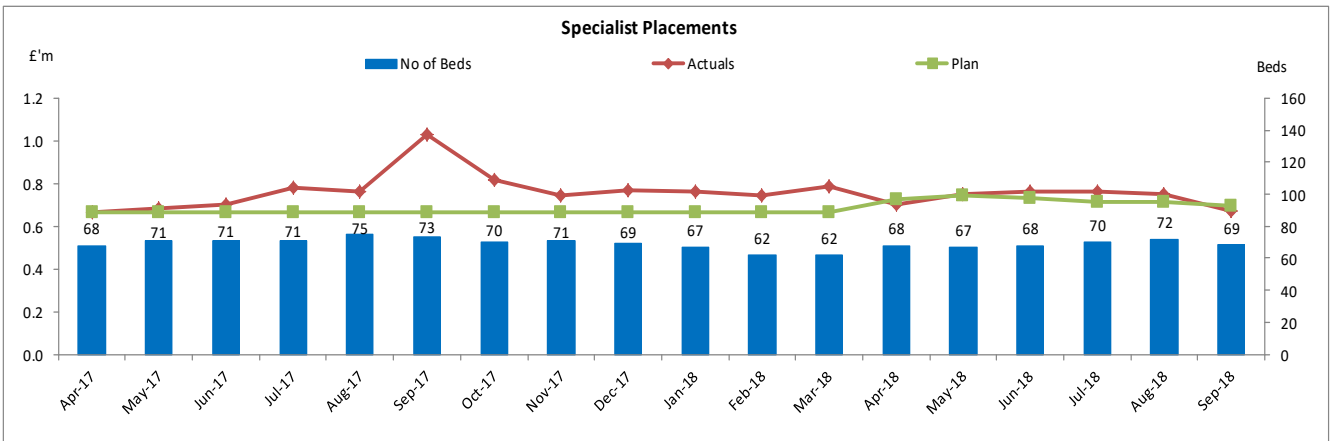
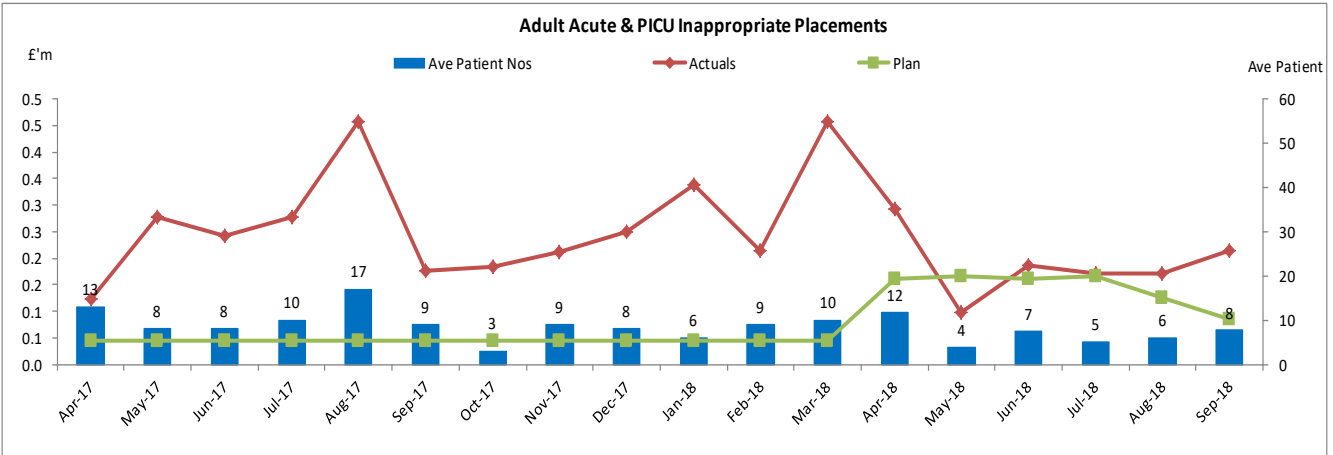
Overall non pay expenditure in September was £0.2m lower than budget, £0.4m lower than last month and in line with September 17. The YTD overspend is £0.3m.

This month's underspend includes £0.2m release of inflation reserve. OAPS and Drug costs continue above plan, the latter directly recovered by income. Costs in all other areas were contained within plan this month.

Purchase of Healthcare is £1.2m overspend YTD; this includes OAPs overspend and other services which we contract from other providers. In cases such Liaison & Diversion, which is £0.2m of the overspend, the planning assumption assumed the costs would be within pay so there will be an offsetting pay benefit.

OAPs expenditure overall remains ahead of plan. LD placements continues at previous levels, increasing their overspend by £66k. Inappropriate/PICU Placements overspend rose by £130k, whilst Specialist Placement costs underspent by £23k. YTD overall OAPs overspend is £748k with LD contributing £388k, Inappropriate Placements £274k and Specialist Placements by £86k.

Non Pay Expenditure - Focus on OAPs



Key Messages

Inappropriate Placements' costs in September were £130k higher than plan and £39k higher than September 17. YTD it is £274k higher than plan however it should be noted that YTD cost compared to YTD 17/18 cost is £419k lower.

Specialist Placements spend was £23k underspent in September and continues to be in line with plan and run rate.

LD OAPs YTD LD OAPs costs were £388k overspent against plan and £247k higher than YTD costs of 17/18.

3.0 Divisional Summary

Income Statement	In Month			YTD			FY		Prior YTD	
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m	Act £'m	+/-	Var %
Community Health West										
Income	0.4	0.5	(0.1)	2.5	2.7	(0.3)	5.5	1.9	0.6	31.2%
Pay	2.8	2.9	(0.1)	17.3	17.7	(0.4)	35.4	16.7	0.6	3.6%
Non Pay	0.5	0.5	0.0	2.8	2.8	(0.0)	5.6	2.7	0.1	4.8%
Net Cost	3.0	2.9	0.0	17.6	17.8	(0.2)	35.5	17.5	0.1	0.8%
Mental Health West										
Income	0.3	0.2	0.0	1.6	1.5	0.0	3.0	1.5	0.1	6.6%
Pay	2.9	2.9	(0.1)	16.8	16.7	0.1	33.8	15.1	1.7	11.2%
Non Pay	0.6	0.4	0.2	3.7	2.9	0.9	5.1	3.6	0.1	3.1%
Net Cost	3.2	3.1	0.1	19.0	18.1	0.9	35.9	17.3	1.7	9.9%
Community Health East										
Income	0.2	0.3	(0.1)	1.5	1.7	(0.2)	3.3	3.3	(1.8)	(54.6)%
Pay	1.8	1.9	(0.1)	10.6	10.9	(0.3)	21.6	11.6	(1.0)	(8.9)%
Non Pay	0.5	0.6	(0.1)	3.2	3.4	(0.3)	6.9	3.3	(0.1)	(2.9)%
Net Cost	2.1	2.1	(0.0)	12.3	12.7	(0.4)	25.1	11.6	0.7	5.8%
Mental Health East										
Income	0.0	0.1	(0.1)	0.9	0.7	0.2	1.4	0.8	0.1	12.2%
Pay	0.7	0.8	(0.1)	3.9	4.1	(0.2)	8.3	3.7	0.2	6.4%
Non Pay	0.8	0.8	(0.0)	5.0	4.9	0.1	9.5	5.2	(0.2)	(3.7)%
Net Cost	1.4	1.5	(0.0)	8.0	8.4	(0.4)	16.5	8.1	(0.1)	(0.7)%
CYPF										
Income	0.3	0.2	0.0	1.6	1.4	0.2	2.7	1.7	(0.1)	(5.6)%
Pay	1.8	1.8	(0.0)	11.0	11.2	(0.2)	22.4	12.3	(1.4)	(11.2)%
Non Pay	0.1	0.1	0.0	0.9	0.8	0.1	1.6	0.8	0.1	10.1%
Net Cost	1.7	1.7	(0.1)	10.3	10.6	(0.3)	21.2	11.5	(1.2)	(10.5)%
Mental Health Inpatients										
Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	36.9%
Pay	1.0	0.9	0.0	5.7	5.6	0.2	11.1	5.3	0.4	8.4%
Non Pay	0.1	0.1	(0.0)	0.5	0.5	(0.1)	1.1	0.6	(0.1)	(14.9)%
Net Cost	1.1	1.0	0.0	6.2	6.1	0.1	12.2	5.8	0.4	6.2%
Other Health Services										
Income	0.3	0.1	0.2	1.1	0.6	0.5	1.2	0.6	0.5	76.8%
Pay	1.1	1.2	(0.1)	7.3	7.3	0.0	14.7	7.3	0.0	0.3%
Non Pay	0.2	0.0	0.1	0.6	0.1	0.5	0.3	0.2	0.4	276.7%
Net Cost	1.0	1.1	(0.1)	6.8	6.9	(0.1)	13.7	6.8	(0.0)	(0.4)%
Corporate										
Income	1.3	1.2	0.1	8.7	7.8	0.9	15.4	8.9	(0.2)	(2.7)%
Pay	2.3	2.1	0.2	14.2	13.9	0.4	27.2	13.6	(0.6)	4.1%
Non Pay	2.3	2.8	(0.4)	15.6	16.5	(0.9)	32.6	15.5	(0.1)	0.6%
Net Cost	3.3	3.7	(0.4)	21.1	22.6	(1.4)	44.5	20.2	(0.9)	4.4%
Corporate Income & Financing										
Income	18.1	18.2	(0.0)	108.5	108.7	(0.2)	218.1	105.5	3.0	2.9%
Financing	0.8	0.9	(0.1)	4.9	5.1	(0.2)	11.0	5.2	(0.3)	(6.2)%
Surplus/(Deficit) Statutory	0.6	0.0	0.5	2.3	0.5	1.9	2.3	1.5	0.9	58.2%

Key Messages

All localities continue to be on or below plan with the exception of the following.

Mental Health West: Non pay overspend of £0.2m is entirely due to OAPs.

Community Health East: Under recovery of AQP and Sexual Health income offset by pay and non pay unders.

Other Health: Income and non-pay relate to Pharmacy pass through drugs and pay due to vacancies.

4.0 Cost Improvement Programme

The table below illustrates current performance of the Trusts Cost Improvement Programme.

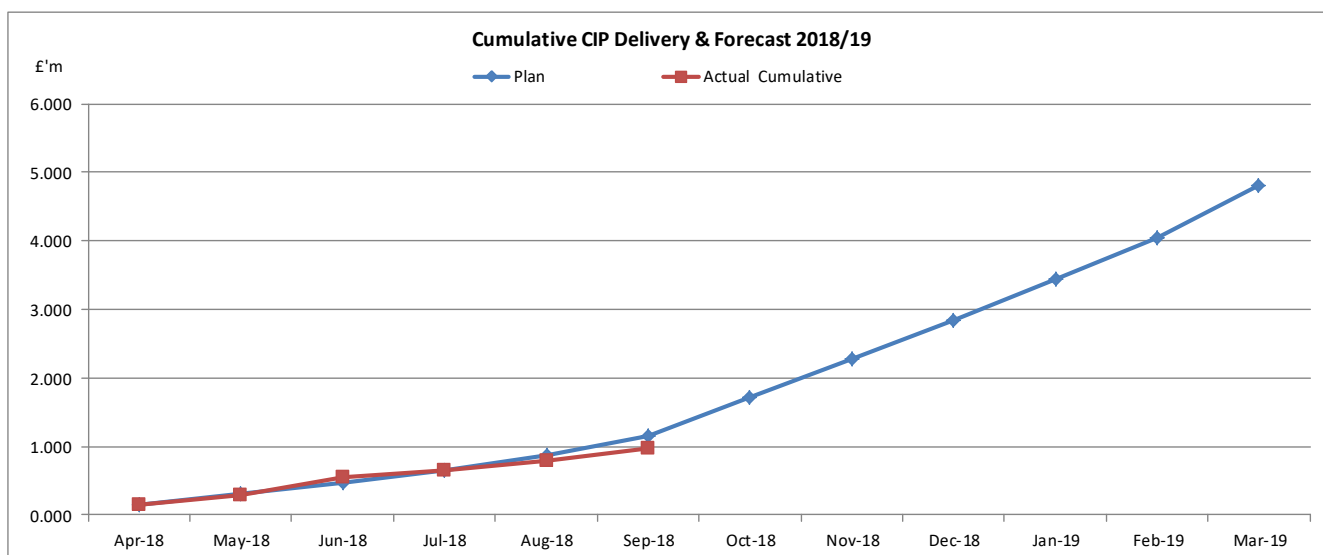
Scheme	In Month			YTD			Full Year		
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Forecast £'m	Plan £'m	Var £'m
<i>OAPS Project</i>									
Specialist Placements	0.07	0.03	0.04	0.30	0.17	0.13	0.74	0.59	0.15
Overspill Beds	0.00	0.10	(0.10)	0.30	0.26	0.04	1.26	1.82	(0.56)
Total OAPS Saving	0.07	0.13	(0.06)	0.60	0.44	0.17	2.00	2.40	(0.41)
<i>Service Line Review</i>									
WestCall	0.00	0.02	(0.02)	0.00	0.05	(0.05)	0.00	0.50	(0.50)
CRHTT	0.00	0.02	(0.02)	0.00	0.05	(0.05)	0.00	0.50	(0.50)
Total Service Line Savings	0.00	0.03	(0.03)	0.00	0.10	(0.10)	0.00	1.00	(1.00)
<i>Procurement</i>									
NHSP Contract	0.02	0.02	0.00	0.09	0.09	0.00	0.18	0.18	0.00
Procurement Spend	0.04	0.03	0.01	0.18	0.15	0.03	0.40	0.30	0.10
Total Procurement Savings	0.05	0.04	0.01	0.27	0.24	0.03	0.58	0.48	0.10
<i>Other Schemes</i>									
Community NCA	0.02	0.02	(0.00)	0.15	0.12	0.03	0.25	0.25	0.00
Liaison & Diversion Contract	0.02	0.02	0.00	0.12	0.12	0.00	0.25	0.25	0.00
Other Contracts	0.02	0.02	0.00	0.12	0.12	0.00	0.25	0.25	0.00
Scheme to be Identified	0.00	0.00	0.00	0.00	0.00	0.00	0.17	0.17	0.00
Total Other Savings	0.06	0.06	(0.00)	0.40	0.37	0.03	0.92	0.92	0.00
Total CIP Delivery	0.18	0.27	(0.09)	1.27	1.15	0.12	3.50	4.80	(1.31)

Key Messages

The Trust delivered a £1.3m of savings YTD against a plan of £1.1m. Forecast savings from the service model reviews will not materialise until the latter part of the year/next year and mobilisation planning is ongoing.

Contract negotiations for specialist OAPs placements continue and are expected to secure delivery of planned savings. The demand for acute and PICU beds remains high and associated OAPs cost remains ahead of plan by £0.13m. OAPs bed occupancy is at its highest level this year and forecast CIP delivery will worsen while this remains the case. Procurement has delivered savings of £0.18m YTD against a plan of £0.15m.

The forecast at Q2 reduced our savings deliver to £3.5m, against a plan of £4.8m. This is offset in the overall position by additional planned contingency. It is essential that new CIP opportunities are identified to bridge the shortfall and mitigate any further slippage against plan in OAPs.



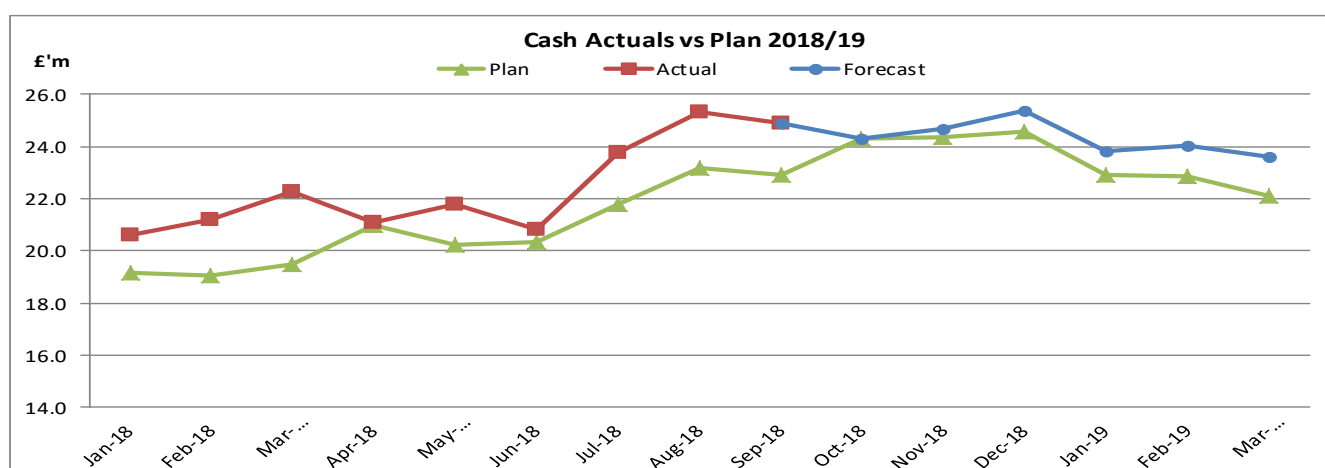
5.0 Balance Sheet & Cash

Balance Sheet	17/18 Actual £'m	Current Month			YTD			18/19 Plan £'m
		Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	
Intangibles	4.5	4.3	5.2	(0.9)	4.3	5.2	(0.9)	5.5
Property, Plant & Equipment (non PFI)	35.1	32.3	30.9	1.4	32.3	30.9	1.4	38.5
Property, Plant & Equipment (PFI)	55.6	59.2	59.7	(0.5)	59.2	59.7	(0.5)	55.6
Total Non Current Assets	95.2	95.8	95.8	0.0	95.8	95.8	0.0	99.6
Trade Receivables & Accruals	13.4	13.2	12.4	0.9	13.2	12.4	0.9	10.8
Other Receivables	0.3	0.2	1.3	(1.0)	0.2	1.3	(1.0)	1.3
Cash	22.3	24.9	22.9	2.0	24.9	22.9	2.0	22.1
Trade Payables & Accruals	(23.7)	(24.7)	(24.6)	(0.2)	(24.7)	(24.6)	(0.2)	(24.6)
Current PFI Finance Lease	(1.0)	(1.1)	(1.1)	(0.0)	(1.1)	(1.1)	(0.0)	(1.2)
Other Current Payables	(2.3)	(2.0)	(2.3)	0.3	(2.0)	(2.3)	0.3	(2.3)
Total Net Current Assets / (Liabilities)	9.0	10.6	8.7	1.9	10.6	8.7	1.9	6.1
Non Current PFI Finance Lease	(29.7)	(29.1)	(29.1)	(0.0)	(29.1)	(29.1)	(0.0)	(28.5)
Other Non Current Payables	(1.6)	(1.7)	(1.6)	(0.1)	(1.7)	(1.6)	(0.1)	(1.6)
Total Net Assets	72.9	75.6	73.7	1.9	75.5	73.7	1.8	75.6
Income & Expenditure Reserve	19.9	22.2	20.4	1.9	22.2	20.4	1.9	22.2
Public Dividend Capital Reserve	16.0	16.3	16.3	0.0	16.3	16.3	0.0	16.3
Revaluation Reserve	37.0	37.0	37.0	0.0	37.0	37.0	0.0	37.0
Total Taxpayers Equity	72.9	75.6	73.7	1.9	75.6	73.7	1.9	75.6

Cashflow		17/18 Actual £'m	Current Month			YTD			18/19 Plan £'m
			Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	
Operating Surplus/(Deficit)	+/-	10.7	1.0	0.5	0.5	4.9	3.1	1.8	7.8
Depreciation and Impairments	+	5.4	0.4	0.5	(0.1)	2.3	2.5	(0.2)	5.7
Operating Cashflow		16.1	1.3	0.9	0.4	7.2	5.6	1.5	13.4
Net Working Capital Movements	+/-	(2.1)	(0.1)	0.8	(0.9)	0.3	(1.2)	1.5	1.6
Proceeds from Disposals	+	0.0	0.0	0.0	0.0	0.8	0.8	0.0	0.0
Donations to fund Capital Assets	+	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donated Capital Assets	-	(1.7)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital Expenditure (Net of Accruals)	-	(8.0)	(0.4)	(0.6)	0.2	(2.8)	(2.5)	(0.2)	(9.1)
Investments		(10.2)	(0.4)	(0.6)	0.2	(2.0)	(1.7)	(0.2)	(7.5)
PFI Finance Lease Repayment	-	(1.0)	(0.3)	(0.1)	(0.2)	(0.6)	(0.5)	(0.0)	(1.0)
Net Interest	+/-	(3.5)	(0.3)	(0.3)	0.0	(1.8)	(1.8)	0.0	(3.6)
PDC Reviewed	+	1.8	0.3	0.0	0.3	0.3	0.3	0.0	0.3
PDC Dividends Paid	-	(1.6)	(0.9)	(0.9)	0.0	(0.9)	(0.9)	0.0	(1.7)
Financing Costs		(4.3)	(1.1)	(1.3)	0.2	(2.9)	(2.9)	0.0	(6.1)
Other Movements	+/-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net Cash In/ (Out) Flow		1.6	(0.3)	(0.2)	(0.1)	2.6	(0.2)	2.8	(0.3)
Opening Cash		20.7	25.2	23.2	2.0	22.3	23.2	(0.9)	22.3
Closing Cash		22.3	24.9	22.9	1.9	24.9	22.9	2.0	22.0

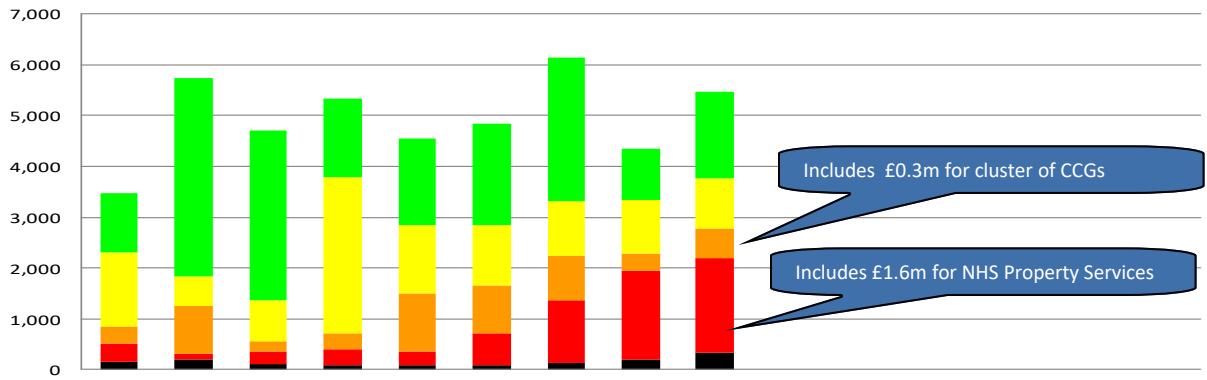
Key Messages

Closing cash balance for September was above plan by £2m. Trust is benefitting from a higher YTD surplus and lower than planned capital expenditure, both having a positive impact on cash. Given the improvement in our YE forecast, we are expecting that this will flow through into our cash balance by the end of the year.



Cash Management

Trade Receivables 2018/19

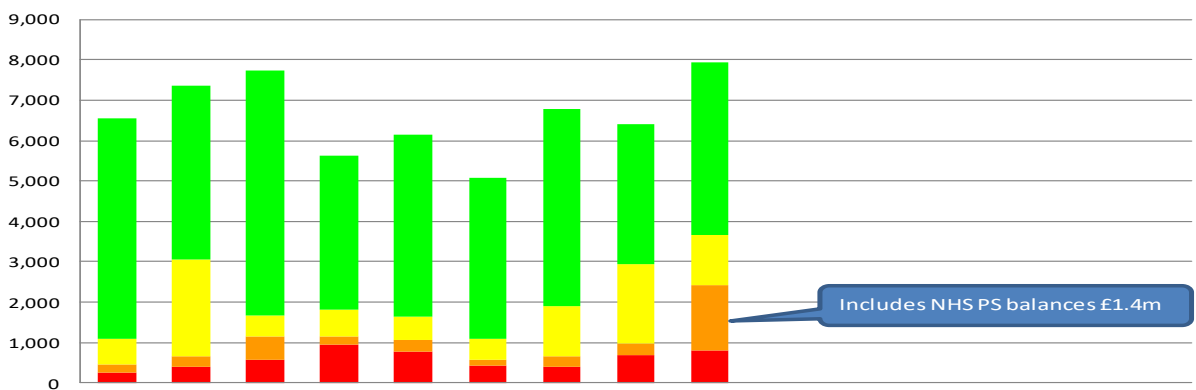


	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
<30 Days	1,155	3,890	3,353	1,547	1,697	2,001	2,820	1,004	1,687						
>30 <60 Days	1,452	586	806	3,080	1,351	1,194	1,093	1,067	988						
>60 <90 Days	337	941	196	313	1,141	942	858	330	605						
>90 <180 Days	361	128	246	297	272	617	1,256	1,763	1,858						
>180 Days	161	188	110	94	88	93	119	187	325						

Key Message

Receivables increased by £1.1m, with a number of quarterly charges being raised. The 60 to 90 days receivables increased by £0.3m, due to unpaid invoices from NHS Berkshire West CCG (£0.1m) and NHS East Berkshire CCG (£0.2m). Debts in 90 to 180 days group stand at £1.9m due to unpaid invoices by NHS PS. This issue has been escalated and we are now in discussions with their Head of Arbitration, Mediation & Enforcement to resolve the ongoing issue.

Trade Payables 2018/19



	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
<30 Days	5,472	4,310	6,063	3,804	4,503	3,974	4,877	3,488	4,289						
>30 <60 Days	627	2,396	520	659	585	536	1,247	1,940	1,230						
>60 <90 Days	204	252	559	193	306	124	238	288	1,617						
>90 days	257	400	582	964	763	436	415	701	808						

Key Message

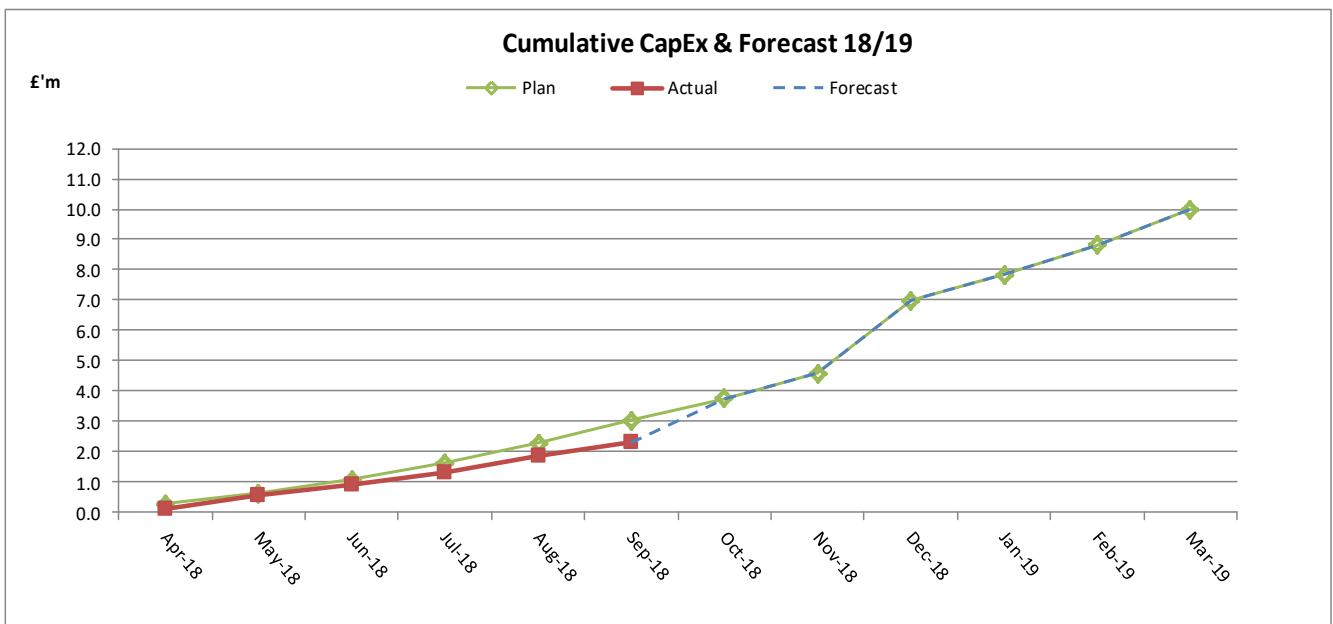
Trade Payables increased by £1.5m, mainly due to increase in current payables by £0.8m and 60 to 90 days payables by £1.3m. Aged debts in 60-90 days group include balances due to NHS PS of £1.4m. Actions have been taken to try and get resolved for payment during October. The above increases have been offset by decrease in 30-60 days payables by £0.7m. The debts over 90 days stand at £0.8m, and include £212k due to Frimley Health, £166k due to RBH and £186k due to NHS PS. Work is progressing to clear these aged items.

6.0 Capital Programme

Schemes	Current Month			Year to Date			FY
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Plan £'000	Variance £'000	Plan £'000
<u>Estates Maintenance & Replacement Expenditure</u>							
Trust Owned Properties	2	100	(98)	88	384	(296)	755
Leased Non Commercial (NHSPS)	276	130	146	475	371	105	735
Leased Commercial	0	0	0	0	0	0	0
Statutory Compliance	5	38	(33)	103	71	32	448
Locality Consolidations	11	0	11	37	50	(13)	1,600
PFI	49	115	(66)	246	427	(181)	1,380
Subtotal Estates Maintenance & Replacement	342	383	(41)	948	1,302	(354)	4,918
<u>IM&T Expenditure</u>							
IM&T Refresh & Replacement	2	86	(84)	284	406	(122)	3,187
IM&T Business Intelligence and Reporting	0	10	(10)	2	75	(73)	130
IM&T System & Network Developments	(3)	0	(3)	(3)	0	(3)	0
IM&T Other	17	6	11	40	30	10	95
IM&T Locality Schemes	11	0	11	241	0	241	200
Subtotal IM&T Expenditure	27	102	(75)	565	511	54	3,612
<u>GDE Expenditure</u>							
GDE Trust Funded	95	261	(166)	397	866	(469)	1,985
GDE funded by NHS Digital	0	0	0	335	335	0	335
Subtotal GDE Expenditure	95	261	(166)	732	1,201	(469)	2,320
Other Locality Schemes	0	0	0	71	0	71	150
Subtotal Capital Expenditure	465	746	(281)	2,316	3,014	(698)	11,000
Assumed Slippage within NHSI Plan		0	0		0	0	(1,000)
Subtotal Capital Expenditure vs NHSI Plan	465	746	(281)	2,316	3,014	(698)	10,000
<u>Donated Assets</u>							
Renal Unit at WBCH	(10)	(10)	0	580	580	0	697
Subtotal Donated Assets	(10)	(10)	0	580	580	0	697
Total Capital Expenditure	455	736	(281)	2,896	3,594	(698)	10,697

Key Message

The Trust has submitted a £10m annual capital plan to NHSI. This plan is fully funded by the Trust except for £0.4m funding from NHS Digital, which was drawdown in July. The plan assumes that £1m of schemes planned to be completed in the year will slip, and this is articulated in the summary above. In addition to the £10m, we anticipate spending £0.7m of donated income to complete works on the Renal Unit at WBCH.



Trust Board Paper

Board Meeting Date	13 th November 2018
Title	Summary Board Performance Report M6 2018/19
Purpose	To provide the Board with a performance summary dashboard, including narrative and KPI exception highlights.
Business Area	Trust-wide Performance
Author	Chief Financial Officer
Relevant Strategic Objectives	2 - To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care and consistently meet or exceed the standards of CQC and other stakeholders.
CQC Registration/Patient Care Impacts	All relevant essential standards of care.
Resource Impacts	None.
Legal Implications	None.
Equality and Diversity Implications	None.
SUMMARY	<p>The enclosed summary performance report provides information against the Trust's performance dashboard for September 2018.</p> <p>Month 6</p> <p>2018/19 EXCEPTIONS:</p> <p>The following Trust Performance Scorecard Summary indicator grouping is Red rated:</p> <p>The "red" indicator grouping has been rated on an override basis, related to 2 specific indicators;</p> <ul style="list-style-type: none"> • NHS Improvement (non-financial) – RED • Service Efficiency and Effectiveness – RED <p>The following Trust Performance Scorecard Summary indicator groupings are Amber rated:</p> <ul style="list-style-type: none"> • People • Contractual Performance <p>Further detail on the AMBER dashboard ratings is narrated within the section commentaries of the summary performance report.</p>

	<p>The following individual performance indicators are highlighted by exception as RED with their link to the Trust Performance Dashboard Summary identified in brackets:</p> <ul style="list-style-type: none"> • US-02a - Mental Health Physical Patient to Patient Assaults (User Safety) • US-05 - Self-harm incidents: Number (User Safety) • US-06 – Absent without Leave (AWOLs) (User Safety) • US-18 – Prevention and Management of Violence and Aggression (PMVA) (User Safety) • PM-01 - Staff Turnover (People) • PM-03 – Sickness (People) • DQMI – NHS Improvement (non-financial) • SOF-01 – 7-Day Follow Up – NHS Improvement (non-financial) • SOF-09 – EIP 2-Week Waits – NHS Improvement (non-financial) • DM01 – Audiology 6 Week waits - NHS Improvement (non-financial) • SE-03 - Mental Health: Acute Average LOS (bed days) (Service Efficiency & Effectiveness) • SE-03a - Mental Health: Acute Average LOS Snapshot (Service Efficiency & Effectiveness) • SE-05 – Community Health Services Occupancy Rate (Service Efficiency & Effectiveness) • SE-06a - Mental Health: Acute Occupancy rate (Ex HL) (Service Efficiency & Effectiveness) • SE-06b - Mental Health: Acute Occupancy rate by Locality (Ex HL) (Service Efficiency & Effectiveness) • SE-07 – Mental Health Non-Acute Inpatient Occupancy Rate (Service Efficiency & Effectiveness) • SE-08 – New Birth Visits Within 14 days (Service Efficiency & Effectiveness) • SE-10 - Mental Health Clustering (Service Efficiency & Effectiveness) <p>Further RED KPI performance detail and trend analysis is provided in the summary performance report.</p>
<p>ACTION</p>	<p>The Board is asked to note the above.</p>

Board Summary Performance Report

M6: 2018/19 September 2018

Board Summary

Ref	Mapped indicators	Indicators	Overall Performance	Over ride	Subjective
US	US-01 to US-20	User Safety	Green	No	N/A
P	PM-01 to PM-08	People	Amber	No	Yes
SOF	SOF 01-05 & SOF 07-10	NHS Improvement (non-financial)	Red	No	N/A
	SOF-06	NHS Improvement (financial)	Green	No	N/A
SE	SE-01 to SE-11	Service Efficiency & Effectiveness	Red	No	No
CP	CP-01	Contractual Performance	Amber	No	Yes

Key :

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

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

The mapping rules to be applied to the performance scorecard categories are detailed below:
SOF 01-05 & 07-10

% rules based approach

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

For example:

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

2 RED rated (40%)

2 AMBER rated (40%)

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

Overriding principles based approach

There are indicators within the detailed performance indicator report where the over ride rule applies.
This is driven by severe sanction or breach usually linked to regulatory compliance requirements within the Trust.
Year 2018 - 2019; M6: September 2018:

- Mental Health 7 day follow up
- Mental Health new EIP cases seen within 2 weeks
- DM01 Diagnostics for Audiology – percentage of those waiting 6 weeks or more
- Mental Health Services Data Set (MHSDS) – Data Quality Maturity Index
- A&E maximum waiting time of 4 hours, Referral to Treatment (RTT) Incomplete Pathways, IAPT 6 Weeks and 18 weeks, reduction in OAPS against agreed trajectory
- Failure against published thresholds for Infection Control rates for Clostridium Difficile, E-Coli, MSSA and MRSA.

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

Subjective

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

Exception report

Summary of Red Exceptions M6: 2018/19			
Indicator	Indicator No	Comments	Section
Mental Health Physical Patient to Patient Assaults	US 02a	Decreased from 56 to 55	User Safety
Self-Harm incidents	US 05	Increased from 255 to 262	User Safety
Absent Without Leave (AWOLS)	US 06	Remained at 27	User Safety
Prevention and Management of Violence and Aggression (PMVA)	US 18	Increased from 41 to 53	User Safety
Staff Turnover	PM 01	Decreased from 16.9% to 16.6%	People Management
Sickness	PM 03	Increased from 3.71% to 3.84%	People Management
Data Quality Maturity Index Score (DQMI)	NHSI	Remained at 94.2%	NHSI
7-Day Follow Up	SOF 01	Decreased from 100% to 94%	NHSI
Early Intervention in Psychosis (EIP) 2-Week Wait	SOF 09	Decreased from 100% to 50%	NHSI
DM01 6-Week Audiology Diagnostic Waits	NHSI	Decreased from 100% to 98.8%	NHSI
Mental Health Acute Average Length of Stay	SE 03	Increased from 39 days to 45 days	Service Efficiency
Mental Health Acute Snapshot Length of Stay	SE 03a	Increased from 63 days to 56 days	Service Efficiency
Community Health Services Inpatient Occupancy	SE 05	Increased from 70% to 78%	Service Efficiency
Mental Health Acute Inpatient Occupancy Rate by Locality and Ward	SE 06 a & b	Increased from 97% to 98%	Service Efficiency
Mental Health Non-Acute Inpatient Occupancy Rate	SE 07	Increased from 79% to 80%	Service Efficiency
New Birth Visits within 14 days	SE 08	Increased from 91% to 93%	Service Efficiency
Mental Health Clustering	SE 10	Increased from 83.4% to 84.6%	Service Efficiency

User Safety Commentary

There were 9 serious incidents in September 2018. These were; 3 suspected suicides (1 each PMS/Talking Therapies, West Berkshire CMHT/CRHTT and 1 Slough CMHT), 4 unexpected deaths (Donnington Ward, West Berkshire CMHT, Wokingham Older Adults CMHT and WestCall) and 1 fall with harm on Rowan Ward and one allegation of abuse on a patient by a member of staff (Westcall).

The number of assaults on staff increased to 67 in the rolling quarter to September 2018 and remains rated as amber. In the rolling quarter Mental Health Inpatients reported 60 incidents (same as last month), 12 incidents were reported on Sorrel ward (9 last month), 6 on Daisy ward (3 last month), 6 incidents on Bluebell ward (same as last month), 10 on Snowdrop ward (11 last month), 13 on Rowan ward (8 last month), 12 incidents were reported on Rose ward (15 last month) and 1 incident was reported on Orchid ward (2 last month). In addition, 5 incidents took place in the Place of Safety and 1 incident at Prospect Park Hospital (location unspecified). In the rolling quarter, 1 incident was reported at Willow House, CAMHS (4 last month). One incident was reported by Pharmacy. All incidents which occurred in September 2018 were rated as low risk. This shows an increasing trend.

For Learning Disabilities there was an increase in the number of assaults on staff from 33 in the rolling quarter to August 2018 to 34 in the rolling quarter to September 2018. All incidents in September 2018 were rated as low risk. This shows an increasing trend.

Patient to Patient Assaults has decreased to 55 in the rolling quarter to September 2018 and remains red rated against a local target. There were 48 incidents in Mental Health Inpatients in the rolling quarter and these were as follows; 8 incidents took place on Sorrel ward (11 last month), 19 on Rowan ward (9 last month), 5 on Daisy ward (7 last month), 5 on Rose ward (9 last month), 0 on Bluebell ward (same as last month), 2 on Snowdrop ward (5 last month), 5 on Orchid ward (6 last month), 3 occurred at Prospect Park Hospital (unspecified location) and 1 in Place of Safety. One incident was reported at Willow House. In the community 6 incidents were reported; 1 each Reading Care Pathways, WAM Care pathways and Reading Older Persons services and 2 for the Crisis Resolution service. At the time of reporting a total of 17 clients carried out assaults on other patients, including 1 client who has carried out 7 assaults. This shows an increasing trend.

Learning Disability Patient to Patient Assaults increased to 16 (previously 13) in the rolling quarter to September 2018 and is now rated amber against a local target. All incidents were rated as low or minor risk and the assaults were carried out by 3 clients. This shows a decreasing trend.

Falls occurred on the following wards; Orchid ward (9 falls), Rowan ward (5 falls) Oakwood ward (8 falls) and Highclere ward (4 falls) are above target. The Trust is trialling a new falls assessment and care plan on the community and older adult wards otherwise the counter measures remain unchanged. Six wards (Donnington, Highclere, Henry Tudor, Rowan, Orchid and Oakwood) have chosen falls as a breakthrough objective and have identified counter measures to reduce falls. Each of these 6 wards has a monthly baseline to reduce falls by.

Self-Harm incidents have decreased to 262 in the rolling quarter to September 2018 but remains rated as red. In Willow House there were 99 incidents (96 last month) reported in the rolling quarter with 48 incidents for one patient and 28 for another. All incidents at Willow House in the month of September 2018 were rated as low or minor risk. There were a total of 111 incidents reported in the rolling quarter to September 2018 by Mental Health Inpatients which is the same as the rolling quarter to August 2018. Of these, 9 incidents were reported on Rose ward (11 last month), 66 on Bluebell ward (60 last month), 2 on Daisy ward (14 last month) and 25 on

Snowdrop ward (19 last month). There were also incidents reported as follows; 1 at Place of Safety, 4 at Prospect Park Hospital (unspecified location) and 2 in the car park. At the time of reporting, 16 inpatients self-harmed during the rolling quarter with one client responsible for 9 incidents. All incidents in September 2018 were rated as low or minor risk. In the community in the rolling quarter; 43 incidents reported by Mental Health West, 2 by Talking Therapies and 35 by the Crisis Resolution team, 1 each Mental Health Liaison and Criminal Justice and Liaison services and 1 by Care Pathways Reading. Two incidents were reported by the Eating Disorders service, 9 by Mental Health East which were 3 by Bracknell Care Pathways, 3 by IMPACTT and 1 each by WAM Care Pathways, 1 WAM Older Persons Service and 1 by Bracknell Older Persons Services. This shows an increasing trend. For Mental Health inpatients including Willow House this is a Quality Improvement (QI) programme breakthrough objective.

Learning Disability Self Harm increased to 4 in the rolling quarter to September 2018. This shows a decreasing trend.

AWOLS and Absconsions covers only those clients detained on a Mental Health Act Section and is measured against a local target. AWOLS remained at 27 and Absconsions increased to 21 (from 17) in the rolling quarter to September 2018. In September 2018, there were a total of 5 AWOLs reported; 4 from Snowdrop ward and 1 from Rose ward. All incidents in September 2018 were rated as low risk. In September 2018, there were 6 absconsions; 1 each from Bluebell ward, Rose ward, 1 Royal Berkshire Hospital, Snowdrop ward, Sorrel ward and Willow House. Both AWOLs and Absconsions show decreasing trends.

PMVA (Control and Restraint of Mental Health patients) – At the time of reporting, there were 53 uses of PMVA in September 2018. There were 10 incidents on Snowdrop ward, 23 on Bluebell ward, 3 on Rose ward, 1 on Daisy ward, 7 on Sorrel ward, 6 on Rowan ward, 1 from Place of Safety and 2 from Prospect Park Hospital (unspecified location).

There were 7 incidents of prone restraint in September 2018, 6 on Bluebell ward and 1 on Daisy ward. Those that have been reported on Bluebell ward are recorded as patient choice in the patients care plan and on Datix. For the incident on Daisy ward, the patient went into that position and was returned to the supine position within 10 seconds. The trend for use of prone restraint is downwards, when measured over a 3-year period. A programme of work is in place to reduce the use of prone restraint on the wards by 90% by the end of 2018/19.

There were 5 uses of Strategy for Crisis Intervention and Prevention in September 2018.

The use of seclusion in September 2018 in Mental Health Inpatients; there were 9 incidents of seclusion with the longest incident lasted 80 hours. There were no uses of seclusion in Learning Disability Services.

User Safety Exception Report Month 6: 2018/19

KPI	Target	Sep-18	Trend	Context/Reasons	Commentary of Trend
Mental Health Physical Patient to Patient Assaults	<40	55		<p>Physical Patient to Patient Assaults were carried out by 17 patients in the rolling quarter. One of which carried 7 assaults. This is measured against a local target.</p>	<p>In 2016/17 Mental Health NHS Benchmarking exercise, this Trust was in the upper quartile for physical patient to patient assaults at 512 incidents per 100,000 occupied bed days excluding leave.</p>
Self-Harm incidents	<75	262		<p>Self-harm incidents reduced in Adult Acute Mental Health Inpatients and CAMHS Inpatients. One individual was responsible for 48 incidents. This is measured against a local target.</p>	

<u>KPI</u>	<u>Target</u>	<u>Sep-18</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
AWOLs on MHA Section	<15	27		AWOLs remained at 27 in the rolling quarter to September 2018. There was increase reported on Snowdrop and Orchid wards. This is measured against a local target.	In the 2016/17 NHS Benchmarking exercise, the Trust was in the upper quartile at 128 AWOL incidents per 100,000 bed days excluding leave.
Preventing and Managing Violence and Aggression (PMVA)	<41	53		This is the number of physical restraints of patients in our Mental Health Inpatient wards. This shows an increase driven by an increase in Snowdrop ward. This is measured against a local target.	In the 2016/17 NHS Benchmarking exercise, the Trust was amongst the lowest users of restraint at 677 uses per 100,000 bed days excluding leave.

Other Key Performance Highlights for this Section

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

- Mental Health Physical Assaults on Staff worsened from 65 in the rolling quarter to August 2018 to 67 in the rolling quarter to September 2018.
- Mental Health Self-harm incidents have worsened from 255 in the rolling quarter to August 2018 to 262 in the rolling quarter to September 2018.
- Mental Health Absconsions worsened from 17 in the rolling quarter to August 2018 to 21 in the rolling quarter in September 2018.
- Mental Health Preventing and Managing Violence and Aggression worsened from 41 in the rolling quarter to August 2018 to 53 in the rolling quarter to September 2018.
- Prone Restraint has worsened from 1 use in August 2018 to 7 uses in September 2018.
- Learning Disability Physical Assaults on Staff worsened from 33 in the rolling quarter to 33 in August 2018 to 50 in the rolling quarter in September 2018.
- Learning Disability Self-harm has worsened from 2 incidents in the rolling quarter to August 2018 to 4 in the rolling quarter to September 2018.
- Learning Disability Physical Patient to Patient Assault worsened from 13 in the rolling quarter to August 2018 to 16 in the rolling quarter to September 2018.

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

- Mental Health Patient to Patient Assaults improved from 56 in the rolling quarter to August 2018 to 55 in the rolling quarter to September 2018.
- Use of seclusion improved from 15 uses in August 2018 to 9 in September 2018.
- Learning Disability Strategy for Crisis Intervention & Prevention improved from 7 in the rolling quarter August 2018 to 5 in the September 2018.

People Commentary

Performance in this category drives an amber rating on the performance scorecard summary on a subjective basis. Sickness, turnover, and gross vacancies are stretch targets internally and Personal Development Plans (PDP) is a local target. Of the 8 indicators, 2 are red (Staff turnover and Sickness rates), 2 are amber (Fire training and Information Governance training), 3 are green; Gross Vacancies, Statutory Training - Health and Safety and Manual Handling. The provisional sickness figure is no longer reported, and the PDP target was for completion in May 2018.


Sickness Absence

- The final Trust-wide monthly sickness rate for August increased to 3.84%, from 3.71% in July 2018. Based on hourly rates, there was an associated increase in the cost of absence in August to £370,145 (the final cost for July was £368,383).
- There was a further decrease in the short-term sickness rate in August to 0.77% and the rate is now at the lowest level seen in over 12 months. The seasonal impact of absences due to cold/cough/flu on the short-term sickness rate is not yet evident and the total sickness rate attributed to cold/cough/flu in August was 0.13%, which is lower than the same period last year (August 2017 was 0.19%).
- There has been a further increase in the long-term sickness rate in August to 2.32%, from 2.26% in July, continuing the upward trend seen since March 2018. The HR Managers are reporting an increase in the number of long-term sickness cases for chronic illnesses, for example cancer and heart disease, where the medical advice indicates that the individuals are unlikely to return to work. These cases are being progressed as effectively but sensitively as possible, with the individuals being supported to understand the process with regard to ill health retirement and the termination of their employment for health reasons.
- There has been a further decrease in the total sickness rate attributed to musculoskeletal/back problems to 0.66% in August, from 0.68% in July. The rate is showing a slight downward trend over the last three months and the long-term sickness rate for this reason is also showing a decrease in August.
- Following the decreases reported last month, the total sickness rate attributed to anxiety/stress/depression increased in August to 1.13% (from 1.04% in July). The long-term sickness rate for this reason also increased to 0.91% and absences for this reason accounted for 29.6% of all absence in August, a proportional increase from 27.3% in July. The HR Managers continue to work with their localities to ensure that individual cases are been effectively managed. In addition, some localities are also focusing on earlier identification and intervention to facilitate an earlier return to work or to prevent a period of absence. Any learning from these initiatives will be shared across the localities by the HR Managers. Analysis of the sickness data has identified an increasing number of individuals who have multiple periods of stress related absence, emphasising the importance of ensuring that a robust support plan is in place for those returning to work. Guidance on supporting phased return to work programmes has been drafted for managers and this will be circulated across the localities.

Recruitment

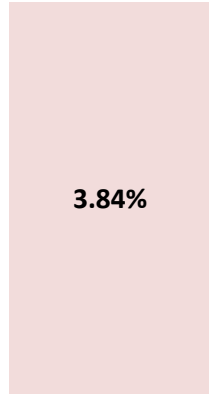
- A two-day workshop took place in October to identify and prioritise ideas for initiatives to support the recruitment and retention of difficult to fill posts. Further feedback on the specific actions resulting from this workshop will be reported over the coming months.
- Short-term expertise has been sourced to support with advert writing, initially for three months. This will be reviewed thereafter to determine whether there has been an impact on the quality and quantity of candidates applying for posts.

People Exception Report Month 6 2018/19

<u>KPI</u>	<u>Target</u>	<u>Sep-18</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Staff Turnover (% YTD): Percent	<15.2%	16.60%		<p>Increase in turnover target from September 2016. This remains a challenging stretch target for the Trust. Turnover rates have reduced over 12 months. This includes end of fixed term contracts, retirements as well as voluntary resignations.</p>	<p>NHS Digital published data on the Stability Index which is the percentage of staff present at the start of the period that do not leave the specified group (e.g. organisation, staff group or the NHS in England) during the period. The Trust score of 81.62% is lower than an England average of 88.38%. Locally Oxford Health scored 78.85%, Surrey and Borders Partnership 77.02%, and Southern Health at 80.22%.</p>

Sickness rate

<3.5%



3.84%



The short-term sickness rate has increased to 0.88%, and the long-term rate increased to 2.47%.

The most recently published NHS Staff Sickness Absence rates published on 27th September 2018 show that for May 2018 the NHS in England's overall sickness rate was at 3.79% and 3.45% for the Thames Valley.

Other Key Performance Highlights for this Section

- Mandatory Training: Information Governance training has improved from 88% in August 2018 to 91% to September 2018.

NHS Improvement Non-Financial and Financial Commentary

The NHSI performance section is red rated due to below target Early Intervention in Psychosis (EIP), Audiology (DM01) access standard and 7 day follow up targets being missed as follows:

- EIP was below 53% target at 50% as there were only 2 cases in September 2018, one of which was seen outside the 2-week access target. Recovery of performance expected from October.
- Audiology (DM01) 6-week waits for Audiology Diagnostics was 98.79% for September 2018 with 2 out of 166 cases outside the 6-week target. This is below the 99% target. There is a recently identified issue with under reporting of activity, which has been investigated and actions in place to avoid reoccurrence. A briefing was provided to October Finance, Investment and Performance Committee. NHSE and NHSI have subsequently been notified for data resubmission. None of the cases identified breached the waiting standard, and no quality or safety impact to patients. Recovery of performance expected on resubmission of data in November.
- 7 Day follow up is below target at 94.4% with 4 misses in September 2018; the Trust was above target in Quarter 2 at 98%. This is in the Quality of Care section of the Single Oversight Framework. Recovery of performance expected from October.

The Trust was given an overall data set a Data Quality Maturity Index (DQMI) Score 94.2% for the Mental Health Services Data Set (MHSDS), against a target of 95%. Three additional fields were added; Primary Reason for Referral (Trust score 60%), Service or Team Type referred to (Trust score 100%), Mental Health Act Legal Status (Trust Score 100%). Two further fields on OAPS and Veteran status are due to be added before the next publication of DQMI scores in November 2018. No formal correspondence has been received in relation to these changes. A conference call took place on 23rd August 2018 between NHSI and the Trust's performance team to discuss the DQMI score and further correspondence was sent on 9th October 2018. The Single Oversight Framework now only references the 95% target DQMI score and not the fields included.

Inappropriate Mental Health Out of Area placements: the Single Oversight Framework measures progress against the ICS trajectories for Frimley and Berkshire West. The guidance published by NHSI in their bulletin on 11th July 2018, states that "In the 2017 SOF update we added an indicator on reducing OAPs to the SOF to help us understand the progress being made to meet this ambition. From September 2018 onwards we will be monitoring providers' progress against the trajectories submitted to STPs in January. Substantial variation against a provider's trajectory will trigger a discussion to determine:

- whether support is required (if OAPs are substantially higher than predicted by the trajectory)
- whether quality and safety are being maintained (if OAPs are substantially lower than predicted by the trajectory, e.g. sudden reductions in OAPs can result in unintended consequences such as increased pressure on EDs).

In the period until September, discussions will be triggered if substantial increases or decreases in OAPs are noted from one month to another. We are committed to supporting providers to eliminate inappropriate OAPs by 2021 whilst ensuring safe care."

For Quarter 2 2018/2019 - quarter to date the Trust were below target:

- Berkshire West CCG -106 bed days against a Quarter 2 2018 target of 396 bed days.
- East Berkshire CCG - 366 bed days against a Quarter 2 2018 target of 380 bed days.

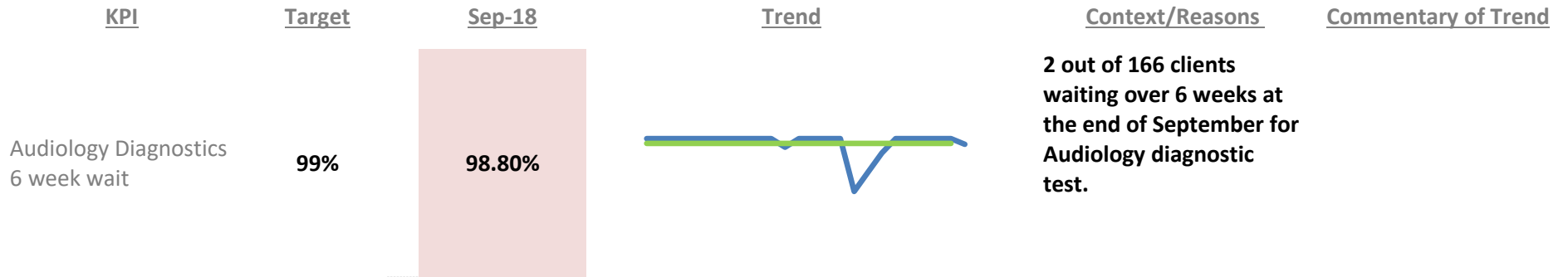
Proportion of people completing treatment who move to recovery (from IAPT minimum dataset): for September 2018 the Trust achieved 57% with all CCGs above the 50% recovery threshold target.

In addition, Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) and Methicillin-sensitive Staphylococcus aureus (MSSA) will be included in the SOF. Work in partnership with acute trusts/CCGs is on-going with organisations within Berkshire seeking to ensure a consistent approach to surveillance. A joint action plan was produced in September 2017 as there is a system target to achieve. Trusts are required to report all E coli, Pseudomonas, Klebsiella, MRSA, MSSA, and GRE bacteraemia. For September 2018 there was 1 Klebsiella bacteraemia on Oakwood Ward and 1 Clostridium Difficile on Ascot Ward were reported. A root cause analysis is completed for each bacteraemia to ensure learning happens.

The Single Oversight Framework will continue to include an annual rating on the Cardio Metabolic CQUIN. The Trust rates for Q4 2017/18 show that we are above targets shown below:

- Inpatients – 97.86% compliance against 90% target
- Community – 100% compliance against 65% target
- EIP services - 93% compliant against 90% target

<u>KPI</u>	<u>Target</u>	<u>Sep-18</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
7 Day follow Up	95%	94.40%		4 confirmed misses for follow ups within 7 days of discharges from Mental Health Inpatient wards.	Regional Director has been asked to produce an action plan.
Early Intervention In Psychosis 2 Week Wait	53%	50.00%		Only 2 clients in September; 1 seen within 2 weeks, the other breached.	



Service Efficiency And Effectiveness Commentary

There are 13 indicators within this category, 4 are rated as Green including Did Not Attend (DNA) rates, Community Health Inpatient Length of Stay, Mental Health Readmission rates and Mental Health Crisis plans. None are rated as Amber, 7 are rated Red; Mental Health Average and Snapshot Length of Stay, Mental Health Acute Occupancy by ward and by Locality, Mental Health Non-Acute Occupancy, Community Health Inpatient Occupancy, Mental Health Clustering and Health Visiting, and 1 of which does not have a target (Place of Safety).

The DNA rate decreased from 4.76% in August 2018 to 4.66% in September 2018 and is rated as green. East Mental Health (6.93%) and West Mental Health (6.96%) and Children Young People and Families (CYPF) (6.66%) are above target. This indicator shows a decreasing trend.

In Common Point of Entry (CPE), the DNA rate decreased from 7.91% in August 2018 to 7.54% in September 2018.

In Children and Families, Community Paediatrics was at 8.92%, Health Visiting 8.45%, School Nursing 6.46% CAMHS 7.68% and Adult Eating Disorders at 8.70% are above the 6% target.

For Mental Health East; IMPACTT at 14.09%, East Adult CMHTs at 8.76% are above target. In West Mental Health, Clinical Health Psychology 12.77%, Adult Mental Health 7.92%, Trauma 11.21%, Neuropsychology 15.57% are above target. The portal, interactive voice message and SMS text messaging can be used for reminders for appointments which take place in clinics provided that a mobile number is collected and entered into RiO in the correct format. In September, 24,077 messages were sent.

Community Health Inpatient Average Length of Stay remains at 24 days and is below target, with West Berkshire above target. Delayed transfers have been some improvements Wokingham 3.5% (last month 4.3%), but elsewhere there has been a worsening of delays Slough 4.4% (last month 1.7%), Reading 14.3% (4.7%), West Berkshire 7.9% at (last month 3.4%) and WAM to 6.2% (last month 8.1%). A total of 21 patients' discharges were delayed in September 2018, 8 of these are the responsibility of the NHS and 6 are the responsibility of social care and 7 are joint Health and Social Care responsibility. The most common reason for a delay was awaiting care package in own home (a total of 12; 2 for Health, 5 Social Care and 5 joint responsibility Health and Social Care). Two are awaiting care home placement, 1 Social Care and 1 joint responsibility.

Mental Health Acute Occupancy excluding home leave increased to 98% in September 2018.

The Average Length of Stay for Mental Health inpatients increased to 45 days in September 2018 and the acute snapshot length of stay reduced to 56 days in September 2018 and continues to remain above target. Of the 178 clients discharged during July 2018 to September 2018, the median length of stay was 24 days. 21 clients who were discharged in the period had lengths of stay above 90 days, including 19 above 100 days and 1 at 420 days and 1 at 707 days. There are several clients who have accommodation needs for which funding must be obtained and placements sought before they can be discharged from the ward. At 10th October 2018 there were a total of 8 acute clients who were agreed delayed transfers of care (a decrease from 9 last month); 4 on Snowdrop ward, 1 Bluebell ward, 2 on Daisy ward and 1 on Rose ward. By locality, there are 5 for Reading and 2 for Slough and 1 whose locality is Kingston.

There are 2 clients delayed on Campion Unit, both detained under the Mental Health Act (1 for Slough and 1 for an out of area client from Durham).

An additional metric on bed occupancy by Locality has been included and work has been developed to facilitate Localities managing their allocation of beds and out of area placements. All areas were above target.

At the 12th October 2018, there were 4 female PICU and 1 acute adult mental health patients in out of area placements.

Older Adults Mental Health wards length of stay is 78 days for Rowan ward and 111 for Orchid ward for clients discharged.

Community Health Inpatient Occupancy is below the 80% lower threshold at 78% and is therefore red rated. The CCGs have asked that 10 beds on Highclere ward be repurposed, a proposal has been written by the Head of Service and was presented at the Trust Business Group meeting on 5th June 2018 and then to QEG before submission to commissioners, no change has been made to the contract yet.

Mental Health Readmission rates are at 6.2% in September 2018 which is below the 9% target, with only Bracknell above target where one patient has been readmitted.

Mental Health Benchmarking – Validation has been completed and reports are due in October 2018 with a toolkit due in November 2018.

CAMHS Benchmarking 2017/18 validation has been completed and report is due in November 2018.

Mental Health Clustering has decreased to 84.6% compliance and remains below the 95% target. There were issues with the clustering tool not working correctly for a period of 2 and half weeks from April to beginning of May which have impacted on the ability of teams to cluster clients. This has now been resolved but teams will take time to recover their position.

Place of Safety uses have increased to 41 in September 2018, with no uses for minors. Of these 41 uses of the Place of Safety, 21 were admitted following assessment including 16 under Section 2 of the Mental Health Act. Of these, 12 clients waited over 8 hours for an assessment and none over 24 hours. The reasons for the delays in assessment include bed availability, patient intoxication, and availability of AMHP/assessing Doctor. 17 out of the 41 assessments were carried out by Berkshire Healthcare NHS Foundation Trust Section 12 Doctors. The most common time in September 2018 to be brought to the Place of Safety was between midnight and 3 a.m. followed by 12 noon to 3 p.m. The most common days for detention in September 2018, was Tuesday with 8 detentions followed by 7 uses each on Wednesday and Thursday.

Mental Health Crisis plans is above target at 96% with all areas above target when incomplete plans are included in the total.

Health Visiting is below target at 93.5% however this compares favourably from the most recently published national data which shows that in Quarter 4 2017/18 only 88.5% of New Birth Visits took place within 14 days. Of the 26 cases not seen within 14 days 38% (10) were still in hospital, 23% (6) declined the appointment, 11% (3)

were due to lack of staff capacity or reason not recorded, 8% (2) there was no access and 4% (1 each) were due to late notification or family out of area.

System Resilience – Frimley Health NHS Foundation Trust achieved 89.6% for Type 1 A&E attendances in September 2018.

In the West – the A&E waiting times national return for September 2018 show the Royal Berkshire Hospital achieved 92.9% Tier 1 A&E attendances and 93.7% against Tier 1-3 attendances. Nationally only 83.0% of patients waiting at a Tier 1 A&E services met the target for the discharged, admitted transferred within 4 hours of arrival, and a national average 88.9% for all Tier 1-3 attendances during July 2018. The Trust's Minor Injury Unit achieved 100% for discharged, admitted transferred within 4 hours of arrival.

The system wide report showed West Berkshire, Reading and Wokingham Rapid Access teams had capacity on 12th October 2018. In terms of Inpatients on 13th October 2018 there were a total of 17 community beds available in the Berkshire West area including 11 at Wokingham Community Hospital.

Service Efficiency And Effectiveness Exception Report Month 6: 2018/19

KPI	Target	Sep-18	Trend	Context/Reasons	Commentary of Trend
Mental Health: Acute Average Length of Stay: Number	<30 Days	35		<p>Bed optimisation project underway to look at alternatives to admission, productive stay and productive discharge. Length of stay is reducing.</p>	<p>Delayed transfers and lack of onward accommodation have impacted on this metric. In the 2016/17 NHS Benchmarking Exercise the Trust was above the national mean at 30.8 days with an average length of stay of 38 days.</p>
Mental Health Acute Length of Stay Snapshot	<30 Days	53		<p>This is a decrease on the preceding month but reflects the acuity of clients and the number of delayed transfers of care on the wards.</p>	

KPI	Target	Sep-18	Trend	Context/Reasons	Commentary of Trend
Mental Health Acute Occupancy rate (excluding home leave by Ward/ Locality)	< 90%	98%		All Localities are above target. New bed management process introduced including gatekeeping of clients.	Increase in the number of patients admitted whilst detained under the Mental Health Act. For 2016/17 there was a 41% increase in detained patients in comparison with 2015/16. 2017/18 shows a further 20% increase on 2016/17 totals. The cumulative total is 70% increase in admissions of clients detained under the Mental Health Act. Quarter 2 2018/19 shows a further 256 admissions of patients detained under the Mental Health Act which is a 45% increase on Quarter 1 (176 admissions).
Community Health Inpatient Occupancy Rate	< 80%	78%		In September 2018, Oakwood and West Berkshire Community Hospital were below target. 10 beds on Highclere ward are being proposed to be repurposed.	The availability of Community Health beds is discussed in the daily system wide calls. These also cover the acute hospital, community services including wards and services where patients can be discharged to their place of residence and Unitary Authority provision.

<u>KPI</u>	<u>Target</u>	<u>Sep-18</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Health Visiting: New Birth Visits Within 14 days	95%	93.5%		Of those not seen the reasons were 38% of mother or baby were still in hospital, 23% family declined visit, 11% were due to lack of staff capacity, 8% due to no access and 1% each were due to late notification or family out of area.	The Trust is above the 87.7% England average in 2017/18, which is the latest data available on the Public Health England New Birth Visits (published on 24 th October 2018).
Mental Health Clustering within target	95%	85%		There are frequent reviews required for certain clusters which mean that it is challenging to achieve the target. At the end of April 2018, the RiO tool used for clustering was not working. Services are working to catch up.	Teams with high numbers of outliers are being targeted. The Clustering Lead is attending the Locality Managers Business Meeting to ensure that focus is maintained.

Other Key Performance Highlights for this Section

- Did Not Attends (DNA) rates have improved from 4.76% in August 2018 to 4.66% in September 2018.
- Mental Health Readmission rates remained at 8.3% in September 2018 (under the 9% target).
- Mental Health Acute Average Length of Stay has worsened from 39 days in August 2018 to 45 in September 2018.
- Mental Health Acute Snapshot Length of Stay has improved from 63 days in August 2018 to 56 days in September 2018.
- Mental Health Acute occupancy has worsened from 97% in August 2018 to 98% in September 2018.
- Mental Health Non-Acute occupancy worsened from 79% in August 2018 to 98% in September 2018.
- New Birth Visits within 14 days has worsened from 95% in August 2018 to 93.5% in September 2018.
- Clustering improved from 83.4% compliance in September 2018 to 84.6% compliance in September 2018.
- Use of Prospect Park Place of Safety improved from 52 in August 2018 to 41 uses in September 2018.

Contractual Performance Commentary

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

Commissioner	Contract	Total Contract Value	Sub-Contract	Sub-Contract Element	Risk	Commentary
CCG	Main Block Contract	£187.4m	Overall			All Long stop issues are on track .We have asked for an updated on MSK beyond Sept 18. We have flagged with commissioners pressure in CHS – Heart Failure, Falls, MH – CAMHS , ASD/ADHD, IPS ongoing funding
NHSE	Main Block Contract	£6.95m	Overall			Content of CV for 18/19 agreed
			CAMHS T4	£2,290k		Agreement has been given to restore original funding for 17/18 and 18/19 with a view to new contract negotiations for 19/20 along with plans to move to PPH 12 bed unit. Meeting took place on 9th July , NHSE will work with BHFT to fully utilise the beds within the current building constraints. Positive support for STP bid for Unit at PPH. NHSE modify offer – incorrect positioning of CQUIN in heads Circa £53K. Agreed and accepted by BHFT
Reading BC	Public Health Nursing 0-19 Service	£3.2m	Overall			Contract to Sept 2019 fully signed
			Enuresis	£15k		Awaiting contract variation
NHSE	Dental	£2.75m	Overall			Contract signed. NHSE to ask Trust to consider a contract extension for up to 2 years. Support in principle subject to funding.
			General Anaesthetic	£588k		Contract expires 31st March 2019
			Special Care	£1,865k		Contract expires 31st March 2019
			Access Centres	£294k		Contract expires 31st March 2019
Berkshire CCGs	AQP	Variable	Podiatry			Agreed 2.5% uplift on tariff, draft contract under review, aim to sign in June
East Berks CCG	AQP	Variable	Audiology			Tender issued for AQP and The tender bid has been submitted , internal discussions under way around sustainability pre any announcement by commissioner and new service is planned to go live in December 18 by elected provider
RBH	Inter Provider Contract	£2,087k	Overall			
Frimley	Inter Provider Contract	£323k	Overall			

Trust Board Paper

Board Meeting Date	13 th November 2018
Title	Mental Health Strategy Progress Update
Purpose	To provide a progress report on the implementation of the Board's strategy as at the end of October 2018.
Business Area	Corporate
Author	Director of Corporate Affairs
Relevant Strategic Objectives	Supports all strategic objectives
CQC Registration/Patient Care Impacts	Our mental health strategy supports delivery of safe, good quality care and a good experience of care for patients.
Resource Impacts	Achievement of the key priorities within our mental health strategy will provide financial benefits and mitigation of financial risk.
Legal Implications	None
Equality and Diversity Implications	Our Mental Health Strategy aims to address inequalities experienced by people with mental health problems through the achievement of Five Year Forward View for Mental Health Targets. This includes physical health inequalities resulting in lower life expectancy. Inclusion and equality of opportunity for our mental health workforce is addressed within our overall Workforce Strategy, and we will reflect relevant aspects of this in our Mental Health Workforce Plan submissions to Health Education England/NHS England.
SUMMARY	<p>The attached paper provides a report on progress against the key priorities within the strategy approved by the Trust Board in December 2016.</p> <p>The paper provides an overview of:</p> <ul style="list-style-type: none"> • Developments in national policy/local operating context since July 2018 when the last progress update was provided • What we have done in terms of: <ul style="list-style-type: none"> • Taking forward key initiatives and strategic intentions

	<ul style="list-style-type: none"> • Progress against key targets <p>Good progress has been achieved in terms of achievement of targets within the Five Year Forward View for Mental Health – and most targets have either been achieved, or are on course for delivery by 2021. The key areas of challenge remain delivery of the target for zero out of area placements for people needing acute inpatient care, and the achievement of access targets for children and young people. Our Care Quality Commission inspection resulted in an overall "good" rating which included some important improvements in a number of core mental health services.</p> <p>Areas of priority focus are currently:</p> <ul style="list-style-type: none"> • Improving patient safety and experience through our Quality Improvement programme • Delivery of our Global Digital Exemplar Programme • Exploration of means of measuring patient experience and outcomes across all our mental health services • Continuing to develop and implement our workforce plan in mental health • Continuing to mental health initiatives in our Integrated Care Systems and Sustainability and Transformation Partnership. • Completing the mental health aspects of our Three Year Strategy refresh, and organisational and system plan submissions to regulators. <p>Ensuring that we are able to recruit and retain staff with required skills and capabilities continues to present a significant risk, and a workforce strategy update will be provided for the Trust Board in December.</p>
ACTION	The Board is asked to note the progress made against the strategy priorities.

Mental Health Strategy 2016 – 21

Progress Update

November 2018

Berkshire Healthcare NHS Foundation Trust



Effective and compassionate help

- Evidence-based pathways
- Safe, effective services achieving outcomes which are meaningful to service users
- Inpatient services represent a “centre of excellence”
- Suicide Prevention.

Supporting our staff

- Recruiting and retaining skilled, compassionate staff
- Developing new roles
- Enabling creativity, innovation and effective delivery
- Building strong clinical and managerial leadership, a quality improvement and research culture.

Working with service users and carers

- Guiding development of our services
- Supporting self management.

Safer, improved services with better outcomes, supported by technology

Good experience of treatment and care

- Personalised care supporting recovery and quality of life
- Meeting both physical and mental health needs.

Straightforward access to services

- Meeting national targets
- Effective and integrated urgent care
- Expanding online and telehealth services
- Tackling discrimination and stigma.

Working with partners and communities

- Partnerships with primary care, social care and voluntary sector organisations
- Integrating mental health within locality services, and system sustainability and transformation plans
- Supporting prevention, early intervention and peer support.

Our Mental Health Strategy – progress since December 2016



Developments in national policy since July 2018

We have continued to submit Mental Health Delivery Plans to NHS England through our Sustainability and Transformation Partnerships. In addition, we have provided Mental Health Workforce Plans via Health Education England, and the intention is to triangulate these with Mental Health Investment Plans to ensure delivery of the Five Year Forward View for Mental Health (FVMH), to ensure planned investment is reaching services, resulting in staff increases in line with national commitments.

To inform the development of the NHS 10 Year plan, anticipated in late November/early December, we contributed to submissions requested from Claire Murdoch (national mental health director for NHS England) about the top priorities for mental health. We anticipate that the 10 year plan will have a strong focus on mental health of children and young people, reflecting both the significant demand growth being experienced nationally, as well as the important opportunity to reduce mental health problems being experienced into adulthood through prompt treatment and support.

- Taking forward key initiatives and strategic intentions
- Progress against national targets

In August 2018, NHS England produced guidance on co-locating mental health therapists in primary care. This is linked to the expansion of IAPT Services, and our own services are well linked into discussions about development of primary care. The October 2018 budget announcements included planned investments in mental health services (2bn by 2023/24) – including in crisis services for adults as well as children and young people.

Care Quality Commission Inspection and progress in Berkshire-wide mental health initiatives

Key Findings from our CQC Inspection in June 2018

Our services have been rated “good” overall, with “outstanding” for the “well-led” domain. 7 core services were inspected, followed by an assessment of how well our organisation is led, and the current position of our mental health services is shown below.

Core service	Safe	Effective	Caring	Responsive	Well led	Overall
Older People's Mental Health Services (community)	Good	OS	OS	Good	OS	OS
Older People's Mental Health Services (inpatients)	Good	Good	Good	Good	Good	Good
Acute Mental Health and Psychiatric Intensive Care Unit	Good	Good	Good	Good	Good	Good
Community Mental Health team	Good	Good	Good	Good	Good	Good
Crisis Response and Home Treatment team and Place of Safety	Good	Good	Good	Good	Good	Good
CAMHS Community	Good	Good	Good	RI	Good	Good
CAMHS Tier 4 (Willow House)	RI	Good	Good	Good	Good	Good
Berkshire Healthcare overall position	Good	Good	Good	Good	OS	Good

Berkshire East

The Frimley Health and Care ICS Mental Health Programme has prioritised 3 key areas of work:

- **Significantly reduce Out of Area Placements (OAPs) by 2020**
- **Ensure there are easily accessible urgent, emergency and liaison Mental Health Services**
- **Ensure access to perinatal mental health care**

Q1 and Q2 OAPs targets have been achieved.

NHSE investment in Perinatal Services across the ICS footprint has been secured.

There are mental health liaison services in place across the whole ICS.

The programme is also accountable for oversight of delivery of Five Year Forward View for Mental Health (FYFVMH) targets as well as to ensure that mental health is embedded within all ICS priority initiatives. The most challenging FYFVMH targets to deliver are seen as the OAPs and children and young people's access to services, but the majority of the remainder have been delivered or are on course for delivery.

Funding to enhance mental health workforce planning in the system has been secured from the Local Workforce Action Board.

We have established good working relationships with colleagues in Surrey and Borders Partnership Trust and local commissioners, and have made a strong contribution to the work of the programme.

Future priorities are currently being evaluated and are likely to include access to child and adolescent mental health services and mental health services in primary care. The work will continue to be informed by the mental health reference group, enabling engagement of service users and voluntary sector organisations.

Berkshire West

The Berkshire West Mental Health Delivery Group is the key forum for oversight of FYFVMH targets and implementation of local strategy within the ICS and in partnership with Local Authorities. Challenges have been presented by the lack of substantive mental health commissioners, which should be resolved for 2019/20. In addition, the separation of integrated health and social care teams in West Berkshire and Reading has been monitored carefully by the Regional Director for Berkshire West, and Locality Director for Mental Health West, ensuring that impacts and concerns are communicated and addressed where possible

Berkshire West has also prioritised the reduction of out of area placements, and good progress has been made in achieving the required trajectory. 3 mental health work streams have been set up as part of the ICS Outpatients Project: Memory Clinics; Virtual Clinical Decision Making across Primary and Secondary Care; Physical Health Checks for patients with severe mental illness (SMI). These have all identified efficiencies in business cases submitted for ICS consideration.

Funding secured from Health Education England will support the recruitment of a Mental Health Workforce Project Lead, focussing on our Community Mental Health Teams, undertaking a similar approach to that successfully used in our inpatient services.

A Mental Health Steering Group has now been established as part of the **Buckinghamshire, Oxfordshire and Berkshire West (BOB) STP**, and clarification has been provided that performance monitoring will take place at STP rather than Berkshire West ICS level. We are well represented at this new group, aiming to focus on a small number of key priorities where we can add value by working at scale. As in Berkshire East, the most challenging targets to deliver are the OAPs and CYP access targets, with other targets already met or on course for delivery. At a BOB level, the target for intensive home treatment is not currently met – although these services do exist in Berkshire West.

A winter planning event, focussed on mental health, is being organised at BOB level, supported by the Thames Valley Strategic Clinical Network.

Key priorities

There is a good alignment between our vision, values, organisational priorities and our mental health strategy priorities:

Safer, Improved services with better outcomes, supported by technology

Our Trust Board Vision metrics that are specifically relevant to our mental health strategy priorities include:

- Patient assaults
- Use of restraint
- Inpatient deaths
- Suicide rate for people under mental health care
- Bed occupancy

As part of our Quality Improvement Programme, we have identified a number of “True North” metrics that are specific to our mental health services:

- Number of self harm incidents
- Violence and aggression incidents to staff

We have also prioritised implementation of our Quality Management Improvement System within Prospect Park Hospital.

We have used our Strategy Deployment process to help us prioritise key initiatives, which is now starting to incorporate local projects and initiatives.

This will guide our project resourcing decisions and guard against individual clinical or corporate services being over-burdened at any one time.

The following slide shows the significant initiatives within our mental health strategy, which will be enabled by technology and use of quality improvement methodology. This is followed by an outline of progress regarding each of the initiatives, a summary of our plans for technology enabled service delivery, the targets against which we will measure our progress and our planned next steps.

Governance

Our **Mental Health Development Group**, accountable to the Business and Strategy Executive continues to oversee implementation of the Mental Health Strategy, Prospect Park Development Programme and Mental Health Pathways and Clustering. This group enables project leads to understand and address interdependencies between initiatives.

Our IAPT service development is now implemented as “business as usual”, reporting progress into Trust Business Group and Quality and Finance Executive meetings. There are also 2 Steering Boards in East and West Berkshire with commissioners.

The **Zero Suicide** initiative reports to our Quality Executive and is linked to the Berkshire suicide prevention steering group.

Urgent Care developments are managed through our operational management structures and our membership of A&E Delivery Boards. The management of “acute overspill” **out of area placements** is managed through a project board led by the Director of Nursing and Governance.

Our Trust Business Group provides oversight of contractual arrangements for the provision of **Longer Term Care**.

A Global Digital Exemplar Board, chaired by our Chief Executive is well established and oversee delivery of objectives set out within our bid.

The following slide provides the high level implementation “road map” for the key initiatives included in the strategy approved by the Trust Board

	2016 - 18	2018 - 19	2019 - 21
PPH Development	Staffing, bed optimisation and centre of excellence projects established and meeting targets	Medium –term actions delivered, pathways and patient/carer engagement well established	Long term actions delivered. Strategy reviewed and future priorities confirmed
Pathways	Implementation of priority pathways – initial focus on people with personality disorder	All evidence based pathways established and tariff implications confirmed with commissioners	Outcomes reviewed and benchmarked to inform further work required
Zero suicide	Completion and implementation of strategy linked to system suicide prevention plan	Medium –term actions delivered	Long term actions delivered. Strategy reviewed and future priorities confirmed
Urgent Care	System reviewed including PMS, PoS, CRHTT and CMHT pathways	Alternatives to admission reviewed and priority actions confirmed and implemented	Long term actions delivered. Strategy reviewed and future priorities confirmed
IAPT	Early implementer programme: increasing access and delivering for priority long term conditions	Plans for future sustainability completed and agreed with commissioners	Services covering wide range of long term conditions and delivering positive outcomes
Longer term care	Priority actions for Out of Area Placement reduction confirmed and implemented	Partnership actions with UAs, Vol. sector & housing providers confirmed and implemented	Long term actions delivered. Strategy reviewed and future priorities confirmed

Technology enabled service delivery: online programmes, skype and SHaRON expansion. Informatics development.

Quality Improvement methodology enabling safer, evidence-based services with better outcomes

Prospect Park Hospital Development

Bed Optimisation:

This project was established to achieve:

- No Out of Area Placements (OAPs) as a result of acute overspill by 2020
- Acute adult bed occupancy consistently below 90%

Executive approval processes for OAPs remain in place, and numbers are being effectively minimised by the hard work of operational and clinical staff working across service interfaces. Support is needed from partner providers and commissioners to achieve our objectives and reduction of out of area placements is a key area of focus in both ICS Delivery Plans as described on page 4. This project is now part of the “Eliminating Overspill , Optimising Recovery and Rehabilitation” described on page 8.

Staffing:

The Staffing Project has successfully implemented a number of key changes in skill mix, new roles and new approaches to recruitment. Vacancies have been significantly reduced in bands 2,3 and 4, but remain a major challenge in bands 5 and above. There has been a particular focus on Sorrell Ward which has consistently experienced the highest numbers of vacancies at Bands 5 and above. A new post, focussed on providing staffing support to Prospect Park Hospital (PPH) has been successfully recruited to, and the Director of People is working closely with the Locality Director for PPH to further reduce vacancies over time.

Centre of Excellence:

Definition and confirmation of scope was deferred to enable prioritisation of Bed Optimisation, Staffing and Quality Improvement Initiatives. Work has been completed to seek the views of service users, which has been used to inform planning . Priority is being given to 'getting the basics right' and getting the performance Score Card embedded. Reconfiguration planning regarding Champion, Jasmine and Willow House is progressing and being reported through our Capital Review Group.

IAPT

Our key initiatives are now incorporated into regular operational management and reporting arrangements, and our service continues to exceed access and recovery targets.

Development of employment advisor roles is continuing, with additional funds secured from Department of Work and Pensions.

A Common Point of Entry/Wellbeing project has been established to provide an effective response to those people coming through our CPE, who do not need secondary mental health services. This will see the establishment of an integrated response incorporating IAPT and signposting to community and voluntary sector services. Over time, this will enable a sustainable service model, addressing the challenges posed by ever increasing referral numbers presenting with a very wide range of needs.

Zero suicide

This include four key priority areas of focus :

- A reduction in the rate of suicide of people under mental health care
- Increase in positive staff attitude and a proactive approach to suicide prevention
- An optimised RiO system for recording risk
- Families, carers and staff will feel supported and know where they can get support after a suicide

Progress updates provided to our Quality Executive have highlighted:

- leadership development
- optimising systems, training and support to service users and staff.
- A new risk summary has been embedded, a risk standard operating procedure was collaboratively developed, outlining the expectations for all parts of the service.

Our CQC inspection provided positive feedback on the risk summary incorporating a service user safety plan.

Planning for a Suicide Prevention Conference hosted by the Trust for December is progressing well.

Pathways and Clustering

This programme was set up to optimise service delivery and to understand and improve outcomes for service users, while also positioning the Trust to meet anticipated development of payment by results in mental health. While the policy focus has shifted to population based funding as part of Integrated Care Systems, this initiative will continue to make a significant contribution to our understanding of how well we are serving local people. Recent progress reported includes:

- Impact of the Recovery Transition initiative to improve the profile of caseloads, reducing the number of patients in Clusters 1, 2, 3 and 11 to more appropriate levels for secondary services.
- The quality of clustering data has significantly improved but the amount of clustering completed has deteriorated in recent months. This will be addressed as part of our work to ensure reporting of accurate data.
- A full set of core, evidence-based MH pathways specifications, resource availability and costs, has been developed and published and are currently being introduced to clinical teams.
- Implementation of the pathways, spearheaded by the roll out of a lead cluster from each super-cluster (non-psychotic C4; Psychosis C12; Organic C18), is in progress.
- E-pathways are currently being tested..
- Outcome measures are in use by the clinicians, with reporting being tested.

Emotionally Unstable Personality Disorder (EUPD) End to End Pathway Q1 Project

This initiative has been prioritised to enable effective support to be provided to people who are over-represented in our inpatient and crisis services. Our aim is to provide an evidence based pathway throughout our services, along with a reduction in occupied bed days for people with EUPD, reduction in self harm, OAPs and re-referrals and improvement in friends and family recommendation rates and staff engagement within inpatient services. Implementation of Structured Clinical Management is on course with Bracknell and Wokingham CMHTs with the remaining four to be trained in November and January. A Business Case for the delivery of Psychologically Informed Consultation and Training is in development.

Longer term care

The **Eliminating Overspill, Optimising Rehab and Recovery** seeks to address the 5YFV aim of eliminating acute out of area placements as well as development of a range of rehabilitation & recovery options. **Acute Overspill** has remained relatively stable recently, but OAPs for intensive care remains an issue. Recruitment into the bed management team for a substantive 7 days/week 8am-8pm, has been completed and we are just waiting for all people to take up post in October.

The end of Q2 data suggests that our OAPs reduction will meet the NHSi trajectory, but remains short of the CIP requirement. We continue to be unable to open the 3 female intensive care beds because of staffing shortages. This will continue to negatively impact on programme delivery, but continues to be a necessary action to ensure patient safety.

There are ongoing financial discussions regarding 11 Reading patients with longer term needs and regional work to develop a New Model of Care for people needing **low and medium secure services** is continuing. Year 2 of the pilot will focus on reducing length of stay. Berkshire work will focus on development of step up and step down services.

Urgent Care

Work is continuing to optimise the performance of our Common Point of Entry, Crisis Response Home Treatment Services, and our Inpatient Wards.

Following the “tender” model review of our CRHTT, action has been taken to strengthen leadership and staffing. Vacancy numbers have decreased and it is anticipated that targeted cost reductions will be delivered in 2019/20.

Work has progressed to ensure that accurate data is used to inform agreed actions through our A&E Delivery Boards in East and West of Berkshire, including numbers of bed days lost due to delayed transfers of care.

The use of technology to enable the delivery of a new model of care in mental health

is at the centre of our ambition as a “Global Digital Exemplar” for mental health, confirmed in April 2017. Our GDE Programme consists of 19 projects within four GDE initiatives:

- Direct Patient Access & Communication
- Digital Wards & Services
- Digital workforce
- Research & Quality improvement

Milestone 2 of the programme has been achieved and NHSE funding received. Milestone 3 is forecast to be met on schedule.

Our ePMA (electronic prescribing) system was demonstrated at the Health & Care Innovation EXPO.

Physical electronic observation recording is live across all mental health inpatient wards.

Read time bed capacity dashboard is live - and has been well received by our bed management team.

Digital Appointment Correspondence is live across all Child and Adolescent Mental Health Teams, Common Point of Entry and Early Intervention in Psychosis service.

Further expansion of our Digital Appointment Correspondence is in development, as well as Visual E-observations into Prospect Park Hospital . Our Real Time Capacity Monitoring will include Acute OAPs and App development, and ePMA for outpatients will be deployed in part of the Windsor and Maidenhead mental health service.

Our role as a Global Digital Exemplar is profiled in a piece in the October 2018 edition of the National Health Executive, and highlights our work on “shared access of clinical records, appointments and follow ups arranged online and therapies and consultations taking place over the web.”

Progress in other related programmes

Information Technology Architecture Strategy Implementation Programme

Progress is on target, with the new data network in place and migration to windows 10 complete across 30% of the laptops/desktops (as at Sept 2018) running the system as planned.

Connected Care shared record programme

The Berkshire Connected Care Portal went live at the end of January 2016, and has been developed to enable access to GP data and acute hospital admissions, discharge & transfer data.

Berkshire Healthcare staff have continued to increase their access into Connected Care (up from 1,000 accesses per week to >2,500 as at Sept 2018) to view information which supports delivery of safe, good quality care, improved patient experience, and effective use of resources.

Training materials and user guidance are provided on our intranet.

EPMA and Connected Care links are in place.

Procedures were implemented to comply with changes required as part of GDPR.

We have continued to develop our use of **online programmes** as part of our **Talking Therapies** service, enabling us to achieve access targets and expand our offer across major long term physical health conditions. Our partnership with Silvercloud has enabled us to collaborate on the development of programmes for people with long term physical health problems , which continues to show encouraging results as identified on page 7.

The application of our **Support Hope and Recovery Online Network** is continuing across our services, from its inception in eating disorder services.

Informatics development remains an important priority – and we are now able to access a wide range of tableau dashboards for our mental health services, enabling staff and managers to understand referral, activity and caseload information, at service and team level. We have also aligned ESR and financial information to provide vacancy reports which are crucial to our workforce planning activity. Work is developing across Berkshire on a population health initiative – which will enable us to use data to better understand the needs of our population, patterns of activity and outcomes to improve patient experience and outcomes, as well as our use of resources.

Our Mental Health Delivery Plan Submissions identified overall good progress in delivery of FYFVMH targets (please see page 11 for a summary of the key targets from NHS England).

Having secured funding to expand our Individual Placement Support services, areas prioritised as requiring further work are:

- Elimination of out of area placements for people requiring acute care by 2021. As described on page 7 this is linked to our bed optimisation work and requires work on internal as well as system solutions.
- Achievement of CAMHS access targets, given continued growth in demand.

Our Trust Board Vision measures and True North metrics described on page 5 provide a clear focus on our priorities as an organisation. These are at the centre of our Quality Improvement work, which will enable improvements identified by our front line staff.

We have robust arrangements for measuring progress against key mental health targets, and reviewing qualitative and quantitative information through our Executive meetings:

- User safety, people, NHS Improvement, service efficiency and effectiveness and contractual metrics monitored at our Finance Executive
- Patient Safety and Experience issues are reported to our Quality Executive
- Progress of key projects is monitored by our Business and Strategy Executive

These groups support the work undertaken by our Trust Board Committees (Quality Assurance, Finance, Investment & Performance and Audit) in their detailed review of performance and key risks to delivery of Trust Board priorities for our mental health services.

Next Steps

The following activities are currently being prioritised for action :

- Continued focus on our **Quality Improvement** initiatives to provide safe and effective services –including reducing prone restraint and assaults in our inpatient services.
- Delivery of our **Global Digital Exemplar Programme** – and maximising the use of technology to improve safety and help us manage demand and capacity.
- Further exploration of measurement of **patient experience and outcomes** across our mental health services.
- Continuing to refine and implement our **Workforce Plan** for mental health – this will include the maintenance of our inpatient programme alongside a focus on CMHT workforce, as well as work with ICS partners to implement system workforce plans.
- **Progressing mental health initiatives within our ICSs.** This will include work with partners to reduce out of area placements, achievement of FYFVMH targets and ensuring mental health is effectively represented in all work streams.
- Working with commissioners to ensure that the **Mental Health Investment Standard** is met, and that Mental Health Investment Strategies reflect funding provided to commissioners to achieve FYFVMH targets.
- Addressing learning points from our **CQC inspection** – recognising continued good progress in a number of significant areas.
- **Our forward planning for 2019/20** will ensure that our True North metrics are embedded within our Plan on a Page, which will guide team planning and individual objectives for staff working in our mental health services. Our organisational and system plans will be informed by the NHS 10 Year Plan, due for publication late November/early December as well as the refresh of our own Three Year Strategic Plan led by the Trust Board.

Five Year Forward View for Mental Health. By 2020:

70,000 more children will access evidence based mental health care interventions .

Community eating disorder teams in place for children & young people

Intensive home treatment will be available in every part of England as an alternative to hospital

No acute hospital is without all age mental health liaison services with at least 50% meeting the “core 24” standard

At least 30,000 more women each year can access evidence-based specialist perinatal mental health care

10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 20 17

Increased access to evidence-based psychological therapies will reach 25% of need, helping 600,000 more people

The number of people with SMI who can access evidence-based Individual Placement Support will have doubled

280,000 people with SMI will have access to evidence based physical health checks and interventions

60% of people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks

Inappropriate out of area placements will have been eliminated for adult acute mental health care

New models of care for tertiary MH will deliver care closer to home, reduced inpatient spend and increased community provision

There will be the right number of CAMHS inpatient beds in the right place, reducing the number of inappropriate out of area placements

Trust Board Paper

Board Meeting Date	13 November 2018
Title	Strategy Implementation Plan 2018/19 Summary Progress Report
Purpose	This paper provides a summary progress report on the implementation of the Board's strategy at the end of September 2018.
Business Area	Corporate
Author	Director of Corporate Affairs
Relevant Strategic Objectives	Supports all strategic objectives
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
SUMMARY	<p>The attached paper sets out the progress at the end of September to deliver the Trust's business strategy expressed as the 2018/19 Strategy Implementation Plan.</p> <p>The Director of Strategic Planning and Business Development is responsible for reviewing and updating the plan. Progress against the plan is reviewed monthly by the Business and Strategy Executive and a summary report is presented to the Board quarterly during the course of the year.</p> <p>The Strategy Implementation Plan Progress Report at the end of September 2018 shows that good progress is being made, with most the initiatives being delivered to the expected time frames or with minor slippage.</p> <p>There are no material risks to the delivery of the main elements of the plan, with the exception of the aspiration to reduce staff vacancies to 10% by year end. We have a range of initiatives underway to</p>

	<p>support staff retention and recruitment; this target is now expected to be delivered in 2019/20.</p> <p>Where there are delays these are primarily where we are addressing challenging issues, often long standing, requiring complex negotiations and/or programme approaches with multiple partners in our local systems. Our investment programmes in quality, estates and technology initiatives to improve services are progressing well.</p>
<p>ACTION REQUIRED</p>	<p>The Board is asked to note the progress made against the plan.</p>

Strategy Implementation Plan 2018/19

Progress Report to 30 September 2018

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

Director: Bev Searle, Director of Corporate Affairs

Date: 12 October 2018

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Purpose

This document has been prepared to update the Trust Board on progress to deliver the Strategy Implementation Plan 2018/19 at the end of September 2018.

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

Document Control

Version	Date	Author	Comments
1	12.010.18	Jenny Vaux	Based on the <ul style="list-style-type: none">• Mid-year updated Strategy Implementation Plan 2018/19• combined projects and SIP monthly progress reports presented to the Business and Strategy Executive, and updates from programme leads.

Distribution:

All Trust Board Members

Document References

Document Title	Date	Published By
Strategy Implementation Plan 2018/19 presented to the Business and Strategy Executive	May 2018	Jenny Vaux
Business Development Strategy <i>Summary objectives updated to reflect current national policy and local system structures by TBG July 2018</i>	May 2016 July 2018	Business & Strategy Exec Trust Business Group Finance Investment & Risk Committee
Monthly combined SIP and Projects Report	Monthly	Neil Murton, Director of Projects.

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INTRODUCTION

Background

1. The Strategy Implementation Plan 2018/19 captures the key activities required over this financial year and beyond to ensure successful implementation of our strategy, and operational plan. It is structured to reflect initiatives to deliver each True North goal. The attached summary report also provides references to our strategic projects filter which is used to prioritise all of our strategic projects.
2. In May 2018, the detailed Strategy Implementation Plan 2018/19 was approved by the Business and Strategy Executive, and the summary plan noted by the Board.
3. The Board receives a quarterly summary progress report on the delivery of the plan. Combined projects and strategy implementation plan progress reports are produced every month for review by the Business and Strategy Executive. The detailed Plan was updated at the end of September 2018 to reflect current priorities, and noted at the October Business and Strategy Executive.
4. A 'Plan on a Page' was published in February 2018 to provide our staff and key stakeholders with an accessible version of the 2018/19 Strategy Implementation Plan and to support staff with their annual service and team plans, personal development plans and personal objectives.

Progress reports to the Board

5. This is the second quarterly progress report of the year presented to the Board; the quarter one report was presented to the September meeting, and the quarter 3 report will be presented to the board meeting in February 2019.
6. The summary report includes reference to our strategic filter. The key to the symbols in the Classification column are at the end of the table, with **MC** – Mission Critical, and **IMP** – Important signifying our highest priorities.

Exception report approach

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

CHANGES TO INITIATIVES AND WORKSTREAMS

8. Initiatives which have been added to the plan during quarter 2 are shown in **blue** text:
 - Within True North Goal 1, a programme to reduce waiting times for access to child and adolescent mental health services is being developed using Quality Improvement processes, with detailed plans due for adoption in December 2018

- Within True North Goal 3:
 - The implementation plan for the Emotionally Unstable Personality Disorder Pathway, part of our Mental Health Service Development initiative, is shown in four phases. This is complex programme, with implications for multiple services, expected to be completed in the autumn of 2019
 - Transforming our sexual health services has been added to our Improving Patient Experience initiative. The service is moving from a predominantly medical to a nurse-led delivery model, with greater use of digital facilities to improve patient experience.
9. Within the detailed plan further workstreams and gateways have been added to the following initiatives (not shown in the summary report attached):
- Zero Suicide, adding the Suicide Prevention Conference planned in December
 - Optimising the use of Mental Health Inpatient Services, with further activities to develop our enhanced offer of care and access pathways, at Prospect Park Hospital, including trials of daily multi-disciplinary team ward rounds.
10. Initiatives which have been completed in the last quarter are shown in **green** text:
- Within True North Goal 3, the Intensive Intervention Service is now fully operational; this service is a major element of our learning disability service development to reduce the use of inpatient beds.

SUMMARY OF PROGRESS TO THE END OF SEPTEMBER 2018

Initiatives being delivered as planned

11. Good progress is being made in most areas of the plan at the end of the first quarter, some with very minor slippage on target dates. These include:
- Quality Improvement, and the majority of our Quality Management Improvement System programme
 - Zero Suicide
 - The main elements of our Workforce Strategy, and our Equality and Inclusion Strategy
 - Mental Health Service Development, including the Emotionally Unstable Personality Disorder Pathway
 - Improving Patient Experience
 - Child and Adolescent Mental Health (CAMH) Service Development
 - Information Technology Roadmap, with the majority of our Global Digital Exemplar programme on track, and the delivery of our Information Technology Architecture Strategy

- Maintaining our NHS Improvement Use of Resources Rating of 1 (some slippage in Cost Improvement Plans)

Initiatives with minor slippage

12. The following initiatives were reported in quarter 1 with delays to activity target dates (Amber rated) of more than 2 months, and remain on revised trajectories to be delivered:

- within True North Goal 2:
 - delays of approximately 6 months in the Build our Strategic Workforce Planning capability in our Workforce Strategy. Good progress is being made in the other Workforce Strategy initiatives
 - the roll out of our Quality Management Improvement System (QMIS) has been delayed, with Divisional QMIS Wave 2 starting 3 months later than originally planned, concluding in February 2019.
 - the roll out of our Making It Right programme, part of our Equality and Inclusion Strategy, to other staff groups has been delayed by 6 months to January 2019. Other workstreams to deliver our Equality and Inclusion Strategy are making good progress, including our submission to the Stonewall Workplace Equality Index.

13. The following initiatives have reported delays of more than two months during the second quarter (Amber rated – slippage but will be delivered with no significant risk):

- In True North Goal 1
 - the Frimley Integrated Care System (ICS) Development of Integrated Hubs is delayed due to changes in key programme leadership roles (managed by the Frimley ICS), and the recruitment of additional programme staff. An in-depth review of the programme, involving services and estates, is underway; more will be known following the review, however delays of about 4 months are anticipated
- In True North Goal 3
 - The development of the University of Reading as a primary trust site has delays of approximately 4 months across all workstreams. This involves phases 2 and 3 of the refurbishment and occupation of the Scientific Technical Centre (STC) building at the University, and the sale/agreeing the future use of our buildings on Craven Road and Erleigh Road. Reasons for the slippage include further reviews of the optimum services to occupy the STC building, working with the Royal Berkshire Hospital to transfer their services, and following required planning processes
 - Some elements of our programme to re-locate our learning disability inpatient assessment and treatment unit (ATU) from Champion to Jasmine Ward at Prospect Park Hospital (PPH) have been delayed due to unexpected issues at the bidding stage for the work required to Jasmine Ward. Some of these delays should be

absorbed in later stages of the programme, with the service transfer on target for January 2020

- Two workstreams within our Global Digital Exemplar initiative have delays of 6 months for small elements. Neither will have any impact on GDE our payment milestones. One delay is due to a supplier removing a product from the market, so we are now working with an alternative supplier; and the other is due to ensuring the functionality of a product supporting e-observations meets the required specification.
- Within True North Goal 4
 - Options for our Trust Headquarters will be further delayed because the current building remains available for longer than originally expected. Options are continually being reviewed and the executive team updated
 - There have been some delays in our initiative to optimise the use of mental health inpatient services, around specialist placements. Good progress has been made in re-negotiating complex contractual arrangements, which should be concluded by the end of November (a delay of 3 months). We are also working with our local authority partners to improve funding arrangements for these placements, which should be concluded by the end of the calendar year (a delay of 5 months).

Initiatives with material risks of delivery or not continuing

14. Two programmes rated as Red and/or Purple at the end of quarter one, i.e. with significant risks of delivery, or will not be delivered, remain unchanged at the end of quarter 2. These are in True North Goal 3:

- Within our Health and Social Care Systems initiatives, the programme led by the Berkshire West ICS to integrate pathways and delivery of adult MSK/Physiotherapy services has been seriously delayed while the proposed prime contractor, the Royal Berkshire Hospital NHS Foundation Trust, negotiates with commissioners to address challenges in this complex transformation initiative. Agreement is not anticipated in this financial year, however some elements of the agreed new pathway are being progressed to implementation where it is practical to do so, and partners continue to work together to realise benefits to patients and the ICS.
- Also with our Health and Social Care Systems Initiatives, we have been active participants in the programme to integrate neurology services in the Frimley Health and Care ICS. We have concluded that the agreed integrated pathways would be more clinically effective if the small number of community based staff employed by Berkshire Healthcare transferred to Frimley Health NHS Foundation Trust. We will therefore not be a sub-contractor as expected, and will withdraw from the programme following the staff transfer, which is expected to be completed by December 2018.

15. There is one further programme rated as having a material delay in delivery, relating to delivery of our Workforce Strategy. Reducing staff vacancies by 10% by the end of the financial year is now expected to be delivered in 2019/20. While significant activity is underway to reduce vacancies, their impact will be realised next year.

CONCLUSION

16. The Strategy Implementation Plan Progress Report at the end of September 2018 shows that good progress is being made with most of the initiatives being delivered to the expected time frames or with minor slippage. There are no material risks to the delivery of the main elements of the plan.

ACTION

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

2018/19 Strategy Implementation Plan Summary Report to end of September 2018

INITIATIVE	Class	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
True North Goal 1: To provide safe services, prevent self-harm and harm to others.													
QUALITY IMPROVEMENT (QI) PROGRAMME													
Strategy Deployment (overall programme delivery)	MC												
Improvement Projects (overall programme delivery)	MC												
Breakthrough Objectives (BO) - Reduction of falls	IMP												
BO - Reduction of self-harm	IMP												
BO - Reduction of harm to staff	IMP												
BO - overall programme delivery	MC												
Quality Improvement Business Intelligence (QIBI)	TBC												
Comments: The trajectory to meet our target metrics for reducing falls, self-harm and assaults on staff are showing an improving trend. However numbers of incidents of patient self-harm and assaults on staff can be volatile month to month, relating to small numbers of patients with complex needs and challenging behaviour. A workshop to start the QIBI programme is planned for 12 October.													
ZERO SUICIDE	IMP												
Comments:													
REDUCING CHILD AND ADOLESCENT MENTAL HEALTH SERVICES WAITING TIMES	MC												
Comments: Reducing CAMHS waiting times is a new initiative, with the detailed programme plan being developed and expected to be adopted in December 2018.													
FRIMLEY INTEGRATED CARE SYSTEM: DEVELOPMENT OF INTEGRATED HUBS	IMP												
Comments: The ICDM programme is led and managed by the ICS; Berkshire Healthcare is a major delivery stakeholder, and we have considerable resource committed to its implementation. A new programme lead has been appointed who is refreshing the whole programme. For us, slippage is primarily around the estates strategy, with slippage of 3 months to January 2019 on the business case while further service analysis of activity/avoidance of non-elective admissions is carried out. A project manager has been appointed for each locality in Berkshire East.													
True North Goal 2: To strengthen our highly skilled and engaged workforce and provide a safe working environment.													
WORKFORCE STRATEGY													
Grow our own workforce	MC												
Develop and promote our employer brand	MC												
Align our workforce and service models	SI												
Plan and meet demand sustainably	SI												
Know our numbers	SI												
Build our strategic workforce planning capability	SI												
Achieving our workforce metrics	SI												
Comments: Align our workforce and service models: agreeing objectives for workforce digital competencies is delayed (due June 2018). The Strategic Workforce Steering Group is considering funding opportunities and types of training available. Build our strategic workforce planning capability: the workforce planning format and cycle of activity are delayed by 4 and 7 months respectively due to changes in personnel and the complexity of the programme. Achieving our workforce metrics: reducing our staff vacancies by 10% is unlikely to be achieved by the end of March 2019. Significant activity is underway to reduce vacancies however this target is now expected to be delivered in 2019/20.													
QUALITY MANAGEMENT IMPROVEMENT SYSTEM (QMIS) - programme delivery	MC												
Comments: Divisional QMIS Wave 2 delayed for 3 months to enable more time to assess the learning from the experience of Wave 1. All other workstreams being delivered on target.													
INTRANET	TBC												
Comments: Awaiting approval of business case.													
DELIVERING OUR EQUALITY AND INCLUSION STRATEGY 2016-20													
Mandatory/Statutory requirements	NA												
Other priorities	NA												
Comments: The Gender Pay Gap report was submitted on time, however the action plan has minor delays to reflect the latest national guidance. Berkshire West EDS 2 panel has been delayed due to changes in key personnel. Reviews of most of the Locality Equality Plans for 2017/18 were completed. The roll out of the Making It Right training course to LGBT and disabled staff is delayed from June 2018 to January 2019.													
True North Goal 3: To provide good outcomes from treatment and care.													
MENTAL HEALTH SERVICE DEVELOPMENT													
Prospect Park Hospital Development Programme - Centre of Excellence	TBC												
Mental Health Pathways	IMP												
QI Improvement Project: Emotionally Unstable Personality Disorder Pathway	MC												
Phase 1: Structured Clinical Management roll-out; EUPD assessment and engagement; Dialectical Behaviour Therapy (DBT)/Mentalisation Based Treatment (MBT)	MC												
Phase 2: Assertive stabilisation	MC												
Phase 3: Recovery and primary care	MC												
Phase 4: Review of capacity and benefits realisation	MC												
Comments: Mental Health Pathways delayed to redeploy resource to support Care Quality Commission inspections. This has now re-started (in July). Emotionally Unstable Personality Disorder Pathway - the implementation plan was completed in September (delay of 3 months).													
IMPROVING PATIENT EXPERIENCE - PATIENT SATISFACTION													
Staff recommending the Trust and responding to feedback	Wait												
Transformation of sexual health services in East Berkshire	MC												

INITIATIVE	Class	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<p>Comments: Improving patient experience has been updated to include the transformation of sexual health services in east Berkshire to reflect commissioner requirements and best practice. Detailed planning is underway, expected to be adopted in November.</p>													

INITIATIVE	Class	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DEVELOPMENT OF UNIVERSITY OF READING AS A PRIMARY TRUST SITE													
Phase 2 STC - Royal Berkshire Hospital NHS Foundation Trust services relocation	MC												
Phase 3 STC (final phase) - relocation of services to STC	MC												
Sale of Craven Road	BAU												
Erleigh Road - options appraisal for future use following transfer of services	TBC												
Comments: Phase 2: Delays at the RBH resulting in slippage in the relocation of services from Craven Road; options being developed. Phase 3: A review is underway on which services will relocate which has delayed the completion of the detailed design by 4 months to December. Relocation should now be complete in September 2019. Sale of Craven Road: Planning appeal decision anticipated in December; capital receipt expected in 2019/20 financial year. Options for Erleigh Road: this is dependent on Phase 3 relocation of services, so the options appraisal due for completion in December is likely to be delayed.													
LEARNING DISABILITY SERVICE DEVELOPMENT													
Intensive Intervention Service	COMP												
Move of Assessment & Treatment Unit from Campion to Jasmine Ward	MC												
Comments: Intensive Intervention Service is now 'business as usual'. Transfer of A&T Unit from Campion to Jasmine Ward: Approval at the Capital Review Group delayed by 4 months due to unexpected issues at the bidding stage for work in Jasmine Ward. This will lead to delays in future phases, however the programme currently remains on target for the service to transfer in January 2020.													
CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) DEVELOPMENT													
Integration of services into the Children Young People and Families Service	NA												
Tier 4 (Willow House) relocation to Prospect Park Hospital	IMP												
Comments: Consolidation of services onto Upton Hospital site delayed for one month; will be implemented by October 2018. Relocation of Willow House is dependent on move of Campion Unit to Jasmine Ward, and the approval of the business case. There are some delays in the programme reflecting delays in the Campion move programme, however the service transfer in late 2020 remains on course. A capital bid for central funding support has been submitted.													
HEALTH AND SOCIAL CARE SYSTEMS INITIATIVES (not covered elsewhere)													
Berkshire West Integrated Care System (ICS) - Adult MSK/Physio services	BD												
Berkshire West ICS - System use of estates (part of BOB STP programme)	TBC												
Frimley Health and Care ICS - Integrated Neurology	BD												
BOB and Frimley STPs - Connected Care	IMP												
Berkshire wide initiative - Wellbeing Project	MC												
Comments: Berkshire West ICS Adult MSK/Physio service is delayed while the Royal Berkshire Hospital NHS Foundation Trust negotiates with commissioners on details around price and risk sharing, as the prime contractor. However elements of the pathway are being progressed to implementation although this will be delayed along with realisation of benefits. The Frimley ICS Integrated Neurology There is agreement that community based staff will transfer to Frimley Foundation Trust, as this provides a more clinically robust model of care. Transfers should be complete by December 2018. Connected Care There are some delays to the prototype patient access due to changes at the national level. All other aspects are on schedule. The Wellbeing Project - due to changes in key commissioner roles, this programme has been re-set, however plans are expected to be adopted by both East and West commissioners by December, with the merging of the IAPT "front door" and our Common Point of Entry from April 2019.													
INFORMATION TECHNOLOGY ROADMAP													
Global Digital Exemplar (GDE) - Direct patient access and communication	MC												
GDE - Digital Wards and services	MC												
GDE - Digital workforce	MC												
GDE - Research and quality improvement	MC												
GDE - Payment milestones	NA												
Information Technology Architecture Strategy	MC												
Comments: The delays in the GDE programme are minor and are not expected to impact on the payment milestones. They include - Direct patient access and communication: Supplier for online consultation with other services pulled original product from market, now in progress with alternative supplier Digital Wards and services: E-observations partially delivered (physical obs complete, visual obs in progress); later than expected due to fit for purpose supplier functionality and delivery timescale. Electronic prescribing and medicines management (EPMA) and electronic medicines management (EMM) negotiations with supplier ongoing, to connect health economy medicines reconciliation via Connected Care Digital workforce: Enhanced care home support is dependant on wider partnership working with Care Homes, CCG's, STP's & ICS.													
True North Goal 4: To deliver services that are efficient and financially sustainable.													
MAINTAINING OUR NHS IMPROVEMENT USE OF RESOURCE RATING OF 1													
Achieving our Control Total	NA												
Delivering our Cost Improvement Plan	NA												
Effective management of our staff vacancy factor	NA												
Comments: Delivering our CIP - Locality Directors and Finance leads have met to discuss opportunities for additional savings to mitigate the current forecast shortfall and begin to shape the 2019/20 programme. This includes identification of existing benefits that have arisen which can be declared. This process is on-going.													
OPTIONS FOR TRUST HEADQUARTERS													
	TBC												
Comments: The project is delayed as the current building is available longer than originally expected. Options are continually being reviewed and the executive team updated.													
OPTIMISING THE USE OF MENTAL HEALTH INPATIENT SERVICES													
Eliminating overspill; optimising rehabilitation and recovery	MC												
Comments: Our Optimising Contract and Placement Arrangements workstreams has been delayed for 3-4 months as complex negotiations with specialist placement providers have been undertaken. These changes should be completed by November 2018. Negotiations are also progressing more slowly than hoped with local authorities for S117 placements, however these should be concluded by the end of the calendar year.													

INITIATIVE	Class	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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INITIATIVE	Class	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Class (Classification within Strategy Deployment Filter) Key:		RAG Key:											
BAU - Business As Usual; initiative is now embedded within normal operations		P	Action will not be delivered										
BD - the business development filter process applies for this initiative		R	Significant risk that action will not be delivered or serious delays to project being delivered										
COMP - initiative has been delivered/is completed		A	Action delayed but delivered or will be delivered										
IMP - initiative is Important		G	Action either delivered or on schedule to be delivered within										
MC - initiative is Mission Critical													
NA - not applicable: this is an initiative/programme/activity which is a strategic priority where the filter process is not required													
Pause - initiative underway but temporarily suspended													
SI - True North Strategic Initiative: a strategic priority where the filter has not been required													
TBC - to be classified (including initiatives planned for action in the future)													
Wait - initiative is approved but not yet proceeding; this could be due to a dependency on other work concluding, or awaiting key decisions or availability of resources													



Trust Board Paper

Board Meeting Date	13 November 2018
Title	Workforce Race Equality Standard (WRES) 2018
Purpose	To update the Trust Board following the submission of the Workforce Race Equality Standard (WRES) data (Sept 2018) and the associated action plan. To update on actions being taken now and planned over the next 12 months.
Business Area	Corporate
Author	Nolan Victory, Equality HR Manager Carol Carpenter, Director of People
Relevant Strategic Objectives	The Workforce Race Equality Standard is relevant to all of our strategic objectives. It is also key to the delivery of our Workforce and Equality and Inclusion Strategies, delivering our organisations values and being a well led and compassionate organisation.
CQC Registration/Patient Care Impacts	The WRES and Equality and Inclusion Strategy are relevant to the CQC “Well-led” domain.
Resource Impacts	N/A
Legal Implications	N/A
SUMMARY	In 2017 the Trust achieved improvements in four of the nine indicators. As a result of further investment there are improvements in five of the nine indicators in 2018. The Trust has met some targets set out in the Equality

	and Inclusion Strategy in advance of 2020. The report reflects this achievement, but the Board is asked to note that there is still a lot more work to do, and the need to set more aspirational targets for the coming years.
ACTION REQUIRED	The Board is asked agree the recommendations set out in this paper.

Presented by: Bev Searle Title: Director of Corporate Affairs November 2018

Workforce Race Equality Standard (WRES) 2018

Introduction

This paper is to update you on race equality within the Trust following the recent submission of data for the Workforce Race Equality Standard (WRES). The paper will update you on actions and seek your approval to continue working with the Diversity Steering Group to set new actions and targets.

Background

This Trust starts from a position of wanting to do the right thing. This is not because it is financially beneficial, or because we want to protect our reputation, or because the CQC or Department of Health says so. We work hard at this Trust on the being inclusive and fair because that is how we want to be treated and our staff to feel.

It is important for patients and our staff to 'make it right' in terms employment, career progression and how it *feels* to be an employee within this Trust. Over recent years there has been a significant shift in attitudes and most of the WRES standards and internal metrics have been improving – in particular, we have been able to make a significant increase the percentage of BAME staff in Band 7 roles from 12.2% in 2016 to 20% in 2018 - but we recognise there is still more to do. A further example of significant improvement felt by BAME staff is the access to CPD and non-mandatory training (see annex 2). Annex 1, 2, and 3 demonstrate year on year improvements as seen in the WRES submission and through our own workforce data (ESR) data.

Despite black and minority ethnic staff reporting a substantial change and the metrics supporting this, there is still a long way to go before we are able to say consistently that we are inclusive and there is fairness in process. The Equality and Inclusion Strategy and Equality Action Plan remain really important and we need to continue the effort and focus of recent months.

Currently the national staff survey reports that not all staff feel equality of treatment (bullying and harassment, career progression or discrimination). Our employee case work 6 monthly reviews (disciplinary and grievance policy) evidence this by reporting that you are more likely to be the subject of a disciplinary if you are a black or minority ethnic member of staff.

Recruiting the Equality HR Manager, devising and running the 'Making it Right' (MIR) programme and supporting the BAME network to ensure their voices are heard and they and involved in the solutions, has had a positive impact on our data. To date, 8 members of staff have already achieved promotion and a number of staff have been chosen for secondments or projects. This progress shows the interventions are having a positive impact and creating change.

Ambition

- 1) The Equality and Inclusion Strategy sets an ambition to achieve 20% BAME staff as a proportion of the workforce by 2020. In 2018 we have achieved 22.6%. The team would like to review local population data and consider whether a target above our current level is achievable.

- 2) To improve two very difficult and challenging statistics relating to grievances and disciplinary hearings and ensure the statistical returns demonstrate equality between white and black and ethnic staff by 2020. We aim to do this by reviewing the actions set out in the current action plan and determine how we engage white managers in the conversation about why this happens and action that can be taken to address the inequity.
- 3) Bullying and harassment is still a significant issue as set out in the national staff survey feedback from BAME members of staff. The survey is currently live and in February we will know whether there has been any improvement in the perceptions of staff. Our ambition is to report a significant improvement by February 2020.
- 4) To increase the number of a BAME staff at band 8a and above. The ambitious target is to achieve 25% to reflect the community we represent. We will need to develop talent pools, improve our external advertising and ensure all band 8a and above roles are advertised.
- 5) To set up focus groups with non-BAME managers, unions, black and minority staff and develop learning and development interventions, communication tools and new ways of working that create a new Berkshire Healthcare way of working to shift from 'Making It Right' to 'It Being Right'. This work will look at all protected characteristics, needs, fears and awareness.

We want to be an exemplar in this field and be recognised by our own staff and externally for equality and inclusivity of treatment between white and black and minority ethnic staff. This will mean questioning what we have agreed to previously and looking at new ways of getting everyone involved and committed to embedding equality as what we do and how we work and care for each other and our patients.

Role of the Board:

The Board have been vocal and visible on this agenda and have really taken forward the feedback and actions over the last few years. To continue on this journey your visible support is required. We need to sustain the progress made to date, celebrate where significant changes have taken place, but not be complacent.

Senior leaders often find being mentored and mentoring others valuable in terms of their own development but also hearing what happens in an organisation. The Board may want to consider being mentored by minority members of the workforce.

Recommendations

- 1) Continue to support the Making It Right programme and note it will roll out to other protected characteristics this year
- 2) Consider arranging mentoring relationships
- 3) The Diversity Steering Group to lead on the ambitions set out in this paper and determine what ambitious targets can be set and agree the associated actions to ensure delivery.

Annex 1: Key changes in WRES indicators 1 to 9

- Indicator 1:** The percentage of BAME staff in Band 7 roles has increased from 12.2% in 2016 to 20% in 2018. This is key to our ambition to increase the percentage of BAME staff in bands 8a and above, as we support continued development of BAME staff into senior roles and successfully recruit externally.
- Indicator 2:** A white member of staff was 1.33 times more likely to be shortlisted and appointed than a BME member of staff in 2018. This is a reversal from last year's position when a BME member of staff was 1.11 times more likely to be appointed. This is better than the national average for all NHS Trusts (1.60 times) and better than the average for Combined Mental Health and Community trusts (2.19 times).
- Indicator 3:** A BME member of staff was 1.85 times more likely to be disciplined than a white member of staff. This is an increase from last year (1.33 times) a continuing two year decline. We are performing below (worse) than the 2017 national average (1.37 times) but better than the average for Combined Mental Health and Community Trusts (3.37 times).
- Indicator 4:** A BME member of staff was 1.11 times more likely to access non-mandatory training and CPD (continuous professional development). This is a continuation of an improving trend. We are performing better than the 2017 national average (1.22 times -white staff) and the average for Combined Mental Health and Community Trusts (1.07 times).
- Indicator 5:** Based on the 2017 National Staff Survey (NSS), Key Finding 25, there was no change to the 27% BME staff experiencing harassment, bullying and abuse from patients, relatives or the public (27% in the 2016 National Staff Survey (NSS)). There was a decrease for white staff (22% down from 23%). We performed better than the national average (28.7%) and worse than the average for Combined Mental Health and Community Trusts (25.9%).
- Indicator 6:** Key Finding 26 in the 2017 NSS (the percentage of BME staff experiencing harassment, bullying and abuse from staff) was 21% a decrease of 6 per cent on the previous year (27%). For a white member of staff the percentage was 18%, down from the previous year (19%). We performed better than the national average for BME staff (26.3%) and better than the national average for Combined Mental Health and Community Trusts (22.5%)
- Indicator 7:** For Key Finding 21 (the percentage of BME staff who believed that the Trust provided equal opportunity for career development and/or promotion) the score increased by 6 per cent from 68% to 74%. The percentage for white staff was down 2% from 91% to 89%. We performed worse against the national average for BME staff (75.5%) and Combined Mental Health and Community Trusts (79.6%).
- Indicator 8:** The percentage of staff that personally experienced discrimination from a manager, team leader or colleague (Questions 17b in the NSS) decrease by 6% down from 17% to 11%. The percentage increased by 2% for white staff from 5% to 7%. We performed better than the national average for BME staff (13.8%) and against Combined Mental Health and Community Trusts (11.3%)
- Indicator 9:** The percentage of BME Board members is 15.4%. BME comprised 16.7% of the Executive Board and 14.3% of the Non-executive Board. There is a shortfall of 7.2% BME Board representation in comparison to the workforce. The overall NHS average is 7% BME Board members and 5% unknown. For combined Mental Health and Community Trusts the average is 5%. We are performing better than the NHS averages.

Annex 2: WRES Data 2016 to 2018 Comparison

Category	Number	Description	2016	2017	2018	
W O R K F O R C E	Indicator 1	Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:	Clinical Bands% 6-19.2 7-12.2 8a-13.9 8b-10.1 8c-9>6 VSM-1 Non-clinical 6-33 7-15.7 8a-8.1 8b-4.2 8c-9>6 VSM-0 Bands 8c-9 are based on headcount	Clinical Bands % 6-19.6 7-16.7 8a-13.9 8b-9.2 8c-9>6 VSM-1 Non-clinical 6-30.8 7-23.6 8a-11.5 8b-10 8c-9>6 VSM-0 Bands 8c-9 are based on headcount	Clinical Bands% 6-21.6 7-20 8a-14.9 8b-9.2 8c-9>6 VSM-1 Non-clinical 6-29.7 7-21.9 8a-13.8 8b-19.4 8c-9>6 VSM-0 Bands 8c-9 are based on headcount	
	Indicator 2	Relative likelihood of staff being appointed from shortlisting across all posts	0.103 BME	0.110 BME	0.75 BME	
			0.164 White	0.160 White	1.33 White	
	Indicator 3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	0.029 BME	0.023 BME	1.85 BME	
			0.021 White	0.018 White	0.54 White	
	Indicator 4	Relative likelihood of staff accessing non-mandatory training and CPD	0.144 BME	0.119 BME	1.11 BME	
			0.206 White	0.156 White	0.90 White	
	S T A F F S U R V E Y	Indicator 5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	32% BME	27% BME	27% BME
				21% White	23% White	22% White
		Indicator 6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	23% BME	27% BME	21% BME
19% White				19% White	18% White	

	Indicator 7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	76% BME	68% BME	74% BME
			88% White	91% White	89% White
	Indicator 8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	No data	17% BME	11% BME
			No data	5% White	7% White
B O A R D		Percentage difference between the organisations' Board membership and its overall workforce disaggregated: • By voting membership of the Board • By executive membership of the Board	-7.2% 15.4% 16.7%	-7.2% 15.4% 16.7%	-7.2% 15.4% 16.7%

Annex 3: BAME headcount changes 2014-2018

	<i>Trust Headcount</i>	<i>Num of BAME Staff</i>	<i>% of BAME Staff</i>
<i>Mar-14</i>	<i>4236</i>	<i>780</i>	<i>18.41</i>
<i>Mar-15</i>	<i>4166</i>	<i>785</i>	<i>18.46</i>
<i>Mar-16</i>	<i>4299</i>	<i>832</i>	<i>19.35</i>
<i>Mar-17</i>	<i>4283</i>	<i>901</i>	<i>21.03</i>
<i>Mar-18</i>	<i>4304</i>	<i>970</i>	<i>22.53</i>

Trust Board Paper

Board Meeting Date	13 November 2018
Title	Audit Committee – 31 October 2018
Purpose	To receive the unconfirmed minutes of the meeting of the Audit Committee of 31 October 2018.
Business Area	Corporate
Author	Company Secretary for Chris Fisher, Audit Committee Chair
Relevant Strategic Objectives	Strategic Goal 4: to deliver services that are efficient and financially sustainable
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
Equality and Diversity Implications	N//A
SUMMARY	The unconfirmed minutes of the Audit Committee meeting held on 31 October 2018 have been provided for information.
ACTION REQUIRED	The Trust Board is asked to receive the minutes and to seek any clarification on issues covered.

Unconfirmed Draft Minutes

**Minutes of the Audit Committee Meeting held on
Wednesday, 31 October 2018, Fitzwilliam House, Bracknell**

Present: Chris Fisher, Non-Executive Director, Committee Chair
Naomi Coxwell, Non-Executive Director
Mehmuda Mian, Non-Executive Director (*present from 2.30pm*)

In attendance: Alex Gild, Chief Financial Officer (*present from 3pm*)
Clive Makombera, Internal Auditors, RSM
Minoo Irani, Medical Director
Ben Sheriff, Deloitte, External Auditors
Chris Randall, Deloitte, External Auditors
Debbie Kinch, Counter Fraud, TIAA
Debbie Fulton, Deputy Director of Nursing
Julie Hill, Company Secretary
Paul Gray, Director of Finance
Graham Harrison, Head of Financial Services
Mark Davison, Director of IM&T

Item	Title	Action
1.A	Chair's Welcome and Opening Remarks	
	<p>Chris Fisher, Chair welcomed everyone to the meeting. The Chair particularly welcomed Chris Randall, Deloitte who was attending his first BHFT Audit Committee meeting.</p> <p>The Chair informed the Committee that in view of the lengthy agenda, item 5 (Transition between the Crisis Resolution Home Treatment Team and Community Mental Health Team Services) would be discussed outside of the meeting. The date and time of the meeting would be shared with the Committee with an open invitation for anyone to join the meeting.</p>	JH
1.B	Apologies for Absence	
	Apologies for lateness were received from: Alex Gild, Chief Financial Officer and Mehmuda Mian, Non-Executive Director.	
2.	Declaration of Interests	
	There were no declarations of interest.	
3.	Minutes of the Previous Meetings held on 25 July 2018	

	The Minutes of the meeting held on 25 July 2018 was confirmed as a true record of the proceedings.	
4.	Action Log and Matters Arising	
	<p>The action log had been circulated. The following items were discussed further:</p> <p>Annual Review of Effectiveness – Personal Development</p> <p>Ben Sheriff, Deloitte reported that Deloitte would be happy to run development sessions for members of the Committee after Audit Committee meetings. The Chair reported that he and Mr Sheriff had a one to one meeting in February 2019 and he would agree the list of development topics as part of that meeting.</p> <p>The Committee noted the Action Log.</p>	CF/BSH
5.	Transition between the Crisis Resolution Home Treatment Team and Community Mental Health Team Services	
	Agenda item to be discussed in a separate meeting outside of the Committee.	
6.	Procurement Strategy	
	<p>The Director of Finance presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • The Procurement Strategy was aligned with the national procurement agenda, including the work of Lord Carter and the Department of Health’s publication <i>Future Operating Models for NHS Procurement</i> and NHS Procurement Standards. • Appendix 2 of the report set out the outcome of a gap analysis in relation to meeting the NHS Procurement Standards, together with an action plan and timescales for meeting the standards. • A key aim of the national procurement agenda was to double the volume of non-pay spend with NHS Supply Chain from 40% to 80% in order deliver predicted annual savings of around £600m. <p>The Chair noted that 0.35% of the NHS Tariff would be top sliced for the central payment for the Supply Chain services.</p> <p>The Director of Finance said that the Trust would also lose a small financial benefit for prompt payment, but the Department of Health said that this would be offset by the Supply Chain management fee being waived and through increased savings for goods and services.</p> <p>Clive Makombera, Internal Auditors suggested that the draft Procurement Strategy be expanded to include more information about risks and opportunities and around project management. Mr Makombera agreed to forward more detailed comments to the Director of Finance.</p> <p>The Chair agreed to highlight the new national procurement arrangements when he presented the Audit Committee minutes to the Trust Board in November 2018 with a recommendation that the Trust Board seeks assurance that plans were in place to maximise the benefits of the national procurement</p>	CM CF

	<p>arrangements.</p> <p>Naomi Coxwell, Non-Executive Director referred to page 24 of the agenda pack and asked whether a Procurement Non-Executive Director lead had been appointed.</p> <p>The Director of Finance reported that this would be discussed with the Trust Chair.</p> <p>Ms Coxwell pointed out that the gap analysis against the national procurement standards was at a strategic level, but it was also important that the Trust had a process in place to track any financial savings delivered as a result of the new national procurement arrangements.</p> <p>The Audit Committee noted the report.</p>	<p>PG</p> <p>AG</p>
7.	Cyber Essentials Accreditation Progress Update Report	
	<p>The Chair welcomed the Director of IM&T to the meeting and invited him to present his report.</p> <p>The Director of IM&T reported that the Trust was an early adopter of the Government's Cyber Essentials Plus (CE+) audit and certification scheme. The report outlined the Trust's progress to date in achieving CE+ certification by Summer 2019.</p> <p>It was noted that following the initial audit in February 2018 which identified 43 specific vulnerabilities for action, 35 vulnerabilities had been resolved, 1 vulnerability had been raised in error and 7 vulnerabilities were currently in process with completion dates as set out in the appendix to the report.</p> <p>The Director of IM&T reported that some of the outstanding vulnerabilities concerned connections with partner organisations which required those organisations to upgrade their IT infrastructure.</p> <p>The Chair reported that he had attended the Berkshire West Integrated Care System Engagement Event on 29 October 2018 and the tone of the meeting was around the development of Connected Care and data sharing between organisations.</p> <p>The Director of IM&T commented that a key risk for the Trust was when outside organisations did not operate to the same high standards of data security as the Trust.</p> <p>The Chair asked whether Memorandum of Understanding agreements with partner organisations included data security requirements.</p> <p>The Director of IM&T said that the difficulty was that the Information Toolkit Self-Assessment process was subjective, so the Trust had to conduct its own due diligence processes.</p> <p>The Chair requested that the Audit Committee receive regular updates on cyber security.</p> <p>The Committee noted the report.</p>	<p>MD</p>

8.A	Board Assurance Framework	
	<p>The Company Secretary reported that the Executive Director risk owners had reviewed their respective risk scores and as a result the target risk scores in respect of risk 1 (workforce) had been reduced from high to moderate and risk 4 (system working) had been reduced from moderate to low.</p> <p>The Company Secretary reported that the Trust Board had held a Strategic Planning Away Day on 9 October 2018. At the meeting, the Trust Board had reviewed the risks on the Board Assurance Framework and had agreed to add another risk in respect of the physical environment at Prospect Park Hospital. It was noted that the detail of the risk was currently being drafted.</p> <p>The Chair commented that workforce remained the Trust's highest scoring risk and therefore it would be helpful if the Director of People could brief the Trust Board or the Audit Committee about the plans in place to mitigate workforce shortages.</p> <p>The Committee noted the updates to each of the risks.</p>	CC/JH
8.B	Corporate Risk Register	
	<p>The Corporate Risk Register had been circulated.</p> <p>The Chair said that it would be helpful for the Committee to receive a more detailed report on the actions being taken to mitigate the Ligature risk and the Near Miss risk.</p> <p>The Committee noted the report.</p>	DT/DF
9.	Single Waiver Tenders Report	
	<p>A paper setting out the single waivers approved from July 2018 to September to 2018 had been circulated.</p> <p>The Chair noted that one of the single waivers was in respect of a supplier nominated by the Clinical Commissioning Group and asked what assurance the Trust had received from the Clinical Commissioning Group that they had conducted an appropriate procurement process before recommending the supplier to the Trust.</p> <p>The Committee approved the single waivers as set out in the report.</p>	AG
10.	Information Assurance Framework Update Report	
	<p>The Director of IM&T presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • A total of six indicators were audited during quarter 2. Three indicators were rated with high assurance (green); three were rated with moderate assurance (amber); and none were rated with low assurance (red) for data quality; • The data assurance for all indicators provided high levels of assurance (green), except for one indicator flagging as amber (Care Programme 	

	<p>Approach (CPA) reviews).</p> <ul style="list-style-type: none"> • Action plans had been put in place to address the issues. • A new escalation process had been introduced to ensure focus on improvement actions. <p>The Chair referred to the 7 Day Follow Up data audit which had identified several records that had the incorrect discharge date recorded and asked whether this was a cause of concern.</p> <p>The Director of IM&T said that there was sometimes a time lag between a patient being discharged and their records being updated, and the electronic system defaulted to the date the record was updated.</p> <p>The Medical Director confirmed that the Trust was continuing to improve digital confidence amongst staff and to drive improvements in the accuracy of data recording. The Medical Director also pointed out that there was a national drive to deliver more healthcare through digital means.</p> <p>The Chair asked for more information about the plans in place to improve the quality of CPA review data and referred to the appendix to the report (page 111 of the agenda pack) which highlighted four reds in terms of data quality confidence and asked about the plans in place to improve data quality confidence.</p> <p>The Deputy Director of Nursing reported that work was underway to review DATIX recording of incidents and would report back to the Committee at the next meeting.</p> <p>The Committee noted the report.</p>	<p>AG</p> <p>DF</p>
11.	Losses and Special Payments Report	
	<p>The Losses and Special Payments made during quarters 1 and 2 had been circulated.</p> <p>The Chair referred to a severance payment to a former member of staff who had left the Trust and asked about the approvals process.</p> <p>The Medical Director confirmed that he had approved the payment.</p> <p>Ben Sheriff, External Auditors pointed out that special severance payments required Treasury approval via NHS Improvement. The Head of Financial Services confirmed that HM Treasury had approved the payment.</p> <p>The Chair requested that the Committee be informed about the circumstances in which prior HM Treasury approval was required.</p> <p>The Committee noted the report.</p>	<p>AG</p>
12.	Clinical Audit Progress Report	

	<p>The Medical Director presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • There was a slight correction to the report. A further review of the scope of the National Diabetes Footcare Audit – Secondary Care had identified that this audit related to services provided by the Royal Berkshire NHS Foundation Trust. • Two national reports were due to be received by the Quality Assurance Committee in November 2018: National Audit of Psychosis and National Diabetes Audit – Secondary Care. • The Trust was on track to deliver the national audit annual plan. <p>The Chair commented that it was disappointing that so many of the national audits had been delayed, especially in terms of the potential learning that could be gained.</p> <p>The Medical Director echoed the Chair’s comments and said that in some cases, there was a two-year delay in the publication of the national audit findings.</p> <p>The Medical Director reported that the Trust had raised the issue nationally with NHS England’s Medical Director.</p> <p>The Committee noted the report.</p>	
13.	Clinical Claims and Litigation Report Quarterly Report	
	<p>The Clinical Claims and Litigation Report for quarter 2 had been circulated.</p> <p>The Deputy Director of Nursing reported that there was one new claim and one closed claim in quarter 2.</p> <p>The Deputy Director of Nursing reported that she would provide an annual summary report at the end of the financial year.</p> <p>The Committee noted the report.</p>	DF
14.	Charitable Funds	
	<p>The Charitable Funds Annual Report and Accounts for 2017-18 had been circulated.</p> <p>The External Auditors’ report on the Accounts was included in the report for agenda item 19. It was noted that the External Auditors had not identified any uncorrected misstatements in the account and had no material matters to report in respect of fraud identified throughout the audit process.</p> <p>Mehmuda Mian, Non-Executive Director asked in respect of legacy donations which did not specify the purpose of the donation, how the Trust allocated the charitable funds. The Head of Financial Services explained that if the legacy was from a former patient, the Trust would allocate the donation to the relevant service/ward, otherwise the donation would be allocated to the Chair’s Charitable fund.</p> <p>The Chair asked about the governance arrangements. The Head of Financial Services reported that the Charitable Funds Committee was chaired by Mark</p>	

	<p>Day, Non-Executive Director.</p> <p>Naomi Coxwell, Non-Executive Director asked about the administration costs.</p> <p>The Head of Financial Services reported that the Charity pays the Trust £15,000 for administration and £5,000 for the External Audit of the Accounts.</p> <p>The Committee approved the Charitable Funds Annual Report and Accounts for 2017-18 which would be presented to the Corporate Trustees on 13 November 2018 after the Trust Board meeting for ratification.</p>	
15.	Update on the Review of Revaluation Reserve Report	
	<p>The Director of Finance presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • As part of the External Auditors' year-end review, it was identified that the Revaluation Reserve balance held on the Trust's financial ledger and reported in the Statement of Financial Position for the Trust at year end was not consistent with the amount recorded on the Trust's fixed asset register. • Discussions with the External Auditors did not indicate or highlight any significant financial risk or concern in the inconsistent value of the revaluation reserve balances. • The Finance Team were investigating the issue in order to understand why the differences had occurred so that moving forward, balances between systems were the same. • Once the verification work was completed, the Trust would seek to agree an adjustment and approach with the External Auditors to correct the revaluation reserve balance in the ledger in order to reconcile it with the fix asset register. <p>Mehmuda Mian, Non-Executive Director queried why the Trust's previous External Auditors had not identified the issue.</p> <p>The Chair said that the issue was probably not picked up because the total value of the reserves was correct.</p> <p>The Chief Financial Officer agreed to update the Committee on progress at the next meeting in January 2019.</p> <p>The Committee noted the paper.</p>	AG
16.	Impact Assessment Arising from Changes in International Financial Reporting Standards Report	
	<p>The Director of Finance presented the paper which set out an assessment of any impact in respect of changes in International Financial Reporting Standards (IFRS).</p> <p>The Director of Finance made the following points:</p> <ul style="list-style-type: none"> • Changes to IFRS 9 (Financial Instruments) would have low impact because the Trust did not hold complex financial assets or financial liabilities. • Changes to IFRS 15 (Revenue from Contracts with Customer) would 	

	<p>have low impact because the majority of the Trust's income was received via block contract arrangements. The Trust was reviewing the impact on its non-block contracts, but any impact was not likely to be material.</p> <ul style="list-style-type: none"> • Changes to IFRS 16 (Leases) – work has been on-going to assess the financial impact of the changes which would remove the distinction between an operating lease and a finance lease. Appendix 1 of the report set out the indicative impact of IFRS on Property Leases. <p>The Committee noted the report.</p>	
17.	Internal Audit	
	<p>A) Internal Audit Progress Report Clive Makombera, Internal Auditors, RSM, presented the Internal Audit Progress Report and reported that:</p> <ul style="list-style-type: none"> • Since the last Audit Committee meeting, one report had been finalised: Risk Management and Board Assurance Framework which had received “significant assurance”. • The way the Trust managed risk at different levels in the organisation was to be commended. • The Workforce Planning review had been pushed back to quarter 3 or 4 at the request of the Director of Corporate Affairs. • Section 2 of the report provided information about the outstanding follow up of internal audit actions. The number of outstanding actions had significantly reduced and there were now only four outstanding actions which were all rated as “low priority”. • A copy of “Health Matters” and a benchmarking report on Internal Audit Findings 2017-18 had been included with the agenda papers. • The benchmarking report highlighted that overall the Trust was performing better than most of the Internal Auditors client group. <p>The Chair thanked for those involved in reducing the number of outstanding audit actions.</p> <p>The Chief Financial Officer asked for more information about the areas where the Trust performed less well than other NHS provider organisations.</p> <p>Clive Makombera agreed to forward the information to the Chief Financial Officer.</p> <p>The Committee noted the report.</p>	CM
18.	Counter Fraud	
	<p>Debbie Kinch, Counter Fraud Specialist, TIAA presented the paper which set out TIAA's proactive work which included talking to 439 new members of staff since April 2018, conducting the Fraud Awareness Survey, liaison with the Trust's Freedom to Speak Up Guardian and articles to raise fraud awareness in Team Net.</p> <p>The report also set out a summary of TIAA's reactive work since the Committee had last met in July 2018, a client briefing on relevant issues and a copy of the Fraud Check newsletter.</p>	

	<p>It was noted that one of the queries was around staff members who were in a relationship. The Company Secretary agreed to forward a copy of the Trust's Standards of Business Contact Policy which set out how the Trust managed potential conflicts of interest in respect of staff who were either related or who were in a relationship.</p> <p>The Chair asked in addition to the Audit Committee members, who else received the Client Briefing Summary Report and the Fraud Check Newsletter. The Chief Financial Officer agreed to circulate the documents to the relevant members of staff.</p> <p>The Committee noted the report.</p>	<p>JH</p> <p>AG</p>
19.	External Audit Report	
	<p>Ben Sheriff, Deloitte, External Auditors presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • Following their first year with the Trust, the External Auditors had downgraded the presumed risk of fraud in revenue recognition and had instead identified a risk in relation to year-end accruals as an area of potentially greater judgement in the year-end position. • The other significant audit risks related to: property valuation and management override of controls. • The External Auditors would use its in-house valuation specialists to ensure that the Trust's valuations which were undertaken by the District Valuer were consistent with accounting requirements and the Royal Institute of Charter Surveyors "Red Book" valuation standards. • Value for Money and the introduction of new accounting standards and capital expenditure had been identified as areas of audit interest, but were not considered to be significant risks. <p>The Chair referred to page 244 of the agenda pack which set out Deloitte's Centre for Health Solutions' Six predictions for how health care and life sciences would develop in the coming years and requested that this be circulated to members of the Trust Board.</p> <p>The Committee noted the report.</p>	<p>JH</p>
20.	Minutes of the Finance, Investment and Performance Committee meetings held on 25 July 2018 and 26 September 2018	
	<p>The minutes of the Finance, Investment and Performance Committee meetings held on 25 July 2018 and 26 September 2018 were received and noted.</p>	
21.	Minutes of the Quality Assurance Committee held on 21 August 2018	
	<p>The minutes of the Quality Assurance Committee meeting of 21 August 2018 were received and noted.</p> <p>The Chair commented that both the Medical Director and the Head of Clinical Effectiveness and Audit had sent apologies for the meeting.</p> <p>The Medical Director reported that the date of the August meeting had been changed and unfortunately both he and the Head of Clinical Effectiveness and</p>	

	Audit had already booked annual leave. The Medical Director reported that he had offered to Skype into the meeting but had been told that this was not necessary. The Medical Director reported that he had been fully briefed on the meeting discussions and that he had picked up all the actions.	
22.	Minutes of the Quality Executive Committee held on 9 July 2018, 13 August 2018 and 10 September 2018	
	The minutes of the Quality Executive meetings of 9 July 2018, 13 August 2018 and 10 September 2018 were received and noted.	
23.	Board Sub Committee Annual Assessments of Effectiveness	
	<p>The Company Secretary reminded the meeting that the Trust Board had previously determined that Board Committees should complete an annual self-assessment evaluation to ensure that they were operating optimally and that any issues/needs were identified and acted upon.</p> <p>The outcome of the self-evaluations of effectiveness relating to the Finance, Investment and Performance Committee and the Quality Assurance Committee had been circulated.</p> <p>Naomi Coxwell, Chair of the Finance, Investment and Performance Committee reported that in response to the self-evaluation exercise, the Committee had agreed to reduce the frequency of meetings to eight per year with provision to hold additional meetings as and when required. In addition, the Committee had agreed a list of “deep dive” topics to review specific issues in more detail.</p> <p>The Committee noted the report.</p>	
24.	Draft Annual Audit Committee Report to the Council of Governors	
	<p>The Draft Annual Audit Committee Report to the Council of Governors had been circulated. The report would be updated to reflect the Committee’s discussions at the meeting.</p> <p>The Chair reported that he would be attending the December 2018 Council of Governors meeting to present the Annual Report of the Committee’s work. It was noted that Ben Sheriff, Deloitte would also be attending the December 2018 Council of Governors meeting to present the External Auditors opinion on the Trust’s Annual Accounts and Quality Report.</p> <p>The Chair requested that the Internal Auditors and External Auditors review the statements in the report relating to their areas of responsibilities and forward any amendments or comments to the Company Secretary.</p> <p>The Committee noted the draft Annual Audit Committee Report to the Council of Governors.</p>	CM/BSH
25.	Annual Work Plan	
	The Committee noted the work programme.	
26.	Any Other Business	

	There was no other business.	
27.	Date of Next Meeting	
	30 January 2019	

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

Signed:- _____

Date: - 31 October 2018 _____

DRAFT

Trust Board Paper

Board Meeting Date	13 November 2018
Title	Use of Trust Seal
Purpose	This paper notifies the Board of use of the Trust Seal
Business Area	Corporate
Author	Chief Financial Officer
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Compliance with Standing Orders
Equalities and Diversity Implications	N/A
SUMMARY	<p>The Trust's Seal was affixed to the following documents:</p> <ul style="list-style-type: none"> • 1st Floor, Thatcham Health Centre – lease to the Trust • 3-5 Craven Road – unilateral undertaking by the Trust in support of the developer's planning appeal against the refusal of planning permission for a retirement flat development. • Science and Technology Centre, University of Reading, Whiteknights – supplemental option agreement – the Trust has agreed a completion date of 7 January 2019 for the grant of the lease.
ACTION	To note the update.

Trust Board Paper

Board Meeting Date	13 November 2018
Title	Remuneration Committee – New Terms of Reference
Purpose	To update the Committee’s terms of reference to expand the membership to all Non-Executive Directors and to include the appointments element of the Committee’s role.
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
Equality and Diversity Implications	Extending the membership of the Remuneration Committee will provide gender balance
SUMMARY	<p>At the September 2018 meeting, the Trust Board agreed to expand the membership of the Remuneration Committee to include all Non-Executive Directors. The Company Secretary has updated the Terms of Reference to reflect the change in membership and also to take account of the Committee’s wider role in appointments and succession planning.</p> <p>It is proposed that the Committee be re-named: The Appointments and Remuneration Committee.</p>
ACTION REQUIRED	<p>The Board is asked to:</p> <ul style="list-style-type: none"> a) That the Remuneration Committee be re-named the Appointments and Remuneration Committee b) Approve the revised Terms of Reference

Trust Board Appointments and Remuneration Committee

Terms of Reference

Purpose

This document describes the terms of reference for the Trust's Appointments and Remuneration Committee, a standing Committee of the Trust Board.

Document Control

Version	Date	Author	Comments
1.0	Feb 08	Philippa Slinger	
2.0	May 09	John Tonkin	Updated to reflect changes to draft agreed at Trust Board meeting on 12 February 2008
3.0	Feb 10	John Tonkin	Revised following review by Remuneration Committee on 25 February 2010
4.0	Feb 11	John Tonkin	Revised following review by Remuneration Committee on 25 January 2011
4.0	Feb 11	John Tonkin	Approved by Board 8 February 2011
5.0	August 2018	Julie Hill	Terms of Reference re-drafted to include the Appointments role. The Committee's membership has also been extended to include all Non-Executive Directors

Document Title	Date	Published By
NHS Foundation Trust of Governance	July 2014	Monitor
Guidance on VSM Pay in NHS Foundation Trusts	Mar 2018	NHS Improvement
Regulation 5 – Fit and Proper Persons Regulations	Jan 2018	CQC

Trust Board Appointments and Remuneration Committee Terms of Reference

1. Constitution

The Board of Directors (the “Board”) hereby resolves to establish a Committee of the Board to be known as the Trust Board Appointments and Remuneration Committee (the “Committee”). The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

2. Appointments Role

The Committee shall, in respect of appointments:

- 2.1 The Chief Executive shall consult with the Committee annually about the structure, size and composition of the Executive Team and staff on Very Senior Manager contracts (including skills, knowledge and experience) and agree any changes.¹
- 2.2 Ensure that the Trust has robust succession plans in place by reviewing the feedback provided by the Talent Management Review Board.
- 2.3 Oversee the identification and nomination of a candidate, for approval by the Council of Governors, to fill the position of Chief Executive.
- 2.4 Ensure that there is a formal, rigorous and transparent procedure in place to identify suitable candidates to fill Executive Director and Very Senior Manager vacancies as they arise.
- 2.5 Ensure that the appointments process for Chief Executive, Executive Director and Very Senior Manager posts includes the requirements of the ‘Fit and Proper’ Persons Test.
- 2.6 Consider any matter relating to the continuation in office of the Chief Executive, any Executive Director at any time, including the suspension or termination of service of an individual as an employee of the NHS Foundation Trust.
- 2.7 Consider the engagement or involvement of any suitably qualified third party or advisers to assist with any aspects of the Committee’s responsibilities.

3. Remuneration Role

The Committee shall in respect of remuneration:

- 3.1 Establish and keep under review a remuneration policy for Chief Executive, Executive Director and Very Senior Manager posts.
- 3.2 Consult the Chief Executive about proposals relating to the remuneration of Executive Directors and Very Senior Managers.
- 3.3 In accordance with all relevant laws, regulations and the NHS Foundation Trust’s policies, determine the terms and conditions of office of the Chief Executive, Executive Director and Very Senior Manager posts, including all aspects of salary and any performance related pay or bonus and the provision of other benefits (for example, cars, allowances or payable expenses).
- 3.4 Determine the levels of remuneration and terms of employment for the Chief Executive, Executive Director and Very Senior Manager posts.

¹ The Council of Governors’ Appointments and Remuneration Committee are responsible for reviewing the structure, size and compositions (including skills, knowledge and diversity) in respect of the Non-Executive Directors)

- 3.5 Ensure that the Chief Executive, Executive Directors and Very Senior Managers are fairly rewarded for their individual contribution to the NHS Foundation Trust – having proper regard to the NHS Foundation Trust’s circumstances and performance and to the provisions of any national arrangements for such staff.
- 3.6 Use national guidance and market benchmarking analysis in the annual determination of remuneration of the Executive Directors.
- 3.7 Approve the arrangements for the termination of employment of the Chief Executive, Executive Directors and Very Senior Managers and other contractual terms, having regard to any national guidance.
- 3.8 Approve contractual payments over £100,000 to all staff. Contractual payments between £50,000-£99,000 will be approved by an Executive Committee and reported to the Committee for information.
- 3.9 Approve any non-contractual payments that have to be reported to HM Treasury (via NHS Improvement).
- 3.10 Monitor and evaluate the performance of the Chief Executive, individual Executive Directors and Very Senior Managers ensuring that they each receive an annual appraisal and that they continue to meet the requirements of the Fit and Proper Persons Test.

4. Membership and attendance

The Committee shall comprise the Trust Chair and all of the Non-Executive Directors.

The Committee shall appoint a Chair.

The Chief Executive shall be a member but will withdraw from the meeting during any discussions regarding his/her terms of condition and remuneration.

The Director of People shall provide advice to the Committee as required.

Other members of staff and external advisers may attend all or part of a meeting by invitation of the Committee Chair where required.

For any decisions relating to the appointment or removal of the executive directors, membership of the Committee should include the Chief Executive as required under Schedule 7 of the NHS Act 2006.

The Company Secretary will be in attendance and will minute the meetings.

5. Quorum

- 5.1 The quorum shall be three Non-Executive Directors.

6. Frequency of meetings

- 6.1 The committee shall meet at least once a year.

7. Authority

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

- 7.2 The Committee is authorised by the Board to obtain outside legal or other independent

professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary.

- 7.3 The Committee will consider the latest guidance produced by NHS Improvement and the annual Senior Salary Review (NHS) report and where appropriate seek the necessary opinion and/or approval.

8. Monitoring Effectiveness

- 8.1 The Committee will undertake an annual review of its performance against its work plan in order to evaluate the achievement of its duties.

9. Other Matters

- 9.1 The Committee shall be supported and minuted by the Company Secretary
- 9.2 These terms of reference will be reviewed as part of the monitoring effectiveness process.

October 2018

Next Review: October 2019