

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING HELD IN PUBLIC

10:00am on Tuesday 12 February 2019
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 December 2018	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.0	Patient Story: Court Liaison and Diversion Story	Debbie Fulton, Acting Director of Nursing and Governance	Verbal
6.1	Patient Experience Report Quarter 3 Report	Debbie Fulton, Acting Director of Nursing and Governance	Enc.
6.2	Annual Community Mental Health Survey Report	Debbie Fulton, Acting Director of Nursing and Governance	Enc.
PERFORMANCE			
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
8.1	Month 9 2018/19 Finance Report	Alex Gild, Chief Financial Officer	Enc.
8.2	Month 9 2018/19 Performance Report	Alex Gild, Chief Financial Officer	Enc.
8.3	Finance, Investment & Performance Committee meeting on 21 December 2018 <i>(The Committee did not meet in January 2018)</i>	Naomi Coxwell, Chair of the Finance, Investment & Performance Committee	Verbal

STRATEGY

No	Item	Presenter	Enc.
9.1	Strategy Implementation Plan 2018-19 – Update Report	Bev Searle, Director of Corporate Affairs	Enc.
9.2	Equality, Diversity and Inclusion Strategy Update Report	Bev Searle, Director of Corporate Affairs	Enc.
CORPORATE GOVERNANCE			
10.0	Annual Health and Safety Report	David Townsend, Chief Operating Officer	Enc.
10.1	Use of the Trust Seal	Alex Gild, Chief Financial Officer	Enc.
10.2	Audit Committee Minutes – 30 January 2019	Chris Fisher, Chair of the Audit Committee	Enc.
10.3	Annual Declarations of Interest and Fit and Proper Persons Test Report	Julie Hill, Company Secretary	Enc.
10.4	Annual Trust Board Meeting Planner	Julie Hill, Company Secretary	Enc.
10.5	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 – 09 April 2019	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 December 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
	Alex Gild	Chief Financial Officer
	Dr Minoos Irani	Medical Director
	Ruth Lysons	Non-Executive Director
	Debbie Fulton	Acting 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
	Elaine Williams	<i>Freedom to Speak Up Guardian (present for item 6.1)</i>

18/236	Welcome (agenda item 1)
	<p>Martin Earwicker, Chair welcomed everyone to the meeting, including the observers: Pat Rodgers, Public Governor, Natasha Berthollier, Staff Governor, Emma Davies, Therapy Manager, Prospect Park Hospital and Dr Chris Hopkins, Registrar, Prospect Park Hospital.</p> <p>The Chair welcomed Debbie Fulton, Acting Director of Nursing and Governance to her first Board meeting in her new role.</p>
18/237	Apologies (agenda item 2)
	There were no apologies.
18/238	Declaration of Any Other Business (agenda item 3)

	There was no other business declared.
18/239	Declarations of Interest (agenda item 4)
	i. Amendments to Register – none
	ii. Agenda Items – none
18/240	Minutes of the previous meeting – 13 November 2018 (agenda item 5.1)
	<p>The Minutes of the Trust Board meeting held in public on Tuesday 13 November 2018 were approved as a correct record of the meeting after a minor correction had been made to minute: 18/208 – Annual Information Governance and Caldicott Guardian Report:</p> <p>5th paragraph to read: “Chris Fisher, Non-Executive Director reported that the most serious information governance issues (level 4) had been reported to the Audit Committee”.</p>
18/241	Action Log and Matters Arising (agenda item 5.2)
	<p>The schedule of actions had been circulated.</p> <p>The Trust Board: noted the schedule of actions.</p>
18/242	Patient Story Video – A Perinatal Story (agenda item 6.0)
	<p>The Acting Director of Nursing and Governance played a video in which a service user described the support she had received from the Trust’s Perinatal Service during and after the birth of her daughter.</p> <p>In the video, the service user explained that she was Bipolar and that she was pleased that at her first antenatal appointment, the midwife spent time discussing her mental health. It was noted that women with Bipolar were at high risk of experiencing some form of post-natal depression or psychosis.</p> <p>The patient reported that she was referred to the Trust’s Perinatal Service who supported her during her pregnancy and after the birth. The patient said that without the help provided by the Perinatal Service, she was certain that she would have become mentally unwell.</p> <p>The Chair commented that it was a very positive patient story.</p> <p>The Chief Operating Officer reported that the Trust had received additional funding for the Perinatal Service as part of the Government’s Five Year Forward View for Mental Health.</p> <p>Chris Fisher, Non-Executive Director noted the increased risk posed by pregnancy and child birth for women with Bipolar and asked whether there were other mental health conditions where it was important to have early intervention.</p> <p>The Acting Director of Nursing and Governance said that the Early Intervention in Psychosis Service was an area where the evidence base supported early intervention and the Trust had also received additional investment as part of the Five Year Forward View for</p>

	<p>Mental Health.</p> <p>The Director of Corporate Affairs pointed out that the evidence base demonstrated that supporting women at risk of and/or experiencing poor mental health during and after pregnancy had a positive impact on the health of their babies.</p> <p>The Chair thanked the Acting Director of Nursing and Governance for sharing the patient's story.</p>
18/243	Freedom to Speak Up Guardian's Six-Monthly Report (agenda item 6.1)
	<p>The Chair introduced and welcomed Elaine Williams, the Trust's Freedom to Speak Up (FTSU) Guardian.</p> <p>The FTSU Guardian reported that since her last six-monthly report, Mark Day had been nominated as the Trust's Non-Executive Director for Freedom to Speak Up. During the last six months, there had been 28 contacts (enquiries from colleagues that do not require any further support from the FTSU Guardian) or cases of concern (requiring action from the FTSU Guardian). The FTSU Guardian reported that the concerns had been resolved through varying degrees of intervention, ranging from signposting, a listening ear and internal/external investigation.</p> <p>It was noted that the FTSU Guardian met with the Chief Executive, Director of Nursing and Governance and Director of Corporate Affairs on a monthly basis to reflect on concerns raised and to discuss any themes.</p> <p>It was noted that the FTSU Guardian was a member of the National Community, Mental Health and Learning Disability FTSU Network and the Thames Valley and Wessex Regional FTSU Network.</p> <p>The FTSU Guardian said staff were sometimes reluctant to raise concerns because they were worried about whether they would receive less favourable treatment because of "Speaking Up".</p> <p>The Chair reported that he had recently attended a focus group of Black, Asian and Minority Ethnic staff and he had asked them if they would consider using the FTSU Guardian to raise concerns. The Chair said that the feedback from the members of staff was that they were not confident that the FTSU process was confidential.</p> <p>The Chair asked what more could the Board could do to reassure staff about the FTSU process.</p> <p>Mark Day, Non-Executive Director said that he had accompanied the FTSU Guardian at an event at Wokingham Community Hospital to raise awareness about speaking up and he was impressed how the FTSU Guardian had addressed staff concerns about the FTSU process.</p> <p>Mehmuda Mian, Non-Executive Director referred to the 28 contacts or cases of concern and asked how the outcomes of these concerns were fed back to staff across the Trust.</p> <p>The FTSU Guardian pointed out that it was a small number of cases and therefore it was difficult to feedback about outcomes without breaching confidentiality.</p>

	<p>The Chief Operating Officer commented that in his view, the majority of people who raised concerns with the FTSU Guardian did so because they were not confident that their line manager would address their concerns and that if the culture was right, staff would not need to use the FTSU Guardian.</p> <p>The Chief Executive pointed out that the national NHS Staff Survey included questions about whether staff knew how to raise concerns and whether they would raise concerns and that the Trust consistently scored high on these questions. The Chief Executive acknowledged that there were pockets of poor practice which were being addressed. This included drilling down into the Staff Survey results and identifying teams with lower staff engagement scores and undertaking targeted work in these areas.</p> <p>The Chief Executive said that the monthly FTSU meetings provided an opportunity to triangulate information from a variety different sources.</p> <p>The Chair thanked the FTSU Guardian for her report and for attending the meeting.</p> <p>The Trust Board: noted the report.</p>
18/244	<p>Quality Assurance Committee – 20 November 2018 (agenda item 6.2)</p>
	<p>a) Minutes of the meeting held on 20 November 2018</p> <p>Ruth Lysons, Chair of the Quality Assurance Committee reported that the meeting had discussed the following issues:</p> <ul style="list-style-type: none"> • Carer Strategy Updates – it was agreed that the Committee would be kept informed about the key points from the Carer Strategy Group meetings every six-eight months and that this information would also be shared with the Governors; • Quality Concerns – there were no new quality concerns added since the Committee’s last meeting in August 2018; • The quarterly key themes from Serious Incident investigations; • The action plan in response to the Care Quality Commission’s inspection of the WestCall Out of Hours Service; • The 2nd Quarter Quality Accounts Report; and • Clinical Audit Reports on Psychosis and Diabetes – the Committee now invited the relevant lead Clinicians for the audits to attend the meetings to discuss the audit findings and subsequent action plans. <p>Naomi Coxwell, Non-Executive Director referred to the Quality Concerns section of the minutes about the Mental Health Act Improvement Manager (page 31 of the agenda pack) and commented that there had been a lot of recent press coverage about the Royal College of Psychiatrists’ review of the Mental Health Act following concerns about injustices.</p> <p>The Chief Executive said that in response to the national increase in the number of detained patients, the Trust had allocated additional resources to the Mental Health Act Office.</p> <p>Mark Day, Non-Executive Director reported that in his role as a Mental Health Act Manager, there had never been any suggestion that a patient had been inappropriately detained. Mr Day’s comments were endorsed by Mehmuda Mian and Ruth Lysons Non-</p>

	<p>Executive Directors who were also Mental Health Act Managers.</p> <p>The Chief Operating Officer reported that the Trust Board would be receiving a presentation from the Head of the Quality Improvement Office on how the Trust was using Quality Improvement methodology to significantly reduce the use of prone restraint at the January 2019 Trust Board Discursive meeting.</p> <p>b) Learning from Deaths Quarter 2 Report</p> <p>The Medical Director reported that of the Serious Incident investigations which had been completed and finalised during quarter 2, there had been no lapses of care. Of the 25 case reviews, three were escalated as potential lapses in care for root cause analysis through the Serious Incident process. The outcome of these investigations would be detailed when the Serious Incident process was completed during quarter 3 or 4.</p> <p>The Medical Director said that since the Committee had met, the Royal College of Psychiatrists had launched its Mortality Review Tool which was largely in line with the Trust's current systems and processes.</p> <p>The Medical Director reported that the Trust had now finalised the leaflet and cover letter for bereaved family members and carers and this would be in use from January 2019. The Chief Financial Officer referred to the number of deaths chart at figure 2 (page 43 of the agenda pack) and asked whether the downward trend in the number of deaths was statistically significant.</p> <p>The Medical Director confirmed that there were no particular reasons for the apparent reduction in the number of deaths and the downward trend was most likely related to data issues.</p> <p>c) Guardians of Safe Working Quarterly Report</p> <p>The Medical Director reported that during the quarter there had been nine exception reports and pointed out that the Trust encouraged junior doctors to report all incidences over and above the trainees' work schedules. It was noted that the key issue for the Trust remained the small number of trainee doctors allocated by the Deanery to work at the Trust and the impact this had on filling rotas.</p> <p>The Trust Board: noted the report.</p>
18/245	<p>Safe Staffing Six Monthly Report (agenda item 6.3)</p>
	<p>The Acting Director of Nursing and Governance presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • The report reviewed staffing on the inpatient wards from 1 April 2018 to 30 September 2018; • The vacancy level for band 5 registered nursing staff remained high and the number of shifts where there was only one registered nurse instead of the expected two registered nurses had been significantly higher at Prospect Park Hospital than in the previous reporting periods; • Safe staffing levels had been achieved by moving staff and by deploying managers on the wards, but although patient safety had been achieved, high use of temporary staff would inevitably impact on patient experience;

- West Berkshire Community Hospital continued to have ten beds closed, but due to the relatively low bed occupancy at the Hospital, the closed beds had not impacted on patients;
- The six monthly report included information about Community Nursing levels for the first time as this area was one of the Trust's biggest workforce challenges due to a national shortage of Community Nurses.

The Chair referred to the table on page 73 of the agenda pack and commented that the frequency of shifts with only one registered nurse on duty (excluding the Ward Manager) was a cause for concern. The Chair asked for assurance that patient care was not compromised due to staffing levels.

The Acting Director of Nursing and Governance reported that for all months in the reporting period, there had been no direct correlation between clinical incidents reviewed by the Nursing and Governance team and staffing levels. The Acting Director of Nursing and Governance also pointed out that managers and nurses from other wards were deployed on wards where there was only one registered nurse on duty and therefore safe staffing was maintained.

David Buckle, Non-Executive Director said that from a Clinician's perspective, he was uncomfortable with the fact that two of the wards at Prospect Park Hospital had only one registered nurse on a shift two out of three times. Dr Buckle stressed that he was assured by the actions taken by management to mitigate this, but was of the opinion that patient safety mitigation did not necessarily mean that there was no collateral damage. For example, increased agency spending or an ability to undertake management functions that might affect the patient experience.

Ruth Lysons, Non-Executive Director asked what was going to happen to the ten beds currently closed at West Berkshire Community Hospital.

The Acting Director of Nursing and Governance reported that the Berkshire West Integrated Care System was undertaking a wider system bed modelling review in order to determine the optimal number of beds for both the Royal Berkshire and West Berkshire Community Hospital.

The Chief Financial Officer reported that the Clinical Commissioning Group had agreed that the savings from the closure of the ten beds would be used to provide additional therapy support. It was noted that the Clinical Commissioning Group was also considering options for using the clinical space freed up by the closure of the ten beds.

It was agreed that the Board would be kept informed about the future of the West Berkshire Community beds.

Action: Chief Operating Officer

The Director of Corporate Affairs pointed out that the key areas of focus for the Trust's recruitment and retention programme related to Prospect Park Hospital and Community Nursing and these were the areas of most concern as highlighted in the report.

The Director of Corporate Affairs reported that recently there had been positive improvement in relation to Sorrel Ward, Prospect Park Hospital staffing levels and that this was very welcome.

Chris Fisher, Non-Executive Director referred to the escalation tool for Community Nursing staffing asked whether there was a process for diverting staff to areas where there were

	<p>significant staffing shortfalls.</p> <p>The Acting Director of Nursing and Governance confirmed that there was cross cover between locality areas.</p> <p>The Trust Board: noted the report.</p>
18/246	<p>Executive Report (agenda item 7.0)</p>
	<p>The Executive Report had been circulated. The following issues were discussed further:</p> <p>a) “Listening into Action”</p> <p>The Chief Executive reported that the “Listening into Action” Programme was part of the Trust’s staff engagement work. It was noted that approximately every 18 months, the Chief Executive held a series of “Big Conversations” with a random sample of around 10% of the workforce and asked two questions:</p> <ul style="list-style-type: none"> • What are the main things that get in the way of you delivering the very best care for our patients and their families? • Being specific, what practical steps should we take together to address the top 3 issues you have identified? <p>The key themes from the focus groups were summarised in the paper.</p> <p>The Chief Executive reported that the Trust’s NHS Staff Survey staff engagement score was very good and matched that of John Lewis PLC.</p> <p>Mark Day, Non-Executive Director congratulated the Trust on the “Listening into Action” initiative and commented that it provided a valuable source of staff feedback. Mr Day said that he was particularly concerned about the comments relating to administrative staff not being replaced and asked whether more could be done to reduce the administrative burden on clinicians.</p> <p>The Chief Executive said that there were some good examples across the Trust where teams had changed working practices and non-clinical staff were undertaking administrative tasks which used to be performed by clinicians.</p> <p>The Chief Executive said that over the coming months he would be writing to all members of staff to explain what the Trust was intending to do to address the concerns raised at the focus group meetings.</p> <p>b) Staff Flu Vaccination Programme</p> <p>The Chief Executive reported that the Trust was working hard to increase the number of staff who were vaccinated against flu, but performance had plateaued, and it was difficult to persuade some staff to get vaccinated.</p> <p>It was noted that Flu Clinics would continue to run between now and Christmas.</p> <p>The Trust Board: noted the report.</p>

18/247	Month 07 2018-19 Finance Report (agenda item 8.1)
	<p>The Chief Financial Officer presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • The Trust had reported a surplus of £0.5m (which was £0.4m above the Control Total). Year to date, the surplus had risen to £2.3m, £1.7m better than the Control Total. The Trust's statutory surplus was now £2.8m, including £9.6m of donations. • Pay costs had increased in month, but due to lower than planned non-pay spend and higher income, the operational performance (EBITDA) was £0.3m better than plan overall. • Capital spend was £0.95m below plan and cash was £0.20m higher than anticipated, due to the higher year to date surplus and lower than planned capital expenditure, partly offset by a reduction in payables. • The Trust was forecasting a year end surplus of £4.4m (£1.5m ahead of the Control Total). • The Trust had agreed with NHS Improvement and NHS England to offset £0.9m of the forecasted Control Total improvement with the Royal Berkshire NHS Foundation Trust. This reflected the Trust's commitment to closer system working and management of risk. • The Finance, Investment and Performance Committee would be reviewing the Trust's Cost Improvement Programme performance and the Capital Programme for 2018-19 at their next meeting on 21 December 2018. • The Department of Health and Social Care had announced that the Trust would receive £3m of additional capital funding for the transfer of Willow House to Prospect Park Hospital. <p>The Board welcomed the news about the additional capital funding for the Willow House move.</p> <p>Chris Fisher, Non-Executive Director asked whether the increase in receivables was a cause for concern. The Chief Financial Officer said this related to NHS Property Services and confirmed that NHS Property Services had now paid the Trust's invoice.</p> <p>The Trust Board noted: the following financial summary of the financial performance and results for Month 7 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: £0.6m surplus • Actual: £2.3m surplus • Variance: £1.7m better than plan <p>Year to Date Cash: £24.5m (Plan £24.3m)</p>

	Year to Date Capital Expenditure: £3.8m versus plan of £4.7m.
18/248	Month 7 2018-19 Performance Report (agenda item 8.2)
	<p>The Month 7 2018-19 Performance Summary Scorecard and detailed Trust Performance Report had been circulated.</p> <p>It was noted that Service Efficiency and Effectiveness was rated red and People was rated amber for October 2018.</p> <p>The Chair referred to the graph on the incidence of self-harm on page 110 of the agenda pack and asked whether the trend line was the wrong way round. The Chief Financial Officer agreed to review the data.</p> <p style="text-align: right;">Action: Chief Financial Officer</p> <p>The Trust Board: noted the report.</p>
18/249	Board Vision Metrics Report (agenda item 8.3)
	<p>The Chief Financial Officer presented the paper and highlighted that there had been some positive performance improvements in relation to reducing the incidence of prone restraint and for the first time, the Friends and Family Test response rate was over 15% which meant that the results were statistically valid.</p> <p>The Chief Executive pointed out that the Board Vision Metrics were very challenging targets and represented the areas where performance improvements would have a significant benefit to patients and staff.</p> <p>The Trust Board: noted the report.</p>
18/250	Finance, Investment and Performance Committee Meeting (agenda item 8.4)
	The Committee did not meet in November 2018.
18/251	Council of Governors Update (agenda item 9.0)
	<p>The Chair reported that there were three new public governors following recent elections. It was noted that the Council of Governors would be meeting tomorrow and that Chris Fisher, Non-Executive Director would be attending to present his annual report of the work of the Audit Committee to the Governors.</p> <p>The Trust Board: noted the update.</p>
18/252	Any Other Business (agenda item 10)
	There was no other business.
18/253	Date of Next Meeting (agenda item 11)
	Tuesday, 12 February 2019

18/254	CONFIDENTIAL ISSUES: (agenda item 12)
	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 December 2018.

Signed..... Date 12 February 2019
(Martin Earwicker, Chair)



BOARD OF DIRECTORS MEETING: 12/02/2019

Board Meeting Matters Arising Log – 2019 – 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	Update	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.	February 2019	DT	The 2018 Annual Report has included details on the number of fires involving patients. We have not been able to identify any benchmarking data to provide comparative data, but our Fire Safety Officer is establishing links to	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						other Trusts and is seeking data sharing. We are exploring if the Fire Safety expert we have used is able to provide any comparative data for us.	
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 on the pilot project is attached at appendix 1.	
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	18/136	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 2020	BS	To be considered when the three year strategy is refreshed in May 2020.	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
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	18/168	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	DF	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.	
13.11.18	18/204	Physical Health of Mental Health Patients Presentation	Improving the physical health of people with severe mental health illness to be incorporated into the Trust's strategic planning cycle.	April 2020	BS	To be incorporated into the 3 year Strategy Document refresh in April 2020.	
11.12.18	18/245	Safe Staffing Six Monthly Report	The Chief Operating Officer to inform the Board about the Commissioners' plans for the 10 beds currently closed at West Berkshire Community Hospital.	12.02.19	DT	An update is attached at Appendix 2	
11.12.18	18/248	Month 7 2018-19 Performance Report	The Chief Financial Officer to review the graph on the incidence of self-harm to determine whether the trend line was	12.02.19	AG	In the month 7 Performance Report, the self-harm line chart	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
			the wrong way round.			stopped at month 6 and did not show the month 7 decline in self-harm incidents from 262 to 234. This has been corrected for the latest report and the data shows the beginning of an overall declining trend in self-harm incidents, continuing as reported at Month 9.	

Update of use of Peer Mentors on Snowdrop Ward at Prospect Park Hospital

1. Background

Feedback from service users completing the Zero Suicide safety planning survey highlighted that safety planning is not being used to its full potential. A suggestion was put forward by the Embrace group to use peer mentor input to assist with safety planning on the ward. A pilot is being trialled on Snowdrop Ward (commenced June 2018) this paper will report on the progress of the project so far.

2. Peer Mentors (PMs)

Peer Support may be defined as the help and support that people with lived experience of a mental illness are able to give to one another. Peer mentoring is that of a positive role model. The peer mentor is linked to a mentee and has the role of befriender, listener and mediator.

The qualitative evidence on the benefits of PMs within mental health settings has been well documented in terms of reducing stigma and instilling hope as well as contributing to the belief in the possibility of recovery, empowerment, and increased self-esteem. Service users have reported an increased likelihood of developing a rapport with PMs than with healthcare professionals. A systematic review suggested that support from PMs “reduced readmissions, enhanced community integration, increased confidence, self-esteem, as well as promoting empowerment, improving access to practical help and guidance, and challenging stigma and discrimination” most reviews highlighted that more research is required.

3. Snowdrop Pilot

2 Peer mentors were recruited to provide an opportunity for a coffee and chat group on the ward so that safety planning could be discussed in an informal space. A Plan, Do, Study, Act, (PDSA) approach to the group was taken as we anticipated it would take time to get the group embedded and we wanted to utilise feedback to improve the sessions.

Leaflets and posters were designed to ensure patients knew about the group, a debrief with the ward manager and nurse consultant or clinical director took place after each meeting so that any feedback could be collected and support could be offered to the peer mentors. An initial evaluation was positive but a number of changes were suggested including the need for the peer mentors to have a PIT alarm and easier access to the room as well as a regular staff member in attendance.

3.1 Feedback from the pilot

Feedback from patients has been positive, with patients expressing that it was interesting and helpful to talk and provided useful lived experiences of how to distract themselves when in crisis. However it was also expressed that the group could be more disciplined

Feedback from staff included that it was an interesting and enjoyable group to be involved in and that it was good to have this space that was valuable for patients and gives some extra structure in the day outside of OT activities. However the ability to commit to having staff in the session can be difficult when there are staff shortages or ward very busy and there were some concerns about who will support the peer mentors whilst on ward

Peer mentors voiced the importance of supervision for peer mentors, the need to have a structure to make it easy for people to talk and something to make people feel safe for example art and craft would give people something to focus on.3.1

3.2 Changes instigated through the project to date

06/18	07/18	08/18	10/18	12/18
Identified aim of group was for patients to feel listened to and understood Predicted that it would help.	Identified need to have an agenda to help facilitators cope with silence etc. To try using safety plan questions. Peer mentors found it difficult to see if group was helpful or not.	Identified peer mentors needed time to build confidence. Found use of safety plan questions helpful. The introduction of feedback sheets helped peer mentors to recognise what patients got out of group.	Use of safety plan questions placed pressure on peer mentors to speak "professionally", They felt they didn't always know how to respond. Decided to try using art/craft as a way to support discussions	Found the use of craft really helped for facilitators and patients in providing a focus and discussion of issues related to safety planning come out in a more relaxed way.

The peer mentors have introduced materials into the session and this has resulted in an increase in attendance and more free flowing discussions, however there has continued to be disruptions to the session (eg people using the communal telephone).

3.3 Next Steps

A review meeting was held in January 2019 and the following plan / next steps agreed:

- Hourly rate of pay for peer mentors agreed
- Session moved it into the activity room on the ward
- Change of date to ensure consistency of support to the session
- Art and Craft as the vehicle for general conversations leading on to safety planning in a non threatening space.
- Dedicated support for peer mentors from ward manager and therapy team agreed from 1 March 2019 (Nurse Consultant support in interim)
- Further trial for 12 weeks.

4. Conclusion

Further work is required to ensure we have a robust process for supporting peer mentors to work on our inpatient wards. This will ensure the successful roll out across other wards. It is important to get the system and process correct prior to this further roll out. A further update will be provided on completion of this second phase. There is some further work required on staff support and attitudes to the employment of people with lived experience and this is being addressed separately.

Sue McLaughlin
Acting Deputy Director Nursing

Commissioners' plans for the 10 beds currently closed at West Berkshire Community Hospital

West Berkshire Community Hospital has 59 beds comprising:

- 5 Neurological beds
- 4 End of Life beds
- 50 General Rehabilitation beds

Ten general beds were closed in September 2017 due to staffing shortages

We have been unable to recruit nurses and reopen beds

A review of options identified £300k cost saving from bed closure; West community beds capacity continued to be available to the Royal Berkshire Hospital and system, despite closure.

A number of options have been developed, including permanent closure and refunding CCG. Re-provision of the beds was our recommended option.

This option was approved by CCG and Urgent Care Board.

The New model provides:

49 beds comprising

- 8 Neurological beds
- 4 End of Life beds
- 37 General Rehabilitation beds
- Investment in 6 additional Therapy staff for the Ward to support the increased acuity of patients and reduced length of stay.

David Townsend
Chief Operating Officer

Trust Board Paper

Board Meeting Date	12 th February 2019
Title	Patient Experience Quarter 3 report
Purpose	The purpose of this report is to provide the Board with information on patient experience within the Trust
Business Area	Nursing & Governance
Author	Liz Chapman, Head of Service Engagement and Patient Experience Nathalie Zacharias, Professional Lead for Allied Health Professionals Debbie Fulton, Acting 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 Acting Director of Nursing and Governance has provided an overview at the beginning of the paper.</p> <p>In quarter three, the Trust received 57 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 84% 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
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Overview

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

The Board is required to consider detailed patient feedback because it provides insight into how patients, families and carers experience our services. 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 Mental Health Foundation Trust, rated outstanding by the CQC, achieved 3.85. As a Trust, we sit in the middle of the pack and as our aspiration is to be outstanding, we need to ensure that our staff recognise that we use patient and service user feedback to improve services. The 2018 scores will be available for the Quarter Four report; this will enable updated analysis of our position with this regard.

In December 2018, our Friends and Family response rate was 18% - this means the results are more valid. For Quarter Three the combined Mental and Physical Health scores demonstrated an overall trust score of 95%. Improvement has been demonstrated in terms of response rates amongst our Mental Health Services. The response rate has varied each month during the quarter and it will be important to gain more consistent results of over 15% each month moving forward.

The number of Carers Friends and Family Test responses has continued to increase each quarter with 314 received in Quarter Three these demonstrated a 97% satisfaction rate.

Collection of ethnicity data associated with complaints commenced in Quarter Two and has risen from 48% in that quarter to 80% this quarter. Gender and age is also being recorded with 100% recording achieved for Quarter Three.

During Quarter Three, 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 Three, the Trust received 57 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 reduced slightly to just below the number received in quarters one and two of this year. When considering which services to monitor other quality indicators are also examined:

- Community Mental Health Teams (CMHTs) complaints reduced again this quarter and are at a level seen quarterly last year, they have however, seen the joint highest number of MP enquiries (3). 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.
- Child and Adolescent Community Mental Health Services received 8 complaints; there has been an increase in complaints each quarter this year after a reduction in Quarter 4 of last year and this trend should be monitored, CAMHS has also received the joint highest number of MP enquires. 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 8 complaints in quarter three, a decrease on both previous quarters of the year. 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 7 complaints. This is further increase on Quarter two and the highest number in a quarter seen over last 2 years. This should be considered in the context of the significant number of patients seen; however this increase should be monitored to ensure that it is not a continued trend. 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.

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.

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.

2974 patients/carers responded to our internal patient survey in quarter three, this asks patients how they rate their experience, by asking 5 questions, 84% 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. Work is commencing over 2019/20 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. The ASSiST and Cardiac Rehabilitation teams have also received high numbers of the total 1670 compliments this quarter

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.

Debbie Fulton, Acting Director of Nursing and Governance

1. Complaints received - activity

The information in this report excludes complaints which are led by other organisations, 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. There has been a decrease this quarter compared to Q1 and Q2 for 2018/19 but an increase on Q3 last year.

Table 1 – Formal complaints received

Service	2018/2019				% Comparison to Q2	2017/2018				Total	% of Total
	Q3	Q2	Q1	% of Total		Q4	Q3	Q2	Q1		
CMHT/Care Pathways	10	11	16	17.54	↓	10	12	11	11	44	22.08
CAMHS - Child and Adolescent Mental Health Services	8	6	5	14.04	↑	4	6	9	7	26	14.29
Crisis Resolution & Home Treatment Team (CRHTT)	3	5	2	5.26	↓	6	4	6	4	20	9.09
Acute Inpatient Admissions – Prospect Park Hospital	8	12	9	14.04	↓	6	4	9	4	23	11.04
Community Nursing	3	1	1	5.26	↑	3	1	4	4	12	5.84
Community Hospital Inpatient	1	7	6	1.75	↓	6	1	1	3	11	3.25
Common Point of Entry	2	3	3	3.51	↓	2	1	-	2	5	1.95
Out of Hours GP Services	7	5	4	12.28	↑	2	3	2	2	9	4.55
PICU - Psychiatric Intensive Care Unit	0	0	0	0	no change	-	-	-	-	0	-
Minor Injuries Unit (MIU)	2	1	1	3.51	↑	2	1	2	-	5	1.95
Older Adults Community Mental Health Team	0	1	1	0	↓	3	1	1	0	5	2.39
8 other services in Q3	13	11	12	22.81	↑	11	19	14	5	49	23.44
Grand Total	57	63	60	100		55	53	59	42	209	

Previously, complaints were reported against the locality that the services reported into. As this often varies from the geographical location that the patient received the service complaints are now reported against the geographical locality where the care was received which is considered to be more meaningful. The following tables show a breakdown of the formal complaints that have been received during quarter three and where the service is based.

Table 2 shows the number mental health service complaints in Q3

37 of the 57 (65%) of the complaints received during Q3 were related to mental health service provision

Service	Locality of Service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Adult Acute Admissions		8					8

Service	Locality of Service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
CAMHS	1	5	1		1		8
CMHT/Care Pathways	1	5		1		3	10
Common Point of Entry				1		1	2
Crisis Resolution & Home Treatment Team (CRHTT)		2			1		3
IMPACTT						1	1
LDS Community Patients		1					1
Learning Disability Service Inpatients		1					1
Psychological Medicine Service			1				1
Traumatic Stress Service		2					2
Grand Total	2	24	2	2	2	5	37

Table 3 shows the number of CMHT complaints

10 of the 57 complaints (18%) received during Q3 related specifically to CMHT service provision). This is a reduction on Q1 (16) and Q2 (11)

Main subject of complaint	Locality of service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Care and Treatment	1	2		1		1	5
Clinical Care Received						1	1
Communication						1	1
Confidentiality		1					1
Failure/Delay in specialist referral		1					1
Other		1					1
Grand Total	1	5	0	1	0	3	10

Table 3 demonstrates that the main subject for formal complaints received about CMHT was about care and treatment (5) during 2018/19. Reading CMHT received the highest number of complaints (50%); this was the same in Q2 where Reading received 53 % of the formal complaints relating to CMHT's. The services based in Windsor, Ascot and Maidenhead and Slough did not receive any.

Complaints linked with attitude of staff, communication and confidentiality are the main subject areas accounted for 20% (2), a reduction from 45.45% in quarter two.

Table 4 – Mental health inpatient wards

For Q3 8 of the total 57 complaints (14%) related to Inpatient mental health wards, this is a reduction on Q1 (9) and Q2 (12)

Main subject of complaint	Ward			Grand Total
	Bluebell Ward	Prospect Park Hospital	Rose Ward	
Attitude of staff		1		1
Care & Treatment		3		3
Clinical Care Received	1			1
Communication		1		1
Lost property			1	1
Verbal Abuse			1	1
Grand Total	1	5	2	8

Table 5 – Crisis Resolution/Home Treatment Team (CRHTT)

In Q3, 3 of the total 57 complaints (5.2%) were related to CRHTT, this is an increase on Q1 (2) but a decrease on Q2 (5)

Main subject of complaint	Locality of service		Grand Total
	Reading	Windsor, Ascot & Maidenhead	
Attitude of staff	1		1
Care & Treatment		1	1
Clinical Care Received	1		1
Grand Total	2	1	3

Table 6 – Community Health Service Complaints

During Q3, 20 of the total 57 complaints (35%) related to community service provision.

Service	Locality of service					Grand Total
	Bracknell	Reading	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Children's Occupational Therapy - CYPIT				1		1
Children's Speech & Language Therapy - CYPIT					1	1
Community Hospital Inpatient			1			1
District Nursing		1	1		1	3
Health Visiting			1		1	2
Minor Injuries Unit			2			2
Out of Hours GP Services		3	4			7
Physiotherapy (Adult)	1		1			2
School Nursing		1				1
Grand Total	1	5	10	1	3	20

Table 7 – Community Health Inpatient ward Complaints

During Q3, 1 of the total 57 complaints (1.75%) received related to inpatient wards; this is a significant reduction from the 6 in Q1 and 7 in Q2.

	Ward	
Main subject of complaint	Donnington Ward	Grand Total
Care and Treatment	1	1
Grand Total	1	1

Table 8 – GP Out of Hours Service, WestCall Complaints

During Q3, 7 (12.3%) of the 57 complaints related to out of hours service provision, this is an increase from the 4 in Q1 and 5 in Q2.

Main Subject of complaint	Locality of service		Grand Total
	Reading	West Berks	
Access to Services		1	1
Attitude of staff	1		1
Care and Treatment		3	3
Communication	1		1
Medication	1		1
Grand Total	3	4	7

Table 9 – Community Nursing Service Complaints

In Q3, 3 of the 57 complaints (5.3%) were related to community nursing service provision, all regarding care and treatment. This is an increase from the 1 received in both Q1 and Q2

Service/Main subject of complaint	Locality of service			Grand Total
	Reading	West Berks	Wokingham	
Care and Treatment	1	1	1	3
Grand Total	1	1	1	3

Table 10 – Children, Young People and Family Service Complaints

During Q3, 13 of a total 57 complaints (22.8%) related to children's services.

Service	Locality of service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
CAMHS - Child and Adolescent Mental Health Services	1	5	1		1		8
Children's Occupational Therapy - CYPIT					1		1
Children's Speech & Language Therapy - CYPIT						1	1
Health Visiting				1		1	2
School Nursing		1					1
Grand Total	1	6	1	1	2	2	13

Table 11 – CAMHS Complaints

During Q3, 8 of the 57 complaints (14.03%) were about CAMHS services; this is an increase from the 5 in Q1 and 6 in Q2, with the majority of these being about care and treatment.

Service	Locality of service				Grand Total
	Bracknell	Reading	Slough	Windsor, Ascot and Maidenhead	
Attitude of Staff		1			1
Care and Treatment	1	3	1	1	6
Inaccurate Records		1			1
Grand Total	1	5	1	1	8

Learning Disabilities

There have been two complaints received during quarter three. One for Campion Unit and one for community based services for people with a Learning Disability in Reading.

A deep dive was undertaken during Q2, the aim of this deep dive was to investigate the views around discharge from Campion and to identify the factors contributing to delayed discharges as well as factors which facilitate successful discharge. The deep dive sought to uncover what can be done to prevent a delayed discharge and improve the experience for patients and their carers.

The journey of the 10 patients were reviewed during the deep dive and had a total stay of 4,291 days, with delayed discharge representing 45% of overall time spent in hospital. The delays were due to funding (2/10), assessment of future care needs (4/10) and lack of appropriate placements (4/10).

Conclusions from the analysis showed that:

- Average length of stay across the country was “largely the same, over five years”, however in Berkshire it showed a positive decrease of 27% and that 18% of discharges resulted in readmission whereas for Berkshire there were none in the last year.
- There were great examples of collaboration in most localities. More should be made of best practice and skills sharing and there is a real appetite for this.
- The process of undertaking Community Treatment Reviews (CTR) is the key to reducing hospital admissions and a smooth discharge process, they are not always happening prior to admission but are frequent as are MDT’s on Campion Unit. Risk management and greater use of the CPA in the community could also be improved to prevent admissions. CTR are CCG lead multi-agency/ professional reviews.
- There was rarely one single reason for delays. Funding and finding the right provider are the largest contributory factors

The service is in the process of agreeing an action plan which will be included in the Quarter 4 report.

KO41A return

Each quarter the complaints office submit a quarterly return, called the KO41A. This looks at 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 12 – Mental Health complaints reported in the national KO41A return

	2017-18				2018-19	
	Q1	Q2	Q3	Q4	Q1	Q2
Mental Health complaints - nationally reported	3,461	3,790	3,451	3,653	3,598	3651
2Gether NHS Foundation Trust	14	19	15	15	17	14
Avon and Wiltshire Mental Health Partnership NHS Trust	81	75	63	67	78	72
Berkshire Healthcare NHS Foundation Trust	40	58	56	59	49	45
Cornwall Partnership NHS Foundation Trust	26	28	32	34	31	28
Devon Partnership NHS Trust	60	47	43	49	44	56
Dorset Healthcare University NHS Foundation Trust	82	84	74	79	91	90
Kent and Medway NHS and Social Care Partnership Trust	78	72	88	86	87	115
Oxford Health NHS Foundation Trust	62	56	49	70	50	56
Somerset Partnership NHS Foundation Trust	25	20	15	14	17	14
Southern Health NHS Foundation Trust	73	114	79	96	91	95
Surrey and Borders Partnership NHS Foundation Trust	14	28	21	26	26	36
Sussex Partnership NHS Foundation Trust	188	166	169	221	209	192

This table demonstrates 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.

2. Complaints closed

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 13 – Outcome of closed formal complaints

Outcome	2018-19					2017-18					
	Q3	Q2	Q1	% of Total	Comparison to Q3	Q4	Q3	Q2	Q1	Total	% 17/18
Case not pursued by complainant	2	0	0	0	↑	1	1	1	1	4	1.95
Consent not granted	3	2	2	3.51	↑	4	0	1	0	5	2.44
Local Resolution	10	5	0	4.39	↑	2	6	3	3	14	6.83
Managed through SI process	0	2	0	1.75	↓	4	Reported from Q4			4	1.95
Referred to other organisation	0	0	0	0	no change	1	0	1	0	2	0.98

	2018-19					2017-18					
No further action	0	0	1	0.88	no change	1	2	0	0	3	1.46
Not Upheld	16	11	13	21.05	↑	7	7	20	6	40	19.51
Partially Upheld	36	26	25	44.74	↑	28	22	19	18	87	42.44
Upheld	12	15	12	23.68	↓	10	10	18	8	46	22.44
Grand Total	79	61	53	100		58	48	63	36	205	

Table 14 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 14 – Response rate within timescale negotiated with complainant

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

The Investigating Officers 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 upheld during quarter three.

What we were told: There was a lack of consistency around catheter care in the community.

What we have done: In addition to a review of the management for this specific patient:

- A continence and catheter pathway workshop was held as part of Community Nursing review.
- It has been acknowledged that catheters can have a huge impact on a patients' life and that Multi-Disciplinary working and improved communication could improve patient experience. A meeting is being arranged to include GP, Community Nursing and the Continence Team to explore this further.
- Introduction of a catheter passport across Trusts-to improve communication on transition of care, with clear plan for future care to be adopted by Frimley and Berkshire Health Care Trusts.
- Catheter clinic introduction-as an alternative option for patients who are not housebound.
- Review of the Trust policy flow chart, actions and responsibilities around catheter care to ensure consistency across the Trust in conjunction with the Continence Team.

4. Patient ethnicity

One of the ways that the Trust can monitor the quality of its services is by seeking assurance through the complaints process, that people are not treated negatively as a result of their ethnicity or other protected 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.

The tables below show the ethnicity and other protected characteristics of patients who have had complaints raised about their care between October and December 2018. The process for collating this information was revised in quarter three, and the Patient Experience Team collects this information from the investigating officers (IO) report and RiO.

This has led to an increase in the reporting of ethnicity – 80% in quarter three, compared to 52% from the quarter two report. This information is entered on the Datix record for the patient. The categories for disability are being reviewed and will be included in the quarter four report.

Table 15 – Ethnicity of patients; October to December 2018

Ethnicity	Number of patients	%	Berkshire population
Asian - Asian British/other	2	3.5%	13%
Other Ethnic Group	2	3.51%	1%
White – British/ other white	42	73.68%	80%
Not stated	11	19.29%	
Black	0	0%	3.5%
Mixed	0	0%	2.1 %
Grand Total	57	100.00%	

Table 16 – Gender of patients

There were no patients who identified as anything other than male or female during quarter three.

	Number of Patients	%	Berkshire population
Female	32	56.14%	50.9%
Male	25	43.86%	49.1%
Grand Total	57	100.00%	

Table 17 – Age of patients

Age Group	Number of Patients	%	Berkshire population
Under 12 years old	11	19.29%	↓
12-17 years old	4	7.02%	↓
18 - 24 years old	4	7.02%	31.6%
25 - 34 years old	10	17.54%	14.9%
35 - 44 years old	8	14.04%	15.4%
45 - 54 years old	4	7.02%	19.3%
55 - 64 years old	4	7.02%	↓

Age Group	Number of Patients	%	Berkshire population
65 - 74 years old	3	5.26%	
75 years or older	5	8.77%	18.7%
Not Stated	4	7.02%	
Grand Total	57	100.00%	

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. The last three investigations the PHSO have reported to us were not upheld.

The PHSO reported in Q2 that overall they received 1569 new enquiries, of which 385 progressed to investigation. In the same quarter the Trust had three complaints against them referred to the PHSO, of which one progressed to investigation.

Table 18 – PHSO activity

Month open	Service	Month closed	Current Stage
May-17	CMHT/Older Adults	May-17	Not a BHFT complaint - records requested to inform investigation about Social Care - case closed after the notes were sent
Jun-17	CMHT	Sep-17	Not Upheld
Aug-17	Talking Therapies	Apr-18	Not Upheld
Oct-17	District Nursing	Nov-17	Agreed local resolution - investigation not taken forward by PHSO
Nov-17	CMHT/Care Pathways	n/a	PHSO requesting information to assist with decision on whether to investigate or not
Mar-18	Older Adults Community Mental Health Team	Oct-18	Not upheld against Trust
Mar-18	Admin teams & office based staff	Mar-18	Enquiry at this stage
Jun-18	District Nursing	Aug-18	Not a BHFT complaint – statement provided by our staff to inform the investigation
Jul-18	CPE	Aug-18	PHSO not proceeding
Aug-18	Out of Hours GP Service	Oct-18	PHSO not proceeding
Sep-18	Psychological Medicines Service	n/a	Investigation Underway
Nov-18	Psychological Medicines Service	Nov-18	PHSO not proceeding
Dec-18	Psychological Medicines Service	n/a	Investigation Underway
Dec-18	Community Hospital inpatient	n/a	Investigation Underway

The PHSO have published a report on complaints about the NHS in England from July to September 2018. This report shows that:

385 were accepted in principle for investigation involving 426 health organisations

440 investigations were closed involving 512 health organisations.

Of the cases that were investigated:

- 153 (35%) of the total closed cases were either fully upheld (24 or 5%) or partly upheld (129 or 29%)
- 10 (2%) were resolved before the investigation was concluded
- 215 (49%) of the complaints were not upheld
- 62 (14%) of the investigations were ended for other reasons, for example at the complainant's request

Of the recommendations made as a result of the investigation there were:

- 118 formal apologies
- 65 payments to make up for financial loss or to recognise the impact of what went wrong.
- This totalled £46,533. There is also one health service compensation recommendation for Quarter 2 where the organisation has agreed to compensate for the complainant's financial loss and is currently gathering the necessary evidence to determine the final value of the payment.
- 106 service improvements, such as changing procedures or training staff.
- 23 other actions to put things right. For example, asking a GP Practice to correct errors in
- Amendments to medical records

During the same period Berkshire Healthcare had:

- 3 cases opened by PHSO – two are not being progressed by PHSO, and investigation is underway with one
- 2 cases were closed - one of these was not progressed to investigation and the other was a case which was not about Berkshire Healthcare. In this instance, the PHSO asked for a statement from our staff to inform their investigation involving a care home.

6. Multi-agency working

In addition to the complaints detailed in the report, the Trust monitors the number of multi-agency complaints they are involved in, but are not the lead organisation (main area of complaint is about another organisation and therefore that organisation takes the lead). There were 5 complaints led by other organisations during quarter three.

Table 19 – Formal complaints led by other organisations

Lead organisation	Service area of complaint
East Berks CCG	CRHTT, call to patient not made
	District Nursing and provision of their service
Frimley	Community hospital inpatient and transfer to acute trust
SCAS	WestCall, call to patient not made
	WestCall, clarification on what service offered patient overnight

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	3
Children's Occupational Therapy - CYPIT	1
CMHT/Care Pathways	3
Community Hospital Inpatient	1
School Nursing	1
Grand Total	10

There were 10 MP enquiries raised in quarter three compared with 3 in quarter two.

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

Table 21 – Concerns managed by services – Local Resolution complaints

Service	Number of concerns managed directly by services
Adult Acute Admissions	1
CAMHS - Child and Adolescent Mental Health Services	1
CMHT/Care Pathways	1
CMHTOA/COAMHS - Older Adults Community Mental Health Team	1
Community Physiotherapy	1
Community Team for People with Learning Disabilities (CTPLD)	1
Continence	2
Criminal Justice Liaison and Diversion Service	1
Dental Services	1
District Nursing	5
Health Visiting	1
Integrated Pain and Spinal Service	1
Minor Injuries Unit	2
Other	1
Physiotherapy Musculoskeletal	3
Podiatry	2
Grand Total	25

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
CAMHS - Child and Adolescent Mental Health Services	1
CMHT/Care Pathways	1
Crisis Resolution & Home Treatment Team (CRHTT)	1
Grand Total	3

NHS Choices

There were 20 postings during quarter three; 15 were negative and 5 were positive.

The services with the highest number were CMHT/Care Pathways 4, Physiotherapy (Adult) 2, Older Peoples Mental Health (Ward Based) 2, Adult Acute Admissions 2 and Crisis Resolution & Home Treatment Team (CRHTT) 2.

Feedback included:

CMHT: After what I can only describe as having a panic attack followed by a meltdown I called the Crisis Team. The lady I spoke to was very patient despite me being very upset. She quickly arranged for me to see someone. I was called by the Home Treatment Team at Bracknell CMHT and asked to in and see them.

When I got there we had a discussion about what was going on to cause my present difficulties. They asked me some questions and we came up with a short term solution to curb my anxiousness. They then arranged an appointment with a Psychiatrist a few days later. When I attended I spoke to the Consultant about all the different aspects of my situation. She seemed to understand a lot about what was going on already which I can only assume was passed to her from the person I saw at the Home Treatment Team. The medication situation was the root of my problem. She made a few changes and put a plan in place that not only helped me but covered every eventuality and addressed all my anxieties. I was glad I made the call and very pleased with how the professionals concerned handled everything. Well done guys

Community Dental Service: I went to meet my Mother and a Carer from her Nursing Home for an appointment. I am therefore writing this review on her behalf as she has Alzheimer's. The Dental team treated her very well, explaining everything clearly and reassuringly. She remained calm during the examination, clearly helped by the gentle and respectful approach of the Dentist and her assistant. Also there was a problem with my Mother's transport in that she arrived very late, and different transport had to be arranged to collect her, which was also very delayed, meaning we had to wait in the surgery until after it was due to close. The staff couldn't have been more supportive, with the Dentist staying on with us until the transport came, and offering us drinks.

Hearing and Balance Service: Great service but opening hours need to be clearer. My mum has always received excellent service but sadly still can't hear properly so we are frequent visitors - off there again today as replacement tubes helped but still not sorted the problem. Opening hours on a Thursday are shown as finishing at 4pm - I feel perhaps it should say arrive by 3.30pm to ensure you will be seen. I observed an elderly gentleman with sticks two weeks ago turned away. He had arrived around 3.40pm and there were no tickets left to join the queue. The audiologist told him to go to Windsor the next day - he had been dropped off

and was quite upset that he could not be seen. I do hope my comments will be noted and taken as constructive criticism and perhaps acted upon.

Sexual Health Service: Terrible phone line. It is absolutely impossible to get through to anybody to book an appointment. And it's always been the same. I honestly don't understand what you're supposed to do if this is all the information that's been given. It really needs improvement and urgently.

PALS Activity

There were 399 PALS contacts during quarter two, in addition there were 52 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:

- Access to adult ADHD/ASD service
- Patients requesting flexibility with regard to eligibility criteria - CAMHS
- Choice of location for treatment – wanting care transferred into Berkshire Healthcare
- Funding for therapy
- Unable to access services by telephone and no email addresses available

Themes around concerns about clinical care received were:

- Concerns about how physical health is being managed within mental health services
- Care at Prospect Park Hospital
- Communication with staff in the crisis team

8. The Friends and Family Test

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

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

SMS went live across community services in December 2018; it is anticipated that this will result in increased monthly reporting from January.

Table 23 - Number of Friends and Family Test responses

		Number of responses	Response Rate
2018/19	Q3	7631	12.82%
	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%

There has been an increase in the number of FFT responses received, however due to the high number of discharges in the quarter; there has been a slight decrease in the overall response rate. Based on the number of discharges from our services, there were 59509 patients eligible to complete the FFT during quarter three.

During the quarter, the response rates were:

October: 11%
 November: 10%
 December: 18%

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

Ward	Ward type	2018/19			2017/18			
		Q3%	Q2%	Q1%	Q4%	Q3%	Q2%	Q1 %
Oakwood Ward	Community Inpatient Ward	100	100	95.83	100	72.97	93.75	100
Highclere Ward		94.12	97.37	93.98	94.64	96.7	100	100
Donnington Ward		93.48	89.80	97.78	97.59	42.86	98.86	93.5
Henry Tudor Ward		100	96.67	88.00	95.24	94.44	100	100
Windsor Ward		94.12	93.75	100.00	100	100	100	100
Ascot Ward		100	94.92	97.50	97.83	100	100	100
Jubilee Ward		72.73	50	-	-	-	100	40
Bluebell Ward	Mental Health Inpatient Ward	78.95	50	100.00	33.33	-	66.67	50
Daisy Ward		70.59	70.73	70.59	100	85.71	76.19	60
Snowdrop Ward		69.44	50	100.00	-	-	100	-
Orchid Ward		62.50	0	100.00	33.33	100	50	100
Rose Ward		83.33	-	-	-	-	-	100
Rowan Ward		100	-	-	-	-	-	-
Sorrel Ward								

- = no responses received

Learning Disabilities

There were no surveys received for the Learning Disability Inpatient Unit, Campion Unit. The PPI lead met with the Head of Learning Disabilities in quarter three and their survey is being updated. There were 52 responses received from patients seen by the community teams for people with a learning disability.

Table 25 – Learning Disabilities

Response	%	Number of patients
Extremely likely	62.75%	32
Likely	7.84%	4
Neither likely nor unlikely	1.96%	1
Unlikely	0	0
Extremely unlikely	0	0
Don't know	15.69%	8

Table 26 - Carer FFT Responses

Number of responses			
2018/19		2017/18	
Q1	67	Q1	111
Q2	201	Q2	32
Q3	314	Q3	39
Q4	-	Q4	86

There continues to be an increase in the number of Friends and Family Test responses from carers.

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 November 2018.

Table 27 - Community Health services FFT data: November 2018

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

%RR – Recommendation rate

The national results for November 2018 for community health services were sustained with 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 28 - Mental Health services FFT data; November 2018

Trust Name	Nov-18		Jul-18		May-18		Feb-18		Nov-17	
	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR
Berkshire Healthcare	37%	83%	5%	87%	8%	92%	8%	88%	6%	87%
Solent NHS Trust	11%	94%	9%	87%	8%	83%	8%	93%	12%	93%
Southern Health NHS FT	2%	92%	3%	92%	4%	89%	2%	91%	3%	89%
Avon and Wiltshire MH Partnership	16%	89%	13%	91%	15%	90%	14%	89%	13%	88%
Oxford Health NHS FT	9%	93%	9%	91%	10%	90%	10%	91%	9%	92%

%RR – Recommendation rate

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

There has been a significant increase in the response rate for mental health services which is positive improvement

9. Our internal patient survey

For Q3, the Trust received feedback from 2974 patients/ carers compared to 2268 in the last quarter and 3438 in quarter one.

This quarter there has been a remarkable increase in the mental health inpatient ward responses.

After experiencing technical issues with their kiosk, Audiology have significantly increased again, and received over double the amount of last quarter. The patient experience team continues to support and work with services to improve and act upon their results.

The highlights are:

- 83.9% of people reported the service they received as good or better than good
- 13 services carrying out the internal patient survey were rated 100% for good or better with a further 10 services rating 85% or above
- Out of the 63 services who routinely report patient survey results, 22 services did not log any responses for quarter three

Learning Disabilities

There were 49 survey responses by people seen by our Community Team for people with a Learning Disability during quarter three. The results are in the table below.

Table 29 – Patient survey responses – Community based Learning Disability Services

My meeting with you was helpful	%	number	I got answers to my questions	%	number
Not at all	0	0	Not at all	2.04	1
Not much	0	0	Not much	0	0
A little	14.29	7	A little	14.29	7
Quite a bit	8.16	4	Quite a bit	8.16	4
A lot	71.43	35	A lot	65.31	32
Question not answered	6.12	3	Question not answered	10.2	5
You were polite and friendly to me	%	number	You listened to me	%	number

My meeting with you was helpful	%	number	I got answers to my questions	%	number
Not at all	0	0	Not at all	0	0
Not much	0	0	Not much	0	0
A little	4.08	2	A little	6.12	3
Quite a bit	6.12	3	Quite a bit	6.12	3
A lot	83.67	41	A lot	81.63	40
Question not answered	6.12	3	Question not answered	6.12	3

10. Updates: Always Events and Patient Participation and Involvement Champions

There were a number of observations at WestCall during quarter three to gather feedback for the Always Events project. These were carried out by the Patient Experience Team, staff from within WestCall and a Patient Leader. Further observations are being organised at the request of the service, with a review and analysis of the feedback planned for quarter four. This feedback from patients and carers will inform a plan to make changes and improvements to the WestCall service.

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 PPI Champions workshop agenda during which services share a project or activity, or a wicked problem they would like support with.

Appendix Two contains the 15 Steps report for quarter three. There were 8 visits during this period; all across physical health community based services and inpatient wards.

11. Compliments

There were 1670 compliments reported during quarter three. The services with the highest number of compliments are in the table below.

Table 30 – Compliments

Service	Compliments
Talking Therapies	675
ASSIST	188
Cardiac Rehab	119
Community Respiratory Service	59
CMHTOA/COAMHS - Older Adults Community Mental Health Team	54
Community Hospital Inpatient	53
District Nursing	52
Podiatry	48
Community Based Neuro Rehab	44
Adult Acute Admissions	38
Heart Failure Team	34
Minor Injuries Unit	32
CMHT/Care Pathways	24
Community Physiotherapy	23
Out of Hours GP Services	18
Physiotherapy Musculoskeletal	18

Table 31 - Compliments, comparison by quarter

	2018/19			2017/18				17/18	16/17
	Q3	Q2	Q1	Q4	Q3	Q2	Q1		
Total Compliments	1670	1878	1008	968	1163	1165	1488	4784	5950

Elizabeth Chapman

Head of Service Engagement and Experience

Formal Complaints received during quarter three 2018/19

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	CMHT/Care Pathways	Moderate	Sister-in-law and other family members are complaining that patient was placed in Moat House(OAP)and his health has deteriorated. They are angry that we have not followed up or the deterioration noted by the care coordinator	Case not pursued by complainant	Family do not wish to pursue complaint at the moment.
Reading	Adult Acute Admissions	Moderate	Patient is complaining about how she has been spoken to and treated by staff since admission. She also says she has not been given medication that has been prescribed for a physical health issue. Her food allergy hasn't been noted and she has had no food.	Not Upheld	Records show patient refused medication, she was offered food from Asda as she had missed meal time, no evidence to support staff swearing and staff refutes the allegation.
Bracknell	CMHT/Care Pathways	Minor	Pt feels she has suffered significant harm due to being misdiagnosed in 2012. She would like an apology for the delays around diagnosis, access to a PTSD treatment path, the most suitable could include an inpatient stay in a facility such as Khiron House.	Not Upheld	no evidence of misdiagnosis. timely and appropriate treatment was given.
Wokingham	CMHT/Care Pathways	Moderate	1. Father feels he has been misled to believe his daughter would be relocated from her current Out of area placement 2. Father unable to speak with staff member who assured him she would take over responsibility for the case. 3. appalling service from complaints team when called on Friday 12th Oct 4. Father is requesting a meeting with Executive	Not Upheld	No evidence to support complainants allegations
Reading	Adult Acute Admissions	Minor	Family kept out of the communication loop when patient was sent to RBH and St Pancras London	Consent Not Granted	
Wokingham	District Nursing	Minor	DN attended pt but refused to do the INR Blood test required. Son had to take pt on his next visit from Gloucester.	Upheld	Outcome shows it is appropriate for patient to have INR done by district nurses

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Wokingham	Children's Speech & Language Therapy - CYPIT	Minor	Mother unhappy with her experience at a SLT drop in clinic 1. believe her child was restrained unnecessarily 2. Feels her parenting skills were being questioned 3. felt the advice she had gone to obtain was not forthcoming 4. Told her sons speech would not develop unless she addressed his behavioural problems and boundary issues	Partially Upheld	The child's behaviour was very challenging and the therapist need to use restraint, as he was hitting and biting her. We have apologised that mother felt her parenting skills were being questioned and that overall she did not have a positive experience.
Reading	Out of Hours GP Services	Minor	Patient is complaining that the OOH GP she saw at RBH was 'incredibly rude' she treated her like a child, was dismissive of her case and left her feeling belittled. She is deeply upset and angry by the experience.	Partially Upheld	
West Berks	Community Hospital Inpatient	Minor	Pt admitted for physio with a foot ulcer which was near to healing, on discharge the condition of the ulcer had deteriorated. Family would like this investigated and an apology for the way the pt was treated	Upheld	We have acknowledged that foot ulcer deteriorated in our care and have apologised.
West Berks	Health Visiting	Low	Parents fell the attitude of the HV staff is judgemental, confrontational and deliberately awkward. Parents have requested to all the records the Trust hold on their daughter and to be removed from our telephone records.	Partially Upheld	Child not on watch list, as it doesn't exist. student health visitor is working under supervision, she will add this feedback to her competencies.
Slough	CAMHS - Child and Adolescent Mental Health Services	Minor	Mother unhappy that her son has not been seen by CAMHS, she feels that whilst the Trust must have guideline procedures to follow she feels not all cases should be treated the same and is requesting help.	Local Resolution	
Wokingham	IMPACTT	Low	Father unhappy at the way the patient was informed they would not be receiving therapy from IMPACTT. Father reports that the patient is unhappy at the speed in which a budget of £500 was set up to help her mother when she has been asking for help for years.	Case not pursued by complainant	
Reading	Adult Acute Admissions	Low	Various complaints regarding the patient being told she was going to Bluebell Ward but then this did not happen. Father feels the search process for new pt.'s is inadequate. Various miss communication between staff / pt and family. No food or medication given for 24hrs following admissions. Father wishes to know if sorrel is for very sick pt or a punishment ward?	Partially Upheld	Complaint contains multiple elements, most of which were upheld or partially upheld.

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	Learning Disability Service Inpatients	Moderate	Pt stated she had been assaulted by 2 members of staff, she said they grabbed her and shook her	Not Upheld	No evidence to support allegations
Reading	Traumatic Stress Service	Minor	Pt feels the Trauma service have neglected the medical referral from TT and the GP. Pt also states they made a complaint in Dec 2017 but never received a response.	Partially Upheld	We have apologised for delay in responding to first complaint and for the delay to starting PTSD treatment. We have reminded patient that abusive language is not acceptable.
Reading	CAMHS - Child and Adolescent Mental Health Services	Moderate	Following an assessment by ASD pathway, family were advised the patient needed to be referred to ADHD. Family completed the relevant forms and CAMHS acknowledged receipt in Jan 2017. Family called on the 10th Oct to be told the clinician had not made the referral. Family do not understand why they have been told to get a new referral from GP and go to the back of the queue when this was not their fault.	Local Resolution	Referral arranged for patient
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Low	Child referred to OT & CAMHS, advised by the service ADHD pathway referral was made in Feb 2018 but they were told in Sept 2017 this referral would be made. Wish to know why there is a lack of clarity around this	Partially Upheld	
Wokingham	CMHT/Care Pathways	Moderate	Mother generally unhappy with the care and treatment her daughter has received from the CMHT	Not Upheld	
Slough	Psychological Medicine Service	Moderate	Pt feels the staff member she saw had little to no compassion which progressively got worse throughout their meeting in Wexham Park Hospital	Partially Upheld	It was a particularly busy day and we have apologised if staff came across as being rushed. no evidence that assessment was rushed or incomplete as a result. Staff will discuss in supervision.
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 pt could have a bed on Bluebell Ward but this not happening. Care plans and home leave.	Local Resolution	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
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 WC the next day as pt was so unwell. Dr said medication should not have been given. Saw own GP 2 days later to be told pt did not have an ear infections and agreed medication should not have been given	Partially Upheld	Mother unhappy with her response letter and says she feels it relates to a different patient ORIGINAL COMPLAINT Correct diagnosis made and medication prescribed. Dr has apologised for attitude.
Reading	CAMHS - Child and Adolescent Mental Health Services	Low	Re-opened complaint: Complainant not happy with response and has asked for meeting with IO. ORIGINAL COMPLAINT: Complaint about the refusal to remove information relating to an alleged allegation against another child from a CAMHS report.	Not Upheld	It is not appropriate to remove the information from the report as the accidental exposure did happen.
Reading	CMHT/Care Pathways	Low	CPA which took place on the 23/7/18 was not explained to the pt and the care plan sent out following the complaint was 2 years out of date. Solicitor would like a CPA meeting to be arranged to which the pt and the solicitor would be present from which a care plan can be put together. ORIGINAL COMPLAINT Following complaint response no CPA has been actioned or Care Act Assessment	Investigation Underway	
Wokingham	CMHT/Care Pathways	Low	Pt's mother feels her and her daughter's Asperger's are not understood by Trust. She would like answers as to comments that have been put on RiO notes pertaining to her actions to her daughter and the attitudes of staff over the last 27 years	Partially Upheld	
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Minor	Pt unhappy with most elements of her complaint response. Wishes copies all pt notes whilst under CRHTT including listening to recordings pertaining to the complaint. Feels more than a one word sentence of apology from PALS is due. ORIGINAL COMPLAINT BELOW Pt 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	Partially Upheld	There are no clinical failings identified and, on point 4, there is evidence that patient was informed of discharge. However, there are also times when communication was not clear or consistent and letters not sent as they should have been.

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	Adult Acute Admissions	Low	Following previous complaint centred around the Dr allegedly lying. Pt would like clarity over the contemporaneous notes and whether they have been changed to and if so when this happened. Pt wishes policies, procedures and culture towards pts to be reviewed.	Not Upheld	Patient seeking clarification on aspects of previous response
Bracknell	Physiotherapy (Adult)	Low	Pt with hyperacusia wishes the service to make reasonable adjustments as she states the noise levels in Churchill House physiotherapy department are unnecessary, she feels they are breaching the Equality Act on disability.	Not Upheld	
Reading	LDS Community Patients	Low	Pt feels he was recalled to hospital in July 2017 wrongly and the correct procedures were not used.	Not Upheld	All actions taken were appropriate given patient's circumstances
Reading	CAMHS - Child and Adolescent Mental Health Services	Moderate	Mother raising issues around Data Protection and attitude during the pts assessment and treatment sessions facilitated by a Trainee	Investigation Underway	
Reading	CMHT/Care Pathways	Moderate	Sister of patient has complained about the CMHT, who the family feel have all failed the patient resulting in her attempting to take her life on 4 occasions. They feel previous discharge from PPH was too early and she is currently inpatient in PPH.	Investigation Underway	
West Berks	Minor Injuries Unit	Minor	LD Pt visited MIU with carer w/c 29th Oct. Due to see specific nurse who was not in. Nurses in the end agreed to attend to the patients wounds following an altercation. Pt unhappy with their attitude.	Not Upheld	
Reading	CAMHS - Child and Adolescent Mental Health Services	Moderate	Numerous issues care, treatment and safety issues relating to the patient on the ASC pathway.	Partially Upheld	
Windsor, Ascot and Maidenhead	CAMHS - Child and Adolescent Mental Health Services	Low	Family advised pt needs to be reassessed as psychologist of 10 weeks has left and the Maidenhead CAMHS has moved to Slough. Mother fails to understand why this should affect pt care as she feels her child has taken a huge step backwards	Investigation Underway	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	Adult Acute Admissions	Moderate	Father feels PPH have been negligent in the way care is decided and given. He feels family have been treated badly by staff since raising a formal complaint in August 2018. Pt's Brother was asked to attend a MDT meeting but the pt refused for him to speak. Brother is angry at the attitudes of staff not wanting to hear or allow input from the family. Family think patient is being influenced by doctors, so possible safeguarding.	Consent Not Granted	consent not granted and patient refused to consent to an investigation
West Berks	Out of Hours GP Services	Minor	Pt presented with gynae pain but the Dr examined her bowel and stomach area. Pt believes an internal examination should have been performed. Pt has later seen her GP and referred to hospital advising it is not IBS	Partially Upheld	It seems that communication on handover was not clear as the GP had not been informed an internal examination was required by patient and patient also failed to say anything to the GP.
West Berks	Out of Hours GP Services	Minor	Mother has complained about WestCall service. She called just before 7pm and told her daughter was priority and would get a call within an hour. This didn't happen and she had to chase them up. Eventually they got an appointment at 9:45 but were still not seen until 11:15pm	Upheld	WestCall did not call back within agreed time
West Berks	Out of Hours GP Services	High	5 week old child seen in A&E previous night with breathing difficulties. WC Dr suggested giving the child an inhaler. Mother questioned why the Dr had not examined the child. Following examination pt had very low oxygen levels and an ambulance was called but no further care was given. Paramedics were shocked that no oxygen had been given when the paperwork stated life threatening emergency detected. Mother feels the Dr was negligent.	Upheld	GP failed to act in accordance with results believing two machines to be faulty. Ambulance service attended and gave oxygen.
Windsor, Ascot and Maidenhead	Crisis Resolution & Home Treatment Team (CRHTT)	Low	Family called Crisis line wanting the pt to be taken to a place of safety. Complainant believes the staff member said CRHTT would meet the ambulance at the house, when the ambulance arrived they said CRHTT would not be joining them. Father believes services lied to him and therefore did not take adequate care of his daughter.	Investigation Underway	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
West Berks	Out of Hours GP Services	Minor	Pt says Dr shouted at her and would not examine her	Partially Upheld	Action taken by service was timely and appropriate, there is no evidence staff shouted at patient but patient clearly became upset and left the consultation before the full examination could be completed.
Reading	District Nursing	High	DN's visiting pt twice a week for Pressure damage to right heel. Pt mobility deteriorated recently resulting in Ambulance being called due to pt being unresponsive. Pt admitted with Sepsis. Family very upset this was allowed to happen and the possible consequences going forward.	Investigation Underway	
Reading	School Nursing	Minor	Family unhappy that a safeguarding referral was raised by the school nursing due to alleged blisters on the child.	Partially Upheld	Complaint contains multiple elements, most of which were upheld or partially upheld.
West Berks	District Nursing	Minor	EOL care complaint. Daughter is complaining about the care her parents received from the district nurses. Both parents died last year, within a few weeks of each other. Complaint includes not managing pain for both parents and issues with mother's catheter.	Investigation Underway	
West Berks	CMHT/Care Pathways	Minor	Pt placed OOA, friend complaining that CMHT did not visit or communicate with the pt while they were in hospital. The pt left abruptly and it was suggested she stay in the house where she had previously received abuse. Friend wishes us to look into the alleged failings of the CMHT	Investigation Underway	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
West Berks	Minor Injuries Unit	Low	<p>RE_OPENED ISSUES: To summarise, there are two key points she is unhappy about;</p> <p>1)The attitude of receptionist when she first went to MIU. She said she was blunt, not sympathetic, and was very judgemental saying the injured finger 'just looks badly bruised'. Patient felt she was being dismissed.</p> <p>2)She believes the delay in her initial treatment has left long lasting issues with her finger and if the receptionist hadn't been judgemental and listened to the patient, she would have received appropriate treatment.</p> <p>ORIGINAL COMPLAINT: Pt broke her finger in October 2017 and feels she was not given appropriate treatment at the beginning of the process. Pt wishes a full investigation as feels the MP response she received was not thorough enough</p>	Not Upheld	No clinical failings. Care was appropriate.
Reading	Adult Acute Admissions	Minor	<p>Patient says she was thrown from her wheelchair by a member of staff and verbally abused. Pt called the police but no action was taken in regards to charges. Pt feels the ward mgr and head of PPH did not take this seriously and wishes an explanation into what happened along with an apology.</p>	Not Upheld	Evidence shows that the patient was not thrown by staff but threw herself out of her wheelchair.
Reading	Traumatic Stress Service	Minor	<p>Pt unhappy with the response wants to see evidence for the patient not being appropriate for Trauma service in Aug 2018</p> <p>ORIGINAL COMPLAINT</p> <p>Pt feels the Trauma service have neglected the medical referral from TT and the GP.</p> <p>Pt also states they made a complaint in Dec 2017 but never received a response.</p>	Partially Upheld	We have apologised for delay in responding to first complaint and for the delay to starting PTSD treatment. We have reminded patient that abusive language is not acceptable.
Reading	Adult Acute Admissions	Minor	<p>Pt 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.</p> <p>Mother wishes feels a high level investigation is required not just reimbursement.</p>	Local Resolution	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	CMHT/Care Pathways	Moderate	.Following discharge from PPH pt feels her discharge letter has been altered as she has been taken off Lorazepam and she feels she needs this drug to keep her calm. .She is waiting for forms to be sent. .Letters with pt identifiable information have been sent to the wrong address. .Pt has been promised Recovery College but has not been contacted about this. .When pt calls the CMHT no one returns her calls	Partially Upheld	Letter was sent to wrong address and we have apologised for that and confirmed correct number is now on record. Not upheld the element about changing discharge letter, as it was appropriate action to take.
Wokingham	Health Visiting	Low	Mother at the weigh in clinic is unhappy with the attitude of a staff member who she has come across before acting in the same negative way.	Investigation Underway	
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Minor	Pt unhappy with the attitude of the Dr over the course several weeks from altering medication to inappropriate comments	Investigation Underway	
Reading	Out of Hours GP Services	Low	Pt sent to hospital by Dr in the car with her husband. Dr allegedly said they would call SCAS to cancel the paramedic / ambulance. Ambulance arrived and could not gain access so called the fire service to gain entrance. Why did the Dr not inform SCAS their services were no longer required?	Investigation Underway	
Reading	CMHT/Care Pathways	High	Pt requested no appointment notifications, letters or reports be sent to his home address due to family issues but an apt letter was sent. Pt believes her safety has been put in jeopardy	Investigation Underway	
West Berks	Common Point of Entry	Low	Pt unhappy with the service he has received from CPE and feels he needs further help from secondary care services	Not Upheld	Attempts have been made to explain to patient the reasons why services cannot accommodate his request. It has been suggested he contact Talking Therapies to review his request and they will be in touch, however, patient must not start using illicit substances.

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	CAMHS - Child and Adolescent Mental Health Services	Minor	Mother wishes to know why services appear not to engage with her. She would like a copy of her son's assessment which was sent to the GP. Wants to know if a safeguarding was ever raised when the father shut down the CAMHS involvement when the pt was having suicidal thoughts.	Investigation Underway	
West Berks	Physiotherapy (Adult)	Moderate	Pt admitted to WBCH from RBH unhappy that both Physio and OT's did not help him to the extent he believes he was told they would whilst in hospital.	Investigation Underway	
Windsor, Ascot and Maidenhead	Children's Occupational Therapy - CYPIT	Minor	Family reliant on OT for their son. Want to know why he has been discharged and why he can not be reviewed on a rolling 6 month basis.	Partially Upheld	Needs based approach was correct but communicating it to the family could have been better, leading to these concerns.
Wokingham	Common Point of Entry	Low	LRM requested by complainant ORIGINAL COMPLAINT Pt 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.	Partially Upheld	We have noted incidences where the records need to be changed and we have apologised that he felt harassed by the phone call.

15 Steps Challenge

Quarter 3 2018/19

The 15 steps programme continues to receive positive feedback. Turnover of volunteers continues to be an issue. There are two new volunteers going through the recruitment process and it is hoped that they can be used in the new year. All the areas visited this quarter showed staff who are committed to delivering high class patient focused care.

Diabetes – King Edward VII

All the staff encountered on this visit impressed the team with their warm patient focused care. They were engaging and motivated and had obvious pride in the service they provided.

Physio – Smiths Lane Windsor

Staff managed to provide quality patient centred care in less than ideal surroundings.

Hearing and Balance – King Edward VII

The clinic demonstrated efficiency and good organisation with up to date patient information on display.

Podiatry – King Edward VII

Friendly and engaging staff helped to give a good atmosphere to this clinic. Patients waiting were relaxed and happily chatting.

Ascot Ward

Good interaction between the patients and staff gave the ward a calm feeling. Staff communicated well together and worked as a team to deliver patient focused care.

Infusion Clinic – Wokingham Hospital

A small team of dedicated staff showed good rapport with their patients.

ARC – Upton Hospital

The department had a great atmosphere and staff were open, friendly and professional although the clinics appeared quiet during the visit.

Jubilee Ward

A well run ward with patient focused care delivered by a dedicated team.

Friends and family team discussion:

In all the areas visited, the team were confident that should a family member or friend be admitted for care they would receive high class professional care.

Pam Mohamed-Hossen and Kate Mellor

Professional Development Nurses

December 2018



Berkshire Healthcare

NHS Foundation Trust

Trust Board Paper

Board Meeting Date	12 th February 2019
Title	Annual Community Mental Health Survey 2018 Report
Purpose	The report provides the Board with results of the Annual Mental Health Survey The Community Mental Health Survey is part of the CQC survey programme. The overall experience question on the survey forms part of the NHSI Standard Oversight Framework.
Business Area	Nursing & Governance
Author	Liz Chapman, Head of Service Engagement and Patient Experience Nathalie Zacharias, Professional Lead for Allied Health Professionals
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
Equalities and Diversity Implications	N/A
SUMMARY	<p>The response rate to the survey increased this year to 33% from 29% in 2017 and compares favourably to the national response of 28%.</p> <p>Regional comparison demonstrates that for all areas Berkshire Healthcare was rated as about the same as others (there were no areas where the Trust were either much better or much worse than other organisations). The overall score for the Trust at 7.5 was in line with highest national score.</p> <p>6 of the questions demonstrated improvement on the 2017 results; the questions demonstrating the most improvement were:</p> <ul style="list-style-type: none">• Have you been told who is in charge of organising your care and services?• Were you involved as much as you wanted to be in agreeing what care you will receive?• In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working? <p>It is positive to see an improvement in these areas given the</p>

	<p>ongoing work to improve safety planning in collaboration with patients.</p> <p>13 of the questions demonstrated some reduction in scores compared to 2017 (5 of these were questions in the support and wellbeing section); the questions that demonstrated the greatest reduction were:</p> <ul style="list-style-type: none"> • Do you know how to contact someone if you have a concern about your care? • How well does this person organise the care and services you need? • Changes in people you see - What impact has this had on the care you receive? • In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits? • In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work? <p>The areas identified for focus to achieve improvement are:</p> <ul style="list-style-type: none"> • Ensuring that patients know who to contact if they have a concern about their care • Minimising the impact of patients experiencing a change in their healthcare worker • Being seen often enough by services to meet their needs • Support and wellbeing in relation to work, access of benefits and physical healthcare <p>The Trust continues to employ IPS employment coordinators to support patients back into work and there is a patient -focused programme of work to improve the physical health of people with serious mental illness</p>
<p>ACTION REQUIRED</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • note the report

Annual Community Mental Health Survey 2018

1. Introduction

The annual CQC Community Mental Health Survey for 2018 was published in November 2018 and is based on a survey of over 12,796 patients who received care between September and November 2017. A sample of patients were sent the annual community mental health survey (generated at random on the agreed national protocol) from people seen between 1 September and 30 November 2017. The Trust had an overall response rate of 33% (compared to a national response rate of 28%) which shows an increase from 29% in 2017. The survey results are shown individually as questions, and then grouped together in sections; the latter indicating whether a trust is above, below or within the expected range.

The published data set also includes a comparison with the equivalent question in the 2017. The community mental health survey is part of the CQC survey programme. And the overall experience question on the survey forms part of the NHSi Standard Oversight Framework. The results from the benchmarking reports form part of the 'insight' that feeds into monitoring quality and performance.

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

There has been a year on year increase on the time between the survey and the published benchmarking reports. This survey is used alongside the internal patient survey, however the delay in reporting means that specific change as a result of this feedback may not be seen in the following survey.

2. Trust level results

Interpreting the results and highlights

The following questions were new questions for 2018, and it is therefore not possible to compare with previous years:

- Q22. Were you given information about your medicines in a way that you were able to understand?
- Q26. In the last 12 months, have you received any NHS therapies for your mental health needs that do not involve medicines?
- Q27. Were these NHS therapies explained to you in a way you could understand?
- Q28. Were you involved as much as you wanted to be in deciding what NHS therapies to use?

In addition, question 7 (Is the main person in charge of organising your care and services...) was amended which caused questions 8 and 9 not to be comparable with previous years:

- Q8. Do you know how to contact this person if you have a concern about your care?
- Q9. How well does this person organise the care and services you need?

A weighted score for each question is calculated out of 10. Nationally the report is coded as green (better than expected compared to other Trusts), orange (about the same) and grey (Worse than expected compared to other Trusts). The trust has been rated grey across all 11 sections which is the same as last year however there has been improvement within three areas into the better than expected group of Trusts. These are highlighted below.

Changes in who people see: Were the reasons for the change explained to you at the time?

There was an increase from 6.7 to 6.9. The highest score achieved across all Trusts was 7.2.

Conversely, the report showed that the impact of this change has increased compared with last year.

Support and wellbeing (previously Other areas of life): Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?

Berkshire Healthcare scored 4.2; the highest score achieved across all Trusts was 4.3.

Overall views of care and services: Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?

Berkshire Healthcare scored 7.2; the highest score achieved across all Trusts was 7.5.

When reviewing the detail of the 11 sections we improved in 4, declined in 6 and there was one new section which we could not compare to previous reports.

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

Increased in 7

Decreased in 13

Stayed the same in 1

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

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

2.1 How did we do – section scores

Graph one below shows the results of the sections within the 2018 survey in comparison with previous years.

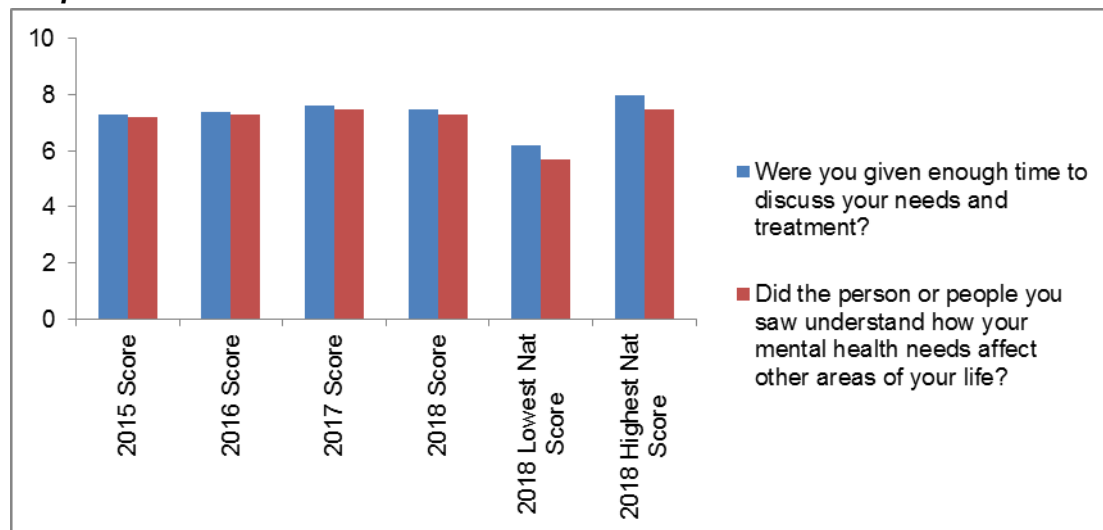
Graph One: Section Scores



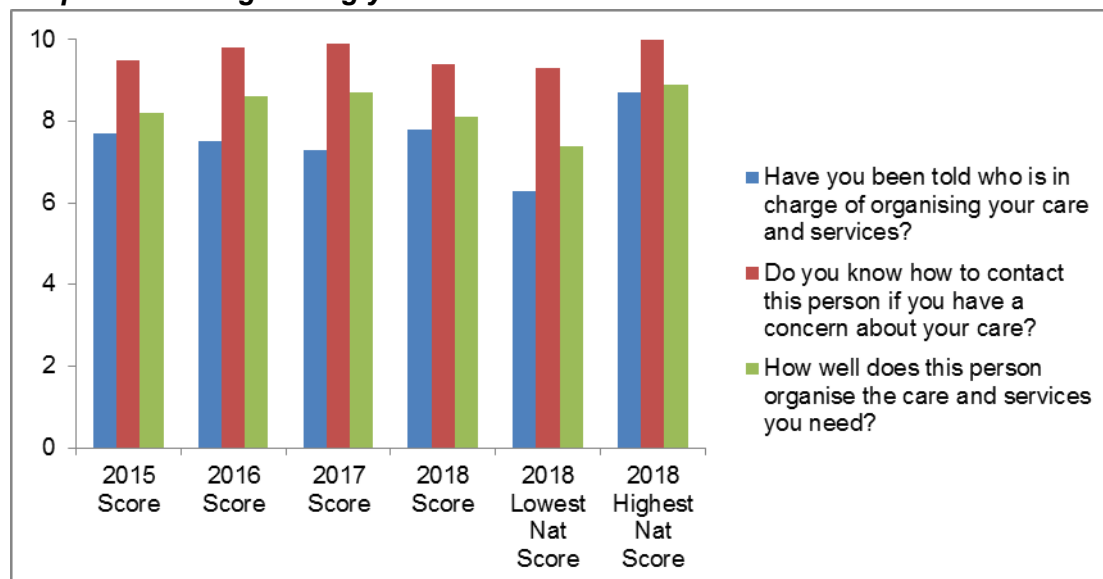
2.2 How did we do – over time

The graphs below show the results for our Trust in the 2018 survey within their respective sections against the national scores and the Trust results in 2017, 2016 and 2015.

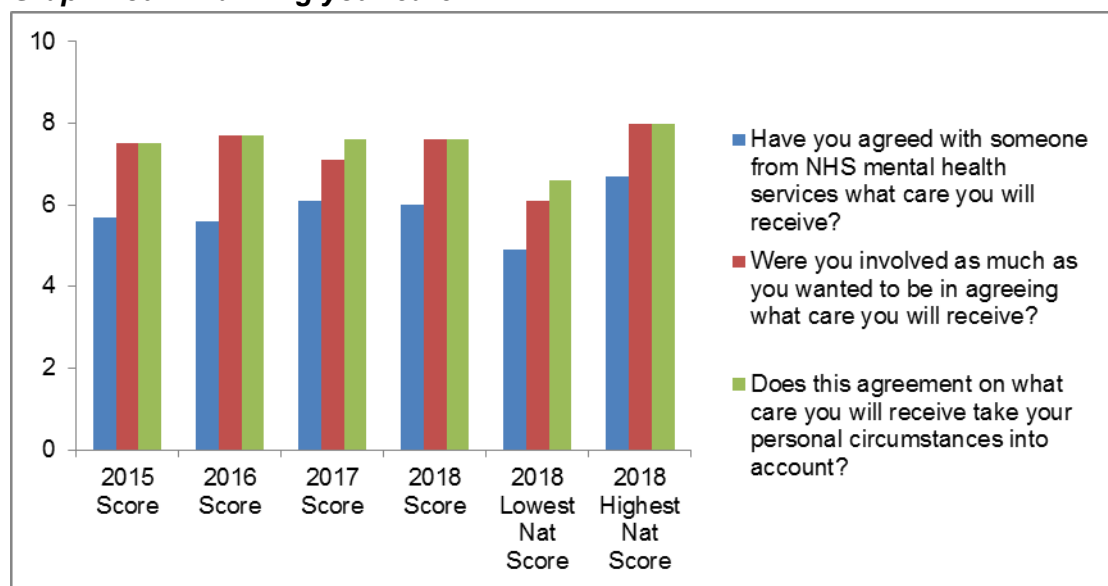
Graph Two: Health and Social Care Workers



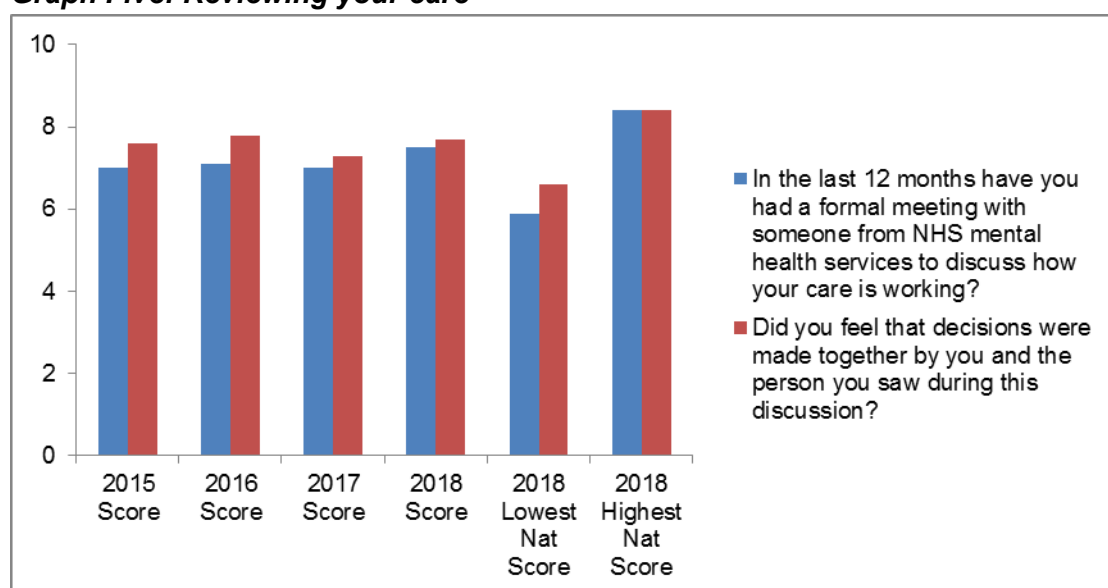
Graph Three: Organising your care



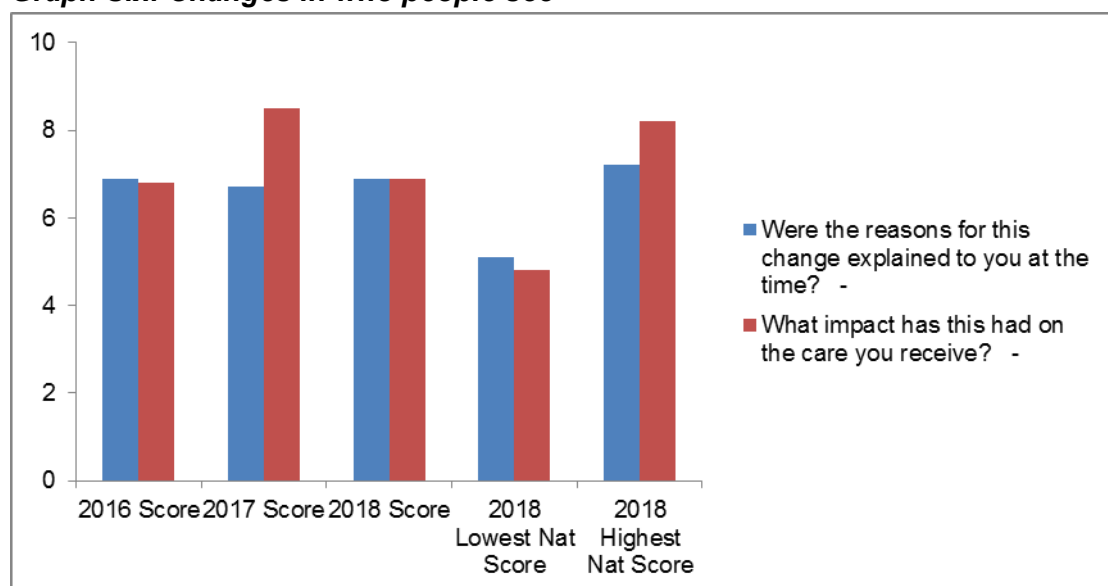
Graph Four: Planning your care



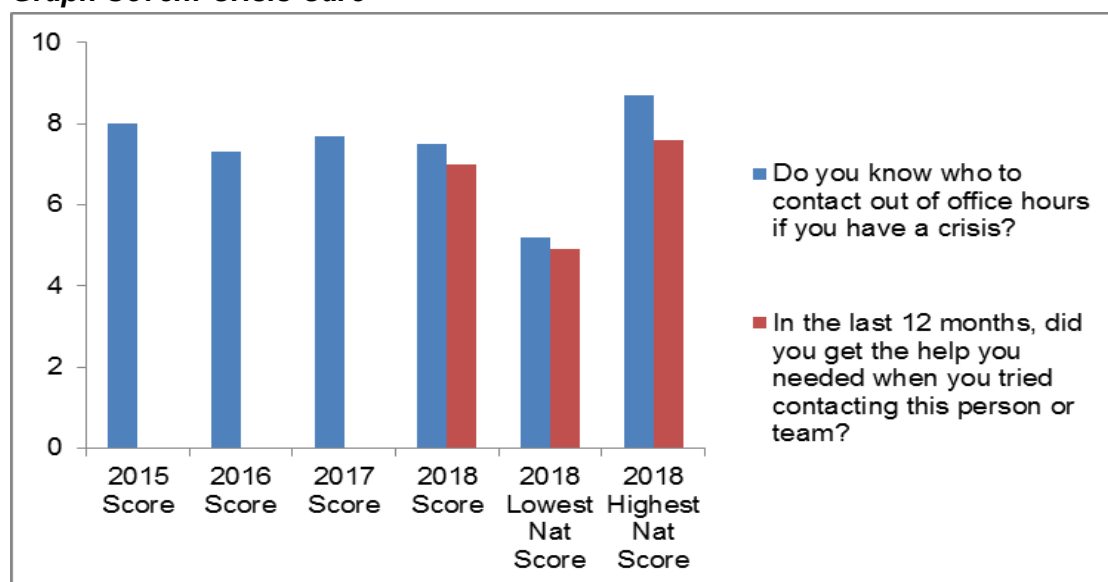
Graph Five: Reviewing your care



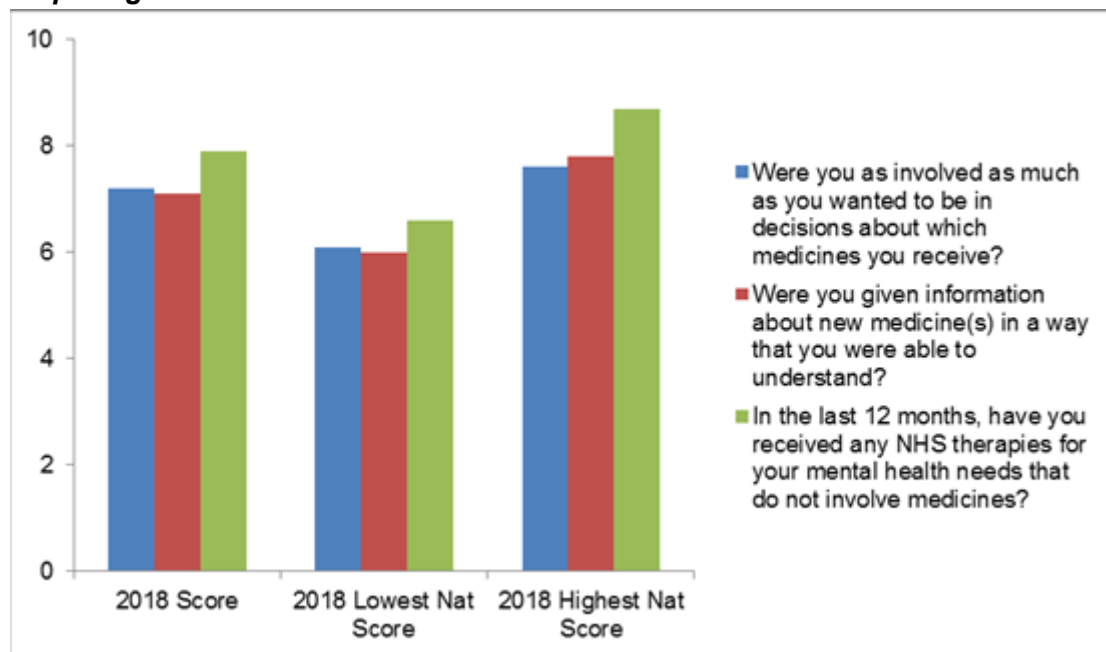
Graph Six: Changes in who people see



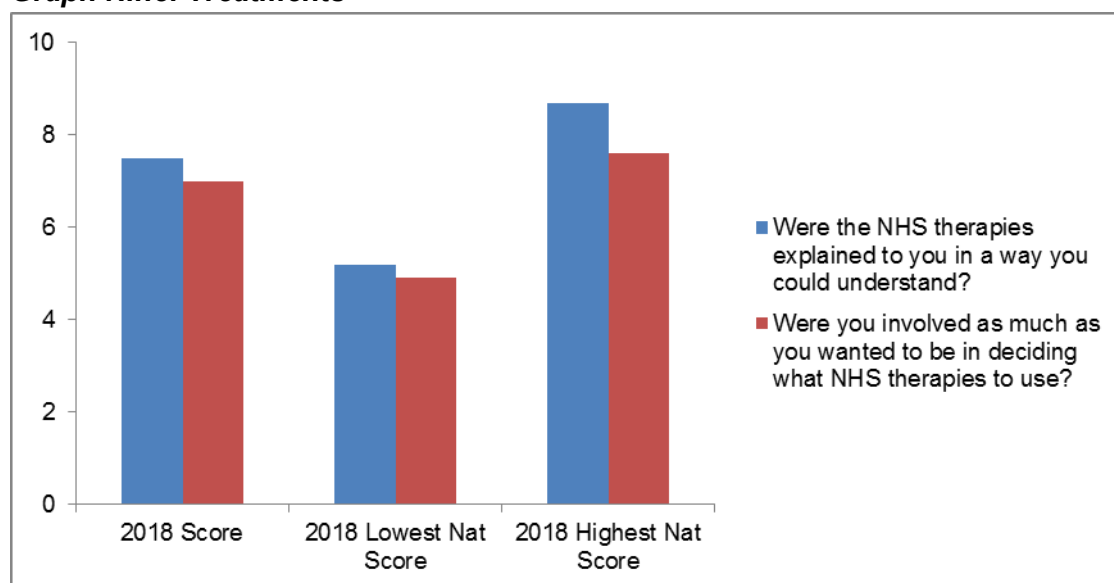
Graph Seven: Crisis Care



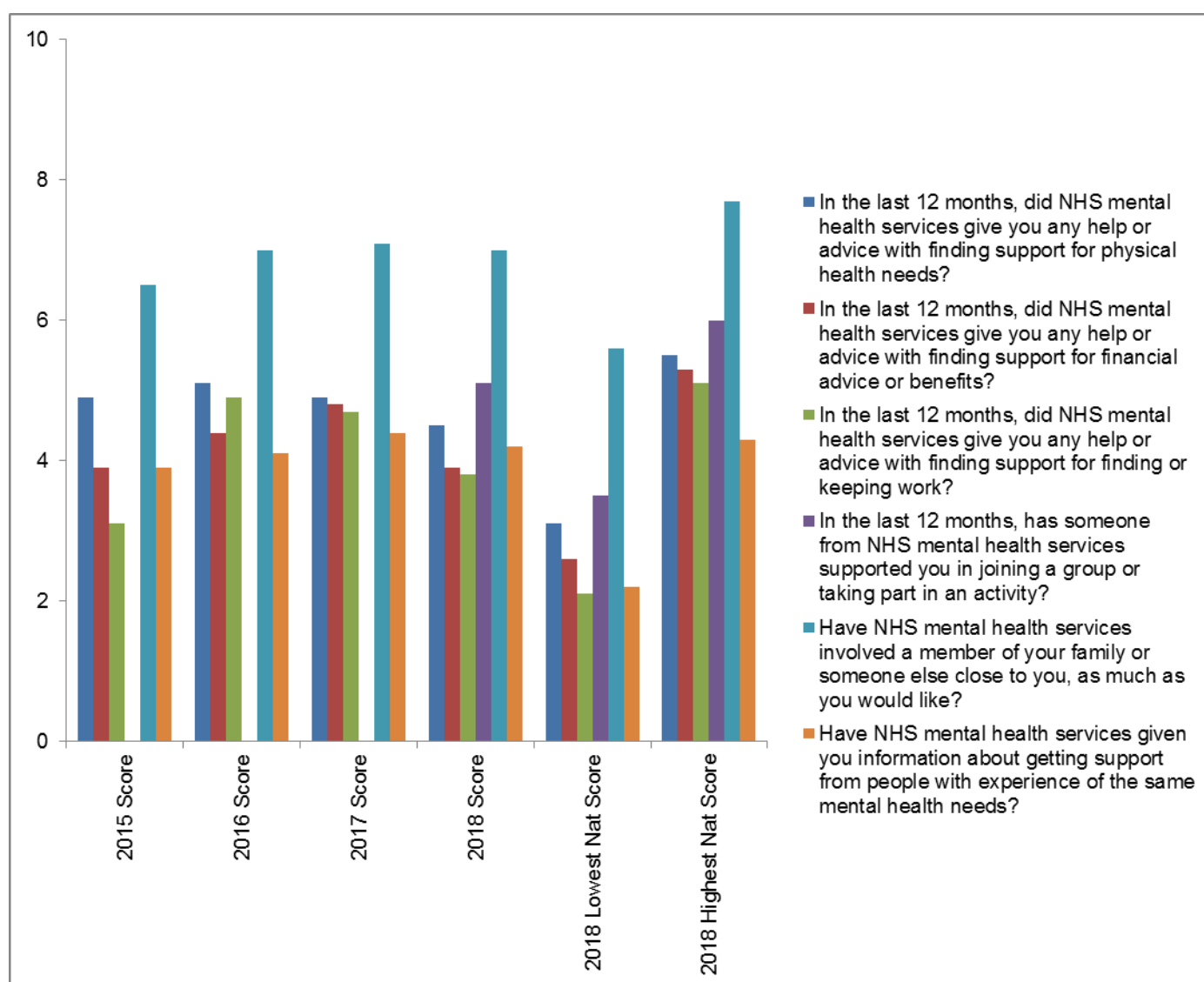
Graph Eight: Medicines



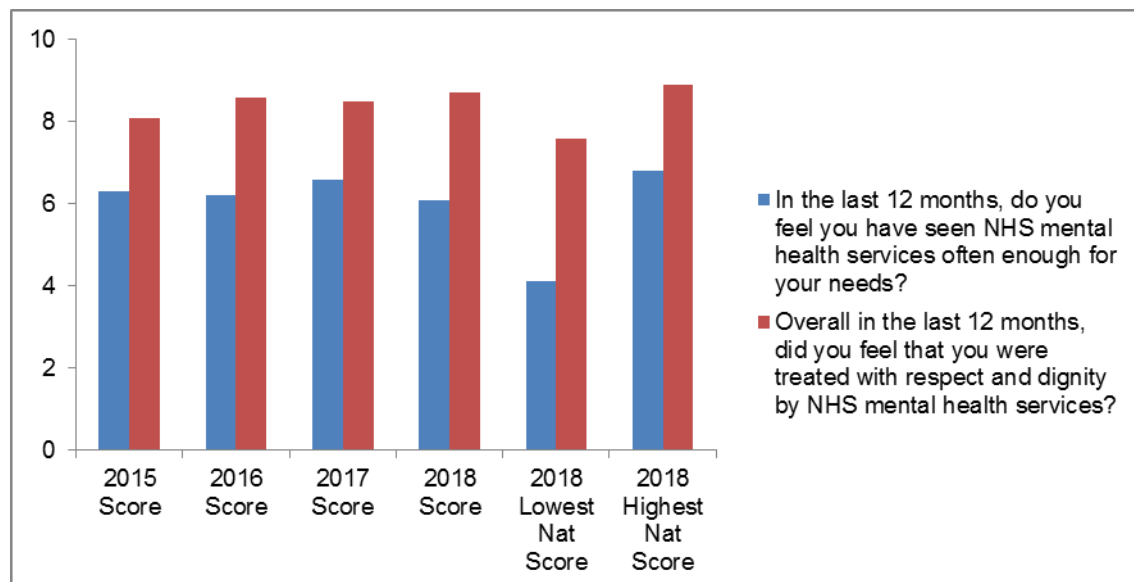
Graph Nine: Treatments



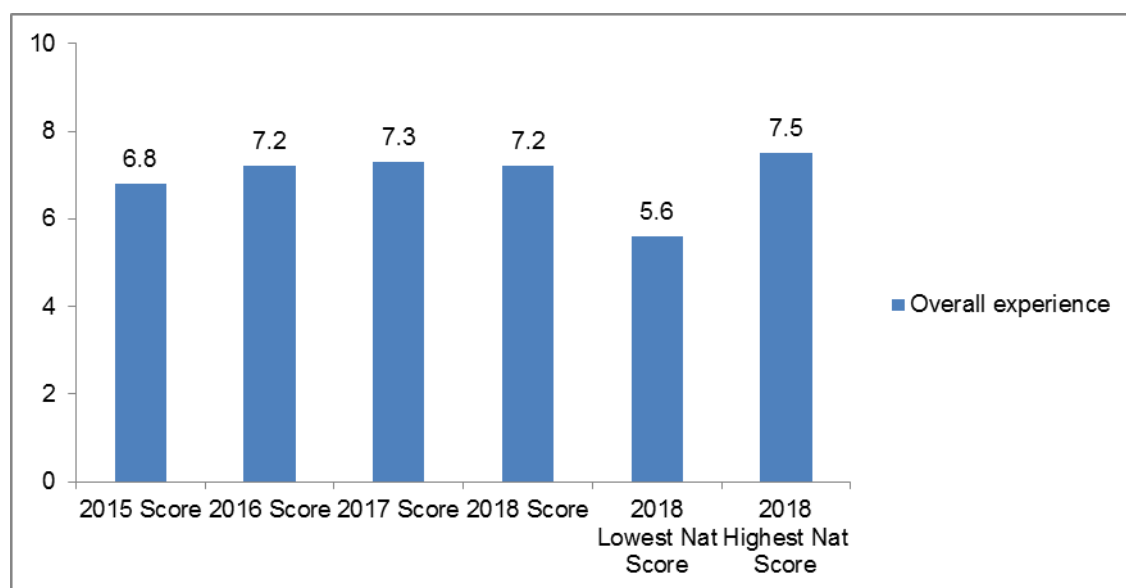
Graph Ten: Support and Wellbeing



Graph Eleven: Overall views of care and services



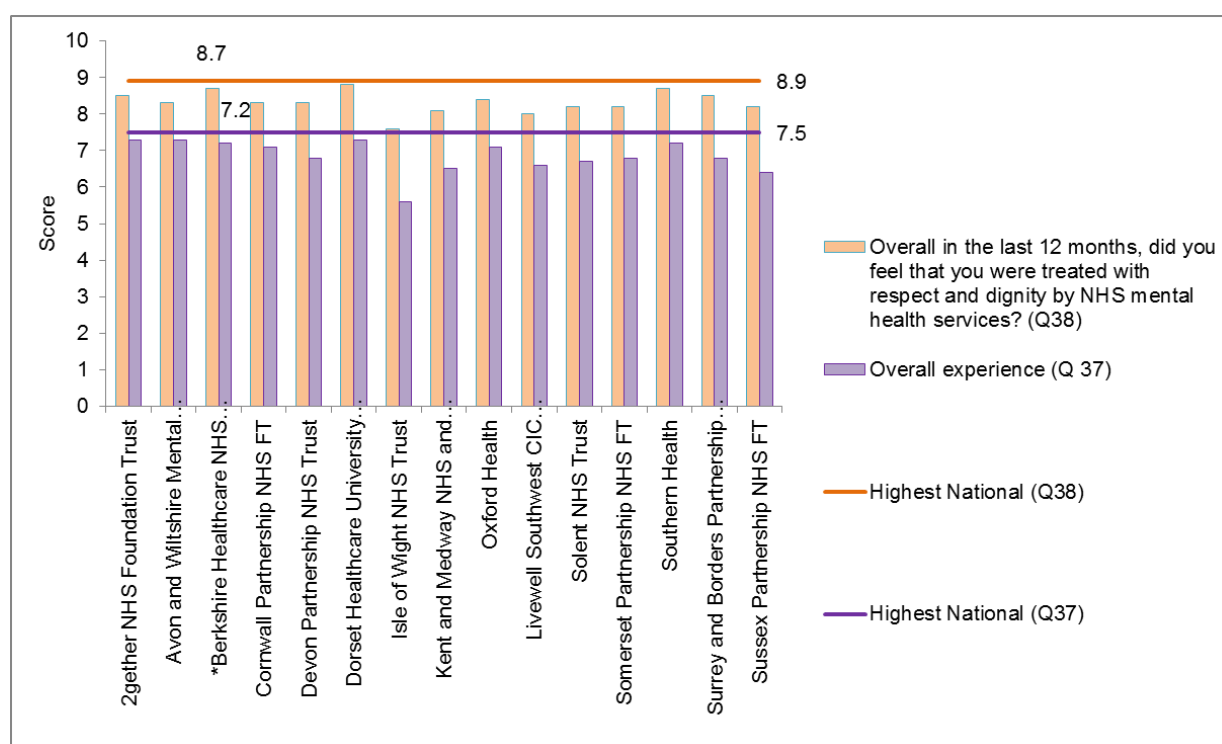
Graph Twelve: Overall Experience



3. How did we do – compared to others

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

Graph Thirteen:



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

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

Table One: Crisis Care responses

	2015		2016		2017		2018			
	BHFT	Oxford Health	BHFT	Oxford Health	BHFT	Oxford Health	BHFT	Oxford Health	Low Nat Score	Top Nat Score
Section Score	6.7	6.4	5.9	6.7	6.9	6.8	7.2	7.2	5.8	7.9
Do you know who to contact out of office hours if you have a crisis?	8	7	7.3	7.1	7.7	7.3	7.5	7.5	5.2	8.7
When you tried to contact them, did you get the help you needed?	5.4	5.7	4.5	6.3	6.2	6.3	7	6.8	4.9	7.6

4. Respondent Demographics

Table Two: Response Rate

	2011	2012	2014	2015	2016	2017	2018
Response Rate:	25%	32%	29%	30%	28%	29%	33%
Response Rate (All Trusts):	33%	32%	29%	29%	28%	26%	28%

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

- As with last year, a higher number of respondents over the age of 66 responded; 47% compared with 39% nationally
- We were below the national average of 15% of people who responded to the survey aged between 18 and 35 years old, with 10%
- As with last year, a higher percentage of our respondents are Asian or of an Asian British ethnic group; 7% compared with 4%, which is consistent with the respondents the previous two years
- 2% of respondents identified themselves as bi-sexual, a decrease from 3% last year and compared to 1% in 2016, no respondents in 2015 and 4% in 2014.

5. Identified areas for Improvement:

The results demonstrate 3 specific areas for focus to positively impact on the experience of service users; these areas are:

- **Minimising the impact of patients experiencing a change in their healthcare worker:** as reflected in the 2018 results, respondents appear to indicate that this is having more impact that it did in 2017
- **Being seen often enough by services to meet their needs**

Work is already in progress to support improvement in these 2 areas

The Zero suicide programme and risk / safety planning training is designed to support staff in having conversations and designing plans with patients and their families which promotes patient and carer confidence of actions to take to keep themselves safe and at times of deteriorating mental health . The safety planning allows for continuity of planning and input where staff changes occur.

- **Support and Wellbeing:** as reflected in the 2018 survey there is less satisfaction amongst the respondents in relation to help and advice with:
 - support for physical health needs
 - support for financial advice or benefits
 - support for finding or keeping work

Work is already in progress to support improvement in these areas

In 2018, the Trust has embedded IPS workers within each of the Adult Community Mental Health Teams. IPS supports people with severe mental health difficulties into employment. It involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer. The aim is to improve the support and advice given to people within the service who would like help or advice with finding work.

The development of IPS in all localities will provide a focus on competitive employment for patients. Everyone who wants to work is eligible for employment support from IPS. Patients will be helped to look for work to suit preferences and strengths. IPS start job search and contact with employers within four weeks. The employment specialists are now based within all the localities and work with the team to support people to find paid employment. IPS will also provide benefits advice as part of return to work.

With regard to physical healthcare the teams continue to work towards improving physical health care, Training and information about good physical healthcare has been facilitated within each team, to consider how to carry out physical health assessments, record them as well as highlighting information that is available to clinicians on teamnet regarding interventions.

All clinicians have access to GP records via Connected Care; they regularly access physical health information from the system about individual patients. The medics also have access to ICE in order to get test results.

A number of systems have been introduced to support patient's physical health needs with the recruitment to lead physical health posts in East and West CMHTs. The focus of the work in 2019 will be on improving staff knowledge and skills in physical health screening and intervening. A resource for staff is being built on team net so advice and information for patients, carers and staff is readily available. The programme of work to ensure compliance is achieved with the cardio metabolic system will ensure clinicians offer patients advice and intervention if required on smoking cessation, diet, lifestyle, body mass index; blood pressure; glucose regulation; and blood lipids.

6. Next Steps

The information in section 5 demonstrates that there is already much work in progress to achieve a positive impact in the areas highlighted. It is not therefore proposed that any action planning specific to these results is undertaken. However clinical directors should share the survey results with teams and work with them to identify any further actions that would have a positive impact particularly on communication with patients to ensure that they are clear and confident in their safety plan and where to go for support.

Any additional actions identified should be included into the team objectives and plans on a page for 2019/20.

Liz Chapman / Nathalie Zacharias

Appendix one: RAG comparison report

	2014 Comparison with other Trusts	2015 Comparison with other Trusts	2016 Comparison with other Trusts	2017 Comparison with other Trusts	2018 Comparison with other Trusts
Your Health and Social Care Workers					
Section Score	A	A	A	A	A
Did the person or people you saw listen carefully to you?*	A	A	A	A	-
Were you given enough time to discuss your needs and treatment?	A	A	A	A	A
Did the person or people you saw understand how your mental health needs affect other areas of your life?	A	A	A	A	A
Organising your care					
Section Score	A	A	A	A	A
Have you been told who is in charge of organising your care and services? *	A	A	A	A	A
Do you know how to contact this person if you have a concern about your care?	A	A	A	A/G	A
How well does this person organise the care and services you need?	A	A	A	A	A
Planning your care					
Section Score	A	A	A	A	A
Have you agreed with someone from NHS mental health services what care you will receive?	A	A	A	A	A
Were you involved as much as you wanted to be in agreeing what care you will receive?	A	A	A	A	A
Does this agreement on what care you will receive take your personal circumstances into account?	A/G	A	A	A	A
Reviewing your care					
Section Score	A	A	A	A	A
In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	A	A	A	A	A
Were you involved as much as you wanted to be in discussing how your care is working?*	A	A	A	A	-
Did you feel that decisions were made together by you and the person you saw during this discussion?	A	A	A	A	A
Changes in who people see					
Section Score	A	A	A	A	A
Were the reasons for the change explained to you at the time?	-	-	A	A	A/G
What impact has this had on the care you receive?	A	A	A	G	A
Did you know who was in charge of organising your care while this change was taking place?*	A	A	A	A	-
Crisis Care					
Section Score	A	A	A	A	A
Do you know who to contact out of office hours if you have a crisis?	A	A	A	A	A
When you tried to contact them, did you get the help you needed?*	A	A	R	A	-
In the last 12 months, did you get the help you needed when you tried contacting this person or team?	-	-	-	-	A
Medicines					
Section Score	-	-	-	-	A
Were you as involved as much as you wanted to be in decisions about which medicines you receive?	-	-	-	-	A
Were you given information about new medicine(s) in a way that you were able to understand?	-	-	-	-	A
In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	-	-	-	-	A
Treatments					
Section Score	A	A	A	A	A
Were you as involved as you wanted to be in decisions about which medicines you receive?*	A	A	A	A	-

	2014 Comparison with other Trusts	2015 Comparison with other Trusts	2016 Comparison with other Trusts	2017 Comparison with other Trusts	2018 Comparison with other Trusts
Were you given information about new medicine(s) in a way that you were able to understand? *	A	A	A	A	-
In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?*	A	A	A	A	-
Were these treatments or therapies explained to you in a way you could understand? *	-	-	A	A	-
Were you as involved as you wanted to be in deciding what treatments or therapies to use? *	A	A	A	A	-
Were these NHS therapies explained to you in a way you could understand?	-	-	-	-	A
Were you as involved as you wanted to be in deciding what NHS therapies to use?	-	-	-	-	A
Support and wellbeing (previously Other areas of life)					
Section Score	A	A	A	A	A
In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	A	A	A	A	A
In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	A	A	A	A	A
In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	A	A	A	A	A
In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?*	A	R	-	-	-
Has someone from NHS mental health services supported you in taking part in an activity locally?*	A	A	A	A	-
In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?	-	-	-	-	A
Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like?	A	A	A	A	A
Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?	A	A	A	A	G
Do the people you see through NHS mental health services understand what is important to you in your life?*	A	A	-	-	-
Do the people you see through NHS mental health services help you with what is important to you?*	A	A	A	A	-
Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you?*	A	A	-	-	-
Overall views of care and services					
Section Score	*	A	A	A	A
In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	A	A	A	A	A
Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	A	A	A	A	G
Overall experience					
Section Score	*	A	A	A	A
Overall	A	A	A	A	A

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

Appendix two: Question score comparison report

	2014 Score	2015 Score	2016 Score	2017 Score	2018			
					Trust Score	Comparison with 2017	Lowest Nat Score	Highest Nat Score
Your Health and Social Care Workers								
Did the person or people you saw listen carefully to you?	8.4	8.3	8.1	8.3	-	-		
Were you given enough time to discuss your needs and treatment?	7.8	7.3	7.4	7.6	7.5	↓	6.2	8
Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.3	7.2	7.3	7.5	7.3	↓	5.7	7.5
Organising your care								
Have you been told who is in charge of organising your care and services?	7.6	7.7	7.5	7.3	7.8	↑	6.3	8.7
Do you know how to contact this person if you have a concern about your care?	9.8	9.5	9.8	9.9	9.4	↓	9.3	10
How well does this person organise the care and services you need?	8.2	8.2	8.6	8.7	8.1	↓	7.4	8.9
Planning your care								
Have you agreed with someone from NHS mental health services what care you will receive?	5.8	5.7	5.6	6.1	6	↓	4.9	6.7
Were you involved as much as you wanted to be in agreeing what care you will receive?	7.6	7.5	7.7	7.1	7.6	↑	6.1	8
Does this agreement on what care you will receive take your personal circumstances into account?	8.2	7.5	7.7	7.6	7.6	↔	6.6	8
Reviewing your care								
In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	7	7	7.1	7	7.5	↑	5.9	8.4
Were you involved as much as you wanted to be in discussing how your care is working?*	7.3	7.4	7.7	7.7	-	-	-	-
Did you feel that decisions were made together by you and the person you saw during this discussion?	7.4	7.6	7.8	7.3	7.7	↑	6.6	8.4
Changes in who people see								
What impact has this had on the care you receive?*	7.3	7.7	-	-	-	-	-	-
Did you know who was in charge of organising your care while this change was taking place?*	5	5.6	-	-	-	-	-	-
Were the reasons for this change explained to you at the time?	-	-	6.9	6.7	6.9	↑	5.1	7.2
What impact has this had on the care you receive?	-	-	6.8	8.5	6.9	↓	4.8	8.2
Did you know who was in charge of organising your care while this change was taking place? *	-	-	5.3	5.7	-	-	-	-
Crisis Care								
Do you know who to contact out of office hours if you have a crisis?	7.1	8	7.3	7.7	7.5	↓	5.2	8.7
When you tried to contact them, did you get the help you needed?*	5.7	5.4	4.5	6.2	-	-	-	-
In the last 12 months, did you get the help you needed when you tried contacting this person or team?	-	-	-	-	7	-	4.9	7.6
Medicines								
Were you as involved as much as you wanted to be in decisions about which medicines you receive?	-	-	-	-	7.2	-	6.1	7.6
Were you given information about new medicine(s) in a way that you were able to understand?	-	-	-	-	7.1	-	6	7.8
In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	-	-	-	-	7.9	-	6.6	8.7
Treatments								
Were you as involved as you wanted to be in decisions about which medicines you receive?*	6.8	6.8	6.6	7.1	-	-	-	-
Were you given information about new medicine(s) in a way that you were able to understand?*	7.4	6.9	6.3	7.1	-	-	-	-
In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?*	7.6	6.9	7.4	8.1	-	-	-	-
Were these treatments or therapies explained to you in a way you could understand? *	-	-	8.1	8.1	-	-	-	-
Were you as involved as you wanted to be in deciding what treatments or therapies to use?*	7.2	6.6	7.3	7.2	-	-	-	-
Were the NHS therapies explained to you in a way you could understand?	-	-	-	-	8	-	7.4	8.7
Were you involved as much as you wanted to be in deciding what NHS therapies to use?	-	-	-	-	7.1	-	5.8	8.2

	2014 Score	2015 Score	2016 Score	2017 Score	2018			
					Trust Score	Comparison with 2017	Lowest Nat Score	Highest Nat Score
Support and Wellbeing								
In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	4.7	4.9	5.1	4.9	4.5	↓	3.1	5.5
In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	3.6	3.9	4.4	4.8	3.9	↓	2.6	5.3
In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	3.6	3.1	4.9	4.7	3.8	↓	2.1	5.1
In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?*	3.7	2.9	-	-	-	-	-	-
Has someone from NHS mental health services supported you in taking part in an activity locally?*	4.8	4.5	5.3	4.6	-	-	-	-
In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?	-	-	-	-	5.1	-	3.5	6
Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like?	7	6.5	7	7.1	7	↓	5.6	7.7
Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?	3.6	3.9	4.1	4.4	4.2	↓	2.2	4.3
Do the people you see through NHS mental health services understand what is important to you in your life?*	5.9	5.9	-	-	-	-	-	-
Do the people you see through NHS mental health services help you with what is important to you? *	-	-	6.8	6.6	-	-	-	-
Do the people you see through NHS mental health services help you with what is important to you?	5.8	6.1	-	-	-	-	-	-
Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you?	5.6	5.7	-	-	-	-	-	-
Overall views of care and services								
In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.6	6.3	6.2	6.6	6.1	↓	4.1	6.8
Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	8.4	8.1	8.6	8.5	8.7	↑	7.6	8.9
Overall	6.9	6.8	7.2	7.3	7.5	↑	5.6	7.5

Appendix three: Regional comparison – section scores

	Response Rate: 28%	Health and Social Care workers	Organising care	Planning care	Reviewing care	Changes in who people see	Crisis Care	Medicines	Treatments	Support and wellbeing	Overall views of care and services	Overall experience
2gether NHS Foundation Trust	36%	G	G	G	A	A	A	A	A	A	G	A/G
Avon and Wiltshire Mental Health Partnership NHS Trust	27%	A/G	A	A	A	A	A	A	A	A	A	A
Berkshire Healthcare NHS Foundation Trust	33%	A	A	A	A	A	A	A	A	A	A	A
Cornwall Partnership NHS Foundation Trust	33%	A	A	G	A	A	A	A	A	A	A	A
Devon Partnership NHS Trust	29%	A	A	A	A	A	A	A	A	A	A	A
Dorset Healthcare University NHS Foundation Trust	32%	A	A	G	A	A	A	G	A	A	G	G
The Isle of Wight NHS Trust	27%	R	R	R	R	R	A	R	A	A	R	R
Kent and Medway NHS and Social Care Partnership Trust	25%	R	A	A	A	A	A	A	A	A	R/A	A
Livewell Southwest CIC (formerly Plymouth Community Healthcare CIC)	27%	A	A	A	A	A	A	A	A	A	A	A
Oxford Health	27%	A	A	A	A	A	A	R	A	A	A	A
Solent NHS Trust	25%	A	A	A	A	A	A	A	A	A	A	A
Somerset Partnership NHS Foundation Trust	30%	A	A	A	A	A	A	A	A	A	A	A
Southern Health	31%	A	A	A	A	A	A	A	A	A	G	A
Surrey and Borders Partnership NHS Foundation Trust	29%	A	A	A	A	A	A	A	A	A	A	A
Sussex Partnership NHS Foundation Trust	27%	A	A	A	A	A	A	R	A	A	R/A	A

KEY:	Section
G	Better than expected compared to other Trusts
A	About the Same
R	Worse than expected compared to other Trusts



Trust Board Paper

Board Meeting Date	12 February 2019
Title	Executive Report
Purpose	This Executive Report updates the Board of Directors on significant events since it last met.
Business Area	Corporate
Author	Chief Executive
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
Equality and Diversity Implications	N/A
SUMMARY	This Executive Report updates the Board of Directors on significant events since it last met.
ACTION REQUIRED	To note the report and seek any clarification.

Trust Board Meeting 12 February 2019

EXECUTIVE REPORT

1. Never Events

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

Executive Lead: Debbie Fulton, Acting Director of Nursing and Governance

2. NHS Long Term Plan

This is an ambitious (and long) Plan that includes a number of commitments which – if delivered – will improve the lives of many people. The full document can be found at: www.longtermplan.nhs.uk. The King's Fund has also produced an excellent summary which is included as an Appendix to this Executive Report.

We should be delighted by the focus on improving services outside Hospitals and moving towards more joined-up, preventative and personalised care for patients.

The goals of this Plan are difficult to disagree with – carrying on with joining up Care and improving services for Older People, whilst pushing vital issues like survival rates for specific conditions and Children's Health up the agenda. These are the most important issues for patients, and the level of ambition is good. Key priorities set out in the Plan include:

- **Investment** in Primary Medical and Community services to grow faster over the next **5 years** than NHS budget; additional **£4.5bn** a year in real terms by **2023/24**
- GP Practices required to join **Primary Care Networks**
- Sustaining and better tracking of **Mental Health investment** with considerable focus on Children's and Adult Mental Health
- **Preventative focus** on the causes of early mortality: Smoking, Obesity, Alcohol etc.
- **Improving outcomes** for **Children** and **key disease groups**: Cancer, Diabetes, Cardiovascular, Respiratory, Stroke, Adult Mental Health
- **Ambitions** to mainstream digital access to care
- **Balancing the NHS books**, including for providers, and delivering efficiencies
- **Roll out of Integrated Care Systems** across the country by **2021**

I would highlight the following with regard to the key issues and risks associated with the Plan:

- The extra funding will actually be below the historic average and what experts thought was needed. It is enough to move forwards, but with little room for manoeuvre.
- The last few years have seen repeated cuts to Public Health and Social Care. The reforms we all know are needed to the way we pay for Care have been repeatedly delayed. If this goes on, the NHS will be stretched still further, as it looks after more people who could not find the help they needed.
- How will the Plan be implemented? It covers the next 10 years, the equivalent to two full Parliamentary terms. Which things will be prioritised over the next 2-3 years is not yet clear.
- The biggest obstacle of all is the lack of key staff. Calculations by The Nuffield Trust, The King's Fund and Health Foundation show a shortfall of 250,000 by 2030, which would make delivering even current services near impossible.
- Additionally, the biggest levers to resolve the workforce crisis are out of NHS England's hands. Only bold policies on training, immigration and Brexit can deliver enough Nurses, GPs and Therapists for the next few years. The system of workforce planning in the NHS has not worked and the Plan does not fundamentally address this issue.

Executive Lead: Julian Emms, Chief Executive

3. Reform to the GP Contract

Significant changes to the GP contract were announced at the end of January 2019. The deal, which was described as “the biggest reform to GP services in 15 years”, sets out to substantially grow staff working across Practices as part of Primary Care Networks as proposed in the NHS Long Term Plan.

Some of the most notable changes include:

- Funding growth agreed for the core GP contract for a period of five years for the first time;
- State indemnity for GPs and Practice staff for the first time, removing a large personal/practice cost;
- 20,000 more staff to help GP Practices work together. It is envisaged the new recruits – Pharmacists, Physiotherapists, Paramedics, Physician Associates and Social Prescribing Support Workers – will free up GPs to spend more time with patients who need them most as well ensuring patients have access to a wide range of services at their local Practice. This signals a fundamental change in how patients will experience General Practice, expanding General Practice to much more of a ‘team sport’ that is better suited to meeting patient needs;
- The NHS will pay the majority of the cost of staff recruited over the five years – up to around 20,000 nationally – to work across Practices as part of a “network contract” enhanced service. The networks will provide seven mandated services;
- This separate “network” funding stream could flow to a host member GP Practice, a Federation, or an NHS Trust, as chosen by the network Practices;
- A list of GPs with an annual personal income from NHS work of £150,000 or more being published online each year;
- A ban on Practices advertising or hosting private services; and

- New requirements and support to provide online and video consultations, as well as online booking and direct booking through NHS 111.

As in the NHS Long-Term Plan, there is a prominent role for Primary Care Networks. All Practices will be required to come together in geographical networks covering populations of approximately 30-50,000 patients to share staff and services. There are grand ambitions regarding their role, and expectations that they will be a vehicle for delivering many of the commitments in the Long-Term Plan and providing a wider range of services to patients.

The timelines attached to their development are extremely ambitious and the scale and complexity of the implementation challenge should not be underestimated. The development of networks has implications that reach far beyond Primary Care as Community Health and Community Mental Health Services will be expected to 'align' around networks. To be successful, network development will need to be seen through a broader lens than just General Practice, involving other providers of Community-based services such as ourselves, the Third Sector and Local Authority colleagues.

The response to the contract changes have largely been positive and seen as a historic move away from GPs as freestanding small businesses. Nevertheless, we do need to hear more about where these staff are coming from given the current NHS workforce shortages. It is still not clear what is happening to GP and Practice staff pay, it will be particularly important that we do not get into situation where local Trusts and Primary Care Networks are offering differential rates of pay for the same roles. National and local NHS leaders will also need to make sure they support these networks so that they can handle new responsibilities and funding on this scale.

Executive Lead: Julian Emms, Chief Executive

4. New Frimley Health and Care System Leader

At the beginning of January 2019, Fiona Edwards was announced as the new leader for the Frimley Health and Care Integrated Care System (ICS).

Fiona will continue with her role as Chief Executive of Surrey and Borders Partnership NHS Foundation Trust, and succeeds Sir Andrew Morris, who took up a new role on the Board of NHS Improvement at the end of 2018.

Executive Lead: Julian Emms, Chief Executive

5. Staff Flu Vaccination Campaign 2018-19

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

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

The Trust is committed to achieving the ambition of 100% of front line healthcare workers being vaccinated

What was new for 2018- 2019

The CQUIN (quality contractual payments) for this year was achievement of 75% uptake of flu vaccination in front line healthcare workers.

Alongside nationally agreed designated high risk areas, trusts were required to locally determine any additional areas to be designated as high risk. Berkshire Healthcare 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. Trusts have been required to report the number of healthcare workers with direct patient contact that have been offered the vaccine and opted-out.

The Trust is required to publish a self-assessment against the NHS Improvement best practice requirements in their Public Board papers. The self-assessment can be found as an appendix.

A decision was made to conclude the campaign by 31st December 2018, this is in line with previous years and expiry date of flu vouchers.

As of 31st December 2018, 2428 vaccines had been given, 1418 by peer vaccinators.

Table 1 shows the *breakdown by clinical staff group*. This data relates to Trust staff only and does not include bank agency or third party staff.

Table 1	Doctors & Dentists	Nurses	AHP/ST&T	Clinical Support
Baseline	177	1026	789	999
Number vaccinated	116	640	554	579
Percentage	65.54%	62.38%	70.22%	57.96%

Table 2 shows percentage uptake inclusive of bank, agency and third party staff.

Table 2	GPs	Doctors & Dentist	Nurses	AHP/ST &T	Clinical Support	Total
Baseline	41	174	1071	888	1135	3309
Number vaccinated	32	121	685	653	715	2206
Percentage	78%	69.5%	64%	73.5%	63.00%	66.7%

The addition of this third party data takes the Trust to an overall percentage uptake of **66.7%** amongst clinical staff resulting in 75% payment of the CQUIN

The locally identified high risk services, Campion Ward, Prospect Park Hospital and the Respite Unit at Manor Green achieved 62% and 93% respectively. Actions taken to achieve the 100% ambition in these areas included ensuring ease of access to a vaccination including having a dedicated peer vaccinator and attendance at team meetings.

In line with NHS Improvement requirement to understand why staff decline a vaccination, all members of clinical staff who had not been vaccinated were emailed at the beginning of December 2018. This asked them to confirm whether they would still like the vaccination/ had received the vaccination from elsewhere or alternatively that they were aware of our flu vaccination campaign but have chosen not to take up the offer of receiving one. If staff had not taken up the offer of vaccination they were asked to complete the anonymous survey monkey to give your reason.

The responses received back indicated that 114 did not wish to take up the offer of vaccination giving the reasons below:

	Response Options	No. of responses
1	I don't like needles	11
2	I don't think I'll get the flu	11
3	I don't believe the evidence	33
4	I'm concerned about side effects	37
5	I don't know how or where to get vaccinated	0
6	It was too inconvenient to get to a venue to be vaccinated	10
7	The times weren't convenient	11
	Other-please state	70

Successes of this year's flu campaign:

- Manor Green Respite Unit achieved 93% uptake, against an ambition of 100% for this high risk group with just one member of staff declining.
- Eight other clinical services achieved 75% or above.
- Nobody reported that they did not know how or where to get the vaccine.
- Creation of a flu song 'Mama Mia – Don't get flu again!' featuring Berkshire Healthcare staff, that went viral when shared on social media.

Challenges of this year's flu campaign:

- Delay in commencement of formal clinics due to delay in delivery of vaccine
- Vaccine supply issues both internally and across the wider health economy. GPs and Pharmacies also experienced supply problems throughout Quarter 3, which prevented the use of some vouchers and staff eligible for vaccination by their GP receiving it.
- There were two different vaccines one recommended for under 65s and one for over 65s this added an additional layer of complexity to the campaign.
- Overcoming staff belief around potential side effects remains a challenge and was the most common reason given for opting out; this was closely followed by the staff not believing the efficacy of the vaccine. The latter issue was compounded by the reported poor efficacy in 2017-18 for one of the strains that was circulating in that season.

- Ensuring that members of staff report back to the trust that they have had the vaccination outside the trust, in order that they can be included in numbers.
- Reliance on managers to engage the hard to reach staff who do not receive communications via trust emails/Team Brief.

Lessons Learnt from this year's flu campaign:

- The challenge of delivering the campaign with two different recommended vaccines needs to be reviewed. There will be a further additional vaccine (an egg free vaccine) in 2019-20 which will add further complexity.
- To commence campaign a later in September to allow greater contingency if vaccine does not arrive when expected.
- There is a need to widen the membership of the flu strategy group to include representatives from different staff groups and localities, as this year there was limited engagement from localities. The remit should also include the wider operational flu issues with a sub group dealing with the staff influenza vaccination campaign. The aim is to increase engagement with uptake, and enable support from localities to promote clinics and undertake any local myth busting.

The achievement of 66.7% is a slight decrease on last year's results, however this has been reflected across local acute and community providers; similar local trusts have achieved around 50% uptake. There will be a post campaign reflection session to discuss ways of improving uptake in next year's campaign.

Executive Lead: Debbie Fulton, Acting Director of Nursing and Governance

Presented by: Julian Emms
Chief Executive
February 2019



The NHS long-term plan explained

23 January 2019

[8 comments](#)

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On 7 January, the NHS long-term plan (formerly known as the 10-year plan) was published setting out key ambitions for the service over the next 10 years. In this explainer, we set out the main commitments in the plan and provide our view of what they might mean, highlighting the opportunities and challenges for the health and care system as it moves to put the plan into practice.

Contents

- [Introduction \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#introduction\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#introduction)
- [Improving services \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#clinical\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#clinical)
 - [Clinical priorities \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#clinical\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#clinical)
 - [Primary and community services \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#primary\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#primary)
 - [Mental health and learning disabilities \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#mentalhealth\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#mentalhealth)
 - [Acute services \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#acute\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#acute)
- [Resources \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#finance\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#finance)
 - [Finance and productivity \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#finance\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#finance)
 - [Workforce \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#workforce\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#workforce)
 - [Digital \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#digital\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#digital)
 - [Leadership and support for staff \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#leadership\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#leadership)
- [System priorities \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#patients\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#patients)
 - [Role of patients and carers \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#patients\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#patients)
 - [Integrated care and population health \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#integrated\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#integrated)
 - [Prevention and health inequalities \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#prevention\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#prevention)
- [Implementation \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#implementation\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#implementation)
- [Reflecting on the plan \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#reflecting\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#reflecting)

Introduction

For nearly a decade, the NHS has experienced a significant slowdown in funding growth, while demand for services – and the cost of delivering those services – has grown rapidly. Cuts to public health and social care funding have added further pressure. As a result, NHS performance has declined. Key waiting time targets are being consistently missed and the finances of NHS providers have deteriorated rapidly; in 2017/18, the year-end aggregate provider overspend was £960 million. Workforce shortages are widespread, with more than 100,000 whole-time equivalent staff vacancies in hospitals, including more than 40,000 nurse vacancies. Last year's winter crisis – the effects of which were still being felt well into the summer – underlined the fragile state of the service.

In June 2018, the Prime Minister announced a new five-year funding settlement for the NHS: a 3.4 per cent average real-terms annual increase in NHS England's budget between 2019/20 and 2023/24 (a £20.5 billion increase over the period). To unlock this funding, national NHS bodies were asked to develop a long-term plan for the service. The resulting document, the NHS long-term plan, was published on 7 January 2019.

This settlement represents a substantial improvement on the funding growth the NHS has seen since 2009/10, which has averaged approximately 1 per cent a year in real terms. Yet it remains below the average increases of 3.7 per cent a year since the NHS was founded and is [less than the 4 per cent annual increases we and others have argued are necessary \(/publications/pm-letter-funding-settlement-nhs\)](#) to meet rising demand and maintain standards of care.



NHS funding 2019/20 to 2023/34

The plan builds on the policy platform laid out in the *NHS five year forward view* (Forward View) which articulated the need to integrate care to meet the needs of a changing population. This was followed by subsidiary strategies, covering general practice, cancer, mental health and maternity services, while the new models of care outlined in the Forward View have been rolled out through a programme of vanguard sites.

It is important to stress that the funding settlement applies to NHS England's budget only. This means that some important areas of NHS spending included in the Department of Health and Social Care's budget – such as capital and

education and training – are not covered by it. Local authority public health spending and social care are also excluded. Consequently, it is a plan for the NHS, not the whole health and care system. While it seeks to strengthen the NHS's contribution in areas such as prevention, population health and health inequalities, the plan is clear that real progress in these areas will also rely on action elsewhere. The Spending Review, which is due to be published later this year and will outline the funding settlement for local government including social care and public health, will therefore have an important impact on whether wider improvements in population health can be delivered, as will the Green Papers on social care and prevention when they are eventually published.

Improving services

Clinical priorities

Perhaps the most striking commitments in the plan relate to a group of clinical priorities, chosen for their impact on the population's health and where outcomes often lag behind those of other similar advanced health systems. These priorities include cancer, cardiovascular disease, maternity and neonatal health, mental health (see separate section below), stroke, diabetes and respiratory care. There is also a strong focus on children and young people's health.



Cancer, cardiovascular disease, maternity and neonatal health, and mental health, are just some of the clinical priorities outlined in the plan.

In cancer care, the plan aims to boost survival by speeding up diagnosis. It includes a package of measures to extend screening and overhaul diagnostic services with the aim of diagnosing 75 per cent of cancers at stages I or II by 2028. A review of cancer screening programmes and diagnostic capacity will also be undertaken to report back in the summer. In 2020, a new waiting time standard will be introduced requiring that most patients get a clear 'yes' or 'no' diagnosis for suspected cancer within 28 days of referral by a GP or screening.

The maternity and neonatal section builds on the measures being implemented following the National Maternity Review with the aim of halving still births, maternal mortality, neonatal mortality and serious brain injury in newborn babies by 2025. Among a range of commitments, continuity of care during pregnancy, birth and after birth will be improved, bed capacity in intensive neonatal care will increase in areas where this is currently lacking and mental health services and other support for pregnant women and new mothers will be improved.

The plan sets out a number of actions to improve detection and care for people with cardiovascular disease (CVD) and respiratory disease, prevent diabetes and improve stroke services. The aim is to prevent up to 150,000 cases of heart attack, stroke and dementia over the next 10 years. In addition to the focus on maternity and neonatal services, specific commitments are included to improve outcomes for children with cancer, increase support for children with learning disabilities and autism and improve children and young people's mental health services (see below). A new children and young people's transformation programme will oversee the delivery of the commitments relating to children and young people.

The King's Fund's view

National leaders deserve credit for targeting measurable improvements in health outcomes and the focus on child health is very welcome. These commitments will save lives and improve the lives of patients but the big question is whether they can be delivered. This will depend on increasing workforce capacity, especially in primary care, investment in diagnostic equipment and clear national leadership. There is also a question about how a change agenda organised around single diseases can be implemented in a way that meets the needs of the growing number of people living with multiple long-term conditions.

Primary and community services

In line with the *Forward View* and the *General practice forward view*, improving care outside hospitals is one of the headline commitments in the plan.

Encouragingly, the plan backs this goal with money: by 2023/24, funding for primary and community care will be at least £4.5 billion higher than in 2019/20 – ensuring that their share of NHS spending increases over the period.

The plan confirms that general practices will join together to form primary care networks – groups of neighbouring practices typically covering 30–50,000 people. Practices will enter network contracts, alongside their existing contracts, which will include a single fund through which network resources will flow. Primary care networks will be expected to take a proactive approach to managing population health and from 2020/21, will assess the needs of their local population to identify people who would benefit from targeted, proactive support. To incentivise this, a 'shared savings' scheme is proposed, under which networks will benefit financially from reductions in accident and emergency (A&E) attendances and hospital admissions. The existing incentive scheme for GPs – the Quality and

Outcomes Framework (QOF) – will also see ‘significant changes’ to encourage more personalised care.

There is also a strong emphasis on developing digital services so that within five years, all patients will have the right to access GP consultations via telephone or online. Primary care networks will also roll out the successful approach pioneered by the enhanced health in care homes vanguards so that by 2023/24, all care homes are supported by teams of health care professionals (including named GPs) to provide care to residents and advice to staff.

Alongside primary care networks, the plan commits to developing ‘fully integrated community-based health care’. This will involve developing multidisciplinary teams, including GPs, pharmacists, district nurses, and allied health professionals working across primary care and hospital sites. Over the next five years, all parts of the country will be required to increase capacity in these teams so that crisis response services can meet response times set out in guidelines by the National Institute for Health and Care Excellence (NICE). Access to social prescribing will be extended, with more than 1,000 trained link workers in place by the end of 2020/21.

The King's Fund's view

The continued focus on primary and community services, backed by a clear funding commitment, is very welcome but will be a challenge to deliver. International evidence shows that collaboration in primary care takes time; strong relationships, a shared vision and effective leadership are all crucial. Much rests on primary care networks which are still a relatively untested model. In the coming months, a number of details will need to be clarified and workforce capacity remains a key issue, both in general practice and community services.

Mental health and learning disabilities



As with primary and community services, national leaders have used the long-term plan to reassert their commitment to improving mental health services, both for adults and for children and young people. This begins with funding: the plan reaffirms that mental health funding – provided through a ring-fenced investment fund – will outstrip total NHS spending growth in each year between 2019/20 and 2023/24 so that by the end of the period, mental health investment will be at least £2.3 billion higher in real terms.

In adult services, the plan signals an extension of commitments in the *Five year forward view for mental health* beyond 2020/21 to 2023/24. It aims to create a more comprehensive service system – particularly for those seeking help in crisis – with a single point of access for adults and children and 24/7 support with appropriate responses across NHS 111, ambulance and A&E services. It also highlights the need for capital investment, as identified by a recent review of the Mental Health Act, to ensure suitable therapeutic environments for inpatients.



Similarly, the plan commits to a significant expansion of services for children and young people in line with the proposals outlined in the Green Paper on young people's mental health – for example, the creation of 'mental health support teams' in schools. To support these changes, the plan mandates that investment in children and young people's mental health provision will grow faster than the overall NHS budget and total mental health spending.

There are two significant commitments to developing new models of care. The first is to create a comprehensive offer for children and young people, from birth to age 25, with a view to tackling problems with transitions of care. The second is to redesign core community mental health services by 2023/24, reinforcing components such as psychological therapies, physical health care and employment support, as well as introducing personalised care and restoring substance misuse support within NHS mental health services. These commitments will be backed up by new waiting time standards covering emergency mental health services by 2020, children and young people's mental health services and, over the next decade, adult community mental health treatment.

There is also a strong focus on improving care for people with learning disabilities and autism. Commitments include increasing access to support for children and young people with an autism diagnosis, developing new models of care to provide care closer to home and investing in intensive, crisis and forensic community support. The aim is that, by 2023/24, inpatient provision for people with learning difficulties or autism will have reduced to less than half of the 2015 level.

The King's Fund's view

The continued commitment to mental health services, and consistency of direction, is positive. Focusing on comprehensive support recognises that mental health services work best when integrated with each other and the wider health and care system. Improving core community mental health services has been neglected in previous plans and represents a significant (although as yet undefined) commitment. Proposals for a funding ring fence reflect ongoing concerns that some funding intended for mental health services may not be reaching the front line. The plan's focus on acute mental health services in particular will depend on recruiting enough appropriately skilled staff.

Acute services

Urgent and emergency care

The plan includes a significant package of measures aimed at reducing pressures on A&E departments. Many of the measures build on previous initiatives, including the introduction of clinical streaming at the front door to A&E and the roll-out of NHS 111 services across the country.

The plan commits to rolling out urgent treatment centres (UTCs) across the country by 2020 so that urgent care outside hospitals becomes more consistent for patients. UTCs will be GP-led facilities and will include access to some simple diagnostics and offer appointments bookable via NHS 111 for patients who do not need the expertise available at A&E departments. Alongside this, the plan aims to improve the advice available to patients over the phone and extend support for staff in the community by introducing a multidisciplinary clinical assessment service (CAS) as part of the NHS 111 service in 2019/20.



Over the same timeframe, all major A&E departments will introduce same day emergency care (also known as ambulatory emergency care). This will see some patients admitted from A&E undergo diagnosis and treatment in quick succession so that they can be discharged on the same day, rather than staying in hospital overnight. The plan estimates that up to one-third of all people admitted to hospital in an emergency could be discharged on the same day by rolling out this model. Despite ongoing concerns about operational performance in emergency care, the plan does not make any commitment on the four-hour A&E target, postponing any decision to restore performance standards until the Clinical Review of Standards reports in the spring.



Ambulance services are tasked with implementing the recommendations of a recent review of operational performance led by Lord Carter and will be subject to a new commissioning framework.

Wider acute services

Unlike some previous NHS strategies, the long-term plan does not assume that moves to strengthen primary and community care will reduce demand for inpatient hospital care. Instead, its plans for hospital bed numbers and staffing assume that acute care will grow broadly in line with the past three years (although the plan does not specify what figure it is using for this).

The plan includes an ambitious pledge to use technology to fundamentally redesign outpatient services over five years. The aim is to avert up to a third of face-to-face consultations in order to provide a more convenient service for patients, free up staff time and save £1.1 billion a year if appointments were to continue growing at the current rate. It is not yet clear what this redesign will involve.

Although the plan notes that these changes will have implications for how waiting times performance is calculated, there is no commitment to meet the 92 per cent target for 18-week waits. Instead, over five years, the volume of planned activity will increase year-on-year to reduce long waits and cut the number of people on

the waiting list (currently more than 4 million). The commitment to reduce long waits is given teeth by the reintroduction of fines for providers and commissioners where patients wait 12 months or more.

Reducing delayed discharges from hospital remains a priority. The plan aims to [cut the average number of daily delayed transfers of care \(DTOC beds\) \(/publications/delayed-transfers-care-quick-guide\)](#) to around 4,000 and maintain that level over the next two years before reducing it further (DTOC beds averaged 4,580 in November 2018). Changes to primary and community care may help here, although investment in social care will also be crucial.

The plan signals changes to the configuration of hospital services. NHS Improvement will back hospitals that want to split their services into 'hot' and 'cold' sites (for emergency and planned work respectively). Trusts will be supported to collaborate to improve services (for example, through provider groups) and, where appropriate, formal mergers will be green-lighted. Further consolidation of specialist stroke services is also signalled and there is a commitment to a standard delivery model for smaller acute hospitals serving rural populations.

The King's Fund's view

The plan is consistent with recent policy in signalling continued change for acute services. The relatively cautious assumptions about demand for inpatient care should avoid a repeat of local plans being predicated on unrealistic reductions in bed numbers. Patients will notice changes to the front door of the urgent care system and to the configuration of hospitals in some places. It remains to be seen whether some of these changes – particularly those that rely on deploying technology – can be delivered and whether they will enable providers to improve performance. Expectations about waiting times will only become clear when the clinical review of standards is published.

Resources

Finance and productivity

Although on current forecasts the NHS as a whole is [expected to be in balance in 2018/19 \(/publications/how-nhs-performing-december-2018\)](#), many individual providers and commissioners are struggling to eliminate deficits. When the Prime Minister announced the new funding settlement, she was clear that, over time, all

NHS organisations should get back into balance. The penultimate chapter of the plan sets out how this will be achieved.

There are commitments to return the provider sector to balance by 2020/21 and for all NHS organisations (commissioners and providers) to balance by 2023/24. To achieve this, NHS Improvement will deploy an accelerated turnaround process in the 30 worst financially performing trusts and a new financial recovery fund, initially £1.05 billion, will also be created for trusts in deficit who sign up to their control totals. Much of the detail relating to these initiatives is left to the [recently published Planning Guidance \(https://www.england.nhs.uk/operational-planning-and-contracting/\)](https://www.england.nhs.uk/operational-planning-and-contracting/).

The problems currently being experienced by providers partly reflect flaws in an NHS financial regime that is in desperate need of reform. The measures in the plan – which follow on from changes to the system of central financial support already announced by national NHS bodies – are an effort to address this. They include changes to the payment system to support a shift away from activity-based payments to population-based payments, although this will need to fit with ‘ring-fenced’ funding set aside for primary and community care and mental health services. The plan also proposes changes to the ‘market forces factor’ (an adjustment made to the tariff to reflect the costs of delivering services in different areas), to be phased in over the next five years.

There are a number of measures aimed at supporting delivery of integrated care and incentivising system-based working to improve population health. In 2019/20, as part of the process of moving towards system control totals, sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) will be given more flexibility to agree financially neutral changes to control totals for individual organisations within their systems. From 2019/20 onwards, further reforms will give ICSs greater control over their resources will be introduced, through a process of ‘earned financial autonomy’, to be assessed on the basis of their financial and operational performance. Changes to the [commissioning allocations for Clinical Commissioning Groups \(CCGs\) \(https://www.england.nhs.uk/allocations/\)](https://www.england.nhs.uk/allocations/) will support the plan’s focus on tackling health inequalities and better reflect need for mental health and community services.

There is also a focus on ‘getting the most out of taxpayers’ investment’ in the NHS – to be delivered in part through productivity growth of at least 1.1 per cent a year for the next five years. To achieve this, the plan sets out 10 priority areas which largely expand on existing schemes such as rostering, centralised procurement, e-prescribing, stopping low-value treatments, and improving access to information, with the plan suggesting that uptake of these will be on a ‘comply

or explain' basis at board level. The plan also requires the NHS to deliver savings from administrative costs of more than £700 million by 2023/24, with commissioners expected to deliver £290 million and providers £400 million.

The King's Fund's view

After years of deficits and dependence on central funding, many of these measures will be welcomed by NHS providers. If the plan succeeds in getting the majority of trusts into balance, this would be a significant achievement. Changes to CCG allocations to better reflect mental health and community services are also welcome, particularly given the emphasis they receive in other parts of the plan. While efficiency targets will be more realistic than in recent years, it is clear that increasing productivity will continue to be a key priority for NHS organisations.

Workforce

Workforce shortages are currently the [biggest challenge facing the health service \(/publications/health-care-workforce-england\)](#). The plan explicitly recognises the scale of this challenge and sets out a number of specific measures to address it. However, many wider changes will not be finalised until after the 2019 Spending Review, when the budget for training, education and continuing professional development (CPD) is set. To inform these reforms, NHS Improvement, Health Education England and NHS England will establish a cross-sector national workforce group and publish a workforce implementation plan later in 2019.

For nursing, the aim is to reduce the vacancy rate from 11.6 per cent to 5 per cent by 2028. To achieve this, as well as the previously announced 25 per cent increase in nurse undergraduate placements, the plan commits to funding a 25 per cent increase in clinical nursing placements from 2019/20 and an increase of up to 50 per cent from 2020/21. More accessible routes into nursing will also be introduced, including a new online nursing degree linked to guaranteed clinical placements and continued investment to support an expansion of apprenticeships, with new nursing associates starting in 2019.

The plan reiterates the Department of Health and Social Care's commitment to increase medical school places from 6,000 to 7,500 per year and suggests that this figure could increase if further funding is provided in the Spending Review. There is also an ambition to shift the balance from specialised to generalist roles in line with the needs of patients with multiple long-term conditions. To support general practice, the intention is to continue to increase the number of other members of the primary care team, such as clinical pharmacists and

physiotherapists, although much of the detail on this is again left to the forthcoming workforce implementation plan.



The plan outlines steps to address workforce shortages in the health service.

The plan sets a long-term ambition to train more staff domestically. In the meantime, it emphasises the need for a continued inflow of international recruits. The forthcoming workforce implementation plan will outline new national arrangements to support NHS organisations with overseas recruitment and explore the potential to expand the Medical Training Initiative. The ambition is to deliver a step change in the recruitment of international nurses, increasing the number recruited by 'several thousand' each year over the next five years.

The plan recognises the important role that volunteers play in the NHS, committing £2.3 million to Helpforce, which has been charged with scaling capacity for volunteering in the NHS.

The King's Fund's view

The plan correctly diagnoses the problem and the actions it proposes are the right ones. Most of these actions will take time to deliver and much is left to the new national workforce group and forthcoming workforce implementation plan to address. Some action will depend on other government decisions, for example, on the training budget, and the UK's future immigration policy. In the meantime, however, workforce shortages remain a key risk and the plan is a missed opportunity to have taken urgent action to address this – for example on international recruitment of nurses.

Digital

Digital technology underpins some of the plan's most ambitious patient-facing targets. The NHS app will act as a gateway for people to access services and information; by 2020/21, people will be able to use it to access their care plan and communications from health professionals. From 2024, patients will have a new 'right' to access digital primary care services (eg, online consultations), either via their existing practice or one of the emerging digital-first providers. By the end of the 10-year period covered by the plan, the vision is for people to be increasingly cared for and supported at home using remote monitoring (via wearable devices)

and digital tools. Digital technology will also facilitate service transformation, including the [redesign of outpatient services](#) (<https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#acute>) and reorganisations of pathology and diagnostic imaging services.

To deliver 'digitally enabled care' as envisaged, the plan reiterates the previously stated ambition that all secondary care providers become 'fully digitised' by 2024 (a deadline that has slipped from the original target to be 'paperless' by 2020). This will involve NHS organisations putting in place electronic records and a range of other digital capabilities. The Global Digital Exemplars programme will admit new organisations and create models for technology adoption and a shared record through Local Health and Care Record Exemplars.



Digital technology underpins some of the plan's most ambitious patient-facing targets.

To facilitate these changes, a number of policies previously announced by the Secretary of State have now become firm commitments. For example, NHS organisations will be required to have a chief clinical information officer or chief information officer at board level by 2021/22. Similarly, to promote interoperability, there is now a commitment to introduce controls during 2019 to ensure that technology suppliers to the NHS comply with agreed standards.

The King's Fund's view

Overall, the plan's commitments on digital and data largely confirm the existing direction of travel set in 2016 by the [Wachter Review](#) (<https://www.gov.uk/government/publications/using-information-technology-to-improve-the-nhs>) and updated in 2018 by the [Future of Healthcare strategy](#) (<https://www.gov.uk/government/publications/the-future-of-healthcare-our-vision-for-digital-data-and-technology-in-health-and-care/the-future-of-healthcare-our-vision-for-digital-data-and-technology-in-health-and-care>). While ambitious, some of the timescales remain quite distant. However, there are some important risks to delivering on these commitments. First, delivery is dependent on additional funding given that the current technology funding settlement ends in 2021. Second – and as the plan itself acknowledges – it is dependent on digital infrastructure, such as mobile internet connectivity. Third, the workforce and patients alike need to be supported to use digital tools and understand and

act on the data they generate (the Topol Review, due to be published early this year, is expected to include recommendations on the workforce elements of this).

Leadership and support for staff

The plan acknowledges that the ability of the NHS to deliver high-quality care and meet the complex challenges it faces will depend on 'great leadership' at all levels of the health and care system. While the vision is for leadership that is both compassionate and diverse, its current assessment is that, while this is present in some parts of the NHS, it is 'not yet commonplace'.

To build these capabilities, national NHS bodies commit to a range of actions to better support leaders, including doing more themselves to model the style of leadership they wish to see elsewhere in the system, and developing a new 'NHS leadership code' that will enshrine expected cultural values and behaviours. Once established, the national workforce group will also consider a range of options to improve the NHS leadership pipeline, including expanding the NHS graduate management training scheme and the potential for a professional registration scheme for senior NHS leaders. All of these actions will build on existing recommendations in the national strategic framework, [Developing people – improving care \(https://improvement.nhs.uk/resources/developing-people-improving-care/\)](https://improvement.nhs.uk/resources/developing-people-improving-care/).

The plan also says more will be done to develop and embed cultures of compassion, inclusion and collaboration across the NHS. Specific actions include programmes and interventions to ensure a more diverse leadership cadre, a focus on increasing staff understanding of improvement knowledge and skills, and new pledges to better support senior leaders (including improving the approach to assurance and performance management). NHS England will also extend the work of the Workforce Race Equality Standard, funding it to 2025. As part of this, every NHS organisation will set a target for black, Asian and minority ethnic (BAME) representation across its leadership team and workforce by 2021/22, aiming to ensure that senior teams more closely represent the diversity of the communities they serve.

More broadly, the plan commits to do more to support current staff, including increasing investment in CPD (although this will depend on the outcome of the Spending Review), taking steps to promote flexibility and career development, and tackling bullying and harassment. The forthcoming workforce implementation plan will provide details of a 'new deal' for frontline staff.

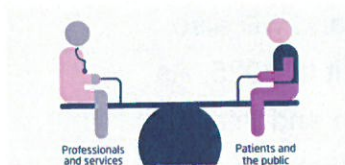
The King's Fund's view

If implemented in full, these measures should contribute to a better leadership culture, with more support for leaders and a stronger pipeline of leaders for the future. We can also expect to see other benefits; evidence and experience from high-performing health systems demonstrates that having these capabilities enables teams to deliver better patient care and value for money while also delivering continuous improvements to population health. However, with [leadership vacancies currently widespread \(/node/93114\)](#), shifting the culture to where it needs to be will take time, along with investment and relentless commitment from leaders at every level of the system in their everyday practice. National NHS bodies will need to rapidly adopt new leadership approaches to support this – though these are not yet in evidence in the style and tone of the planning guidance.

System priorities

Role of patients and carers

The long-term plan calls for a 'fundamental shift' in the way that the NHS works alongside patients and individuals. Highlighting the need to create genuine partnerships between professionals and patients, it commits to training staff to be able to have conversations that help people make the decisions that are right for them. There is also a commitment to increasing support for people to manage their own health, beginning in areas such as diabetes prevention and management. This forms part of a broader cultural change, moving towards what we have described as '[shared responsibility for health \(/publications/shared-responsibility-health\)](#)'.



The plan includes a commitment to increasing support for people to manage their own health and highlights the need to create genuine partnerships between professionals and patients.

As part of this shift, the plan focuses on personalisation. There is a commitment to rolling out the NHS comprehensive model of personalised care (which brings together 6 programmes aimed at supporting a whole population, person-centred approach), so that it reaches 2.5 million people by 2023/24, with an ambition to double that figure within a decade. Referrals to social prescribing schemes will

increase, broadening the range of support available, and the roll-out of personal health budgets will be accelerated, so that these are in place for up to 200,000 people by 2023/24.

The plan also includes a welcome focus on supporting carers. This includes introducing quality markers for primary care, highlighting best practice in identifying carers and providing them with appropriate support. It also encourages the national roll-out of carer's passports, which enable staff to identify someone as a carer and involve them in the patient's care and promises a more proactive approach to supporting young carers.

The King's Fund's view

These actions signal a welcome move away from one-size-fits-all approaches towards more tailored support for individuals based on what matters to them. As the plan acknowledges, this cannot be done in isolation and the NHS will need to work closely with partners, especially local government and the voluntary sector. The training for professionals is a significant step forward and should draw on the expertise of patient leaders. Work in this area should encourage bottom-up approaches that empower staff and connect the service with communities. The welcome focus on shared responsibility, rather than personal responsibility, needs to be accompanied by a renewed focus on supporting people to make healthy choices and more government action through taxation and regulation, as well as wider action on the social determinants of health. While the plan includes several commitments aimed at involving people in their own care, it says disappointingly little about patient and public engagement in shaping health services or the role of communities in health.

Integrated care and population health

The plan confirms the shift towards integrated care and place-based systems which has been a defining feature of recent NHS policy. ICSs will be the main mechanism for achieving this – the plan says that ICSs will cover all areas of England by April 2021 – and will increasingly focus on population health.



The plan confirms the shift towards integrated care and place-based systems, with an increasing focus on population health.

The plan outlines several core requirements for ICSs (such as the establishment of a partnership board comprising representatives from across the system) but stops short of setting out a detailed blueprint for their size or structure. Systems will be required to 'streamline' commissioning arrangements, which will 'typically involve' a single CCG across each ICS. It also recognises that NHS organisations will need to work in partnership with local authorities, the voluntary sector and other local partners to improve population health.

From 2019, population health management tools will be rolled out, enabling ICSs to identify groups at risk of adverse health outcomes and inequalities and to plan services accordingly. ICSs will also be supported by changes to [funding flows and performance frameworks \(https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#finance\)](https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#finance). A new ICS accountability and performance framework will consolidate local performance measures and a new integration index will measure patient and public views about local service integration. Existing approaches to bringing together health and social care budgets are also encouraged, with an expectation that the social care Green Paper will set out further proposals. There will also be a review of the Better Care Fund.

The move towards a more interconnected NHS will be supported by a 'duty to collaborate' on providers and commissioners, while NHS England and NHS Improvement will continue efforts to streamline their functions. The plan suggests that progress can continue to be made within the current legislative framework but also puts forward a list of potential legislative changes that would accelerate progress, in response to requests from the Health and Social Care Select Committee and the government. The proposed changes include allowing joint decision-making between providers and commissioners and reducing the role of competition in the NHS.

The King's Fund's view

Taken together, these commitments signal a welcome continuation of the direction of travel set out in the Forward View, with ICSs playing an increasingly important role in planning and managing services. National NHS bodies have not been overly prescriptive and the plan leaves welcome flexibility for local sensitivity in implementing ICSs, as well as commitments to support areas that are further behind. While the plan stops short of providing the comprehensive [vision for population health we have argued for \(/publications/vision-population-health\)](https://www.kingsfund.org.uk/publications/vision-population-health) and the role of local authorities is underplayed, the increasing focus on population health is welcome. To avoid the difficulties associated with STPs, ICSs will need to prioritise engagement

with local partners, including local authorities and the voluntary sector, and involve patients and communities. With changes to legislation unlikely to take place in the short term, the immediate priority for ICSs will be to continue making as much progress as possible within the existing legislative framework.

Prevention and health inequalities

The plan signals a clear focus on prevention, recognising that the NHS can take important action to 'complement' – but not replace – the role of local authorities and the contribution of government, communities, industry and individuals. A 'renewed' NHS prevention programme will focus on maximising the role of the NHS in influencing behaviour change, guided by the top five risk factors identified by the [Global burden of disease study](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32207-4/fulltext)

([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32207-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32207-4/fulltext)):

smoking, poor diet, high blood pressure, obesity, and alcohol and drug use.

Commitments include the provision of alcohol care teams in a quarter of hospitals with the highest rate of alcohol dependence-related admissions, and a promise that by 2023/24, NHS-funded tobacco treatment services will be offered to all smokers admitted to hospital. There are also plans to introduce new programmes for specific diseases and conditions, and to scale up existing ones. For example, the number of places on the Diabetes Prevention Programme will double over the next five years. Acknowledging the contribution the NHS can make to action on air pollution, the plan also commits to reducing the mileage and air pollutant emissions from the NHS fleet by 20 per cent by 2023/24.

ICSs will have a key role in helping to deliver these programmes and in working with local authorities, the voluntary sector and other local partners to improve population health and tackle the wider determinants of ill health. Significantly, the plan indicates that the NHS and government will consider whether the NHS should have a 'stronger role' in commissioning sexual health services, health visitors and school nurses (currently commissioned by local government).

Spending in these areas is not covered by the plan as it is routed through local authorities.

Health inequalities

The plan commits to a 'more concerted and systematic approach to reducing health inequalities', with a promise that action on inequalities will be central to everything that the NHS does. To support this ambition and to ensure that local plans and national programmes are focused on reducing inequalities, specific,

measurable goals will be set. Local areas will need to set out how they will achieve this, drawing on a menu of evidence-based interventions developed by NHS England, Public Health England and others. Changes to [commissioning allocations for CCGs \(https://www.england.nhs.uk/allocations/\)](https://www.england.nhs.uk/allocations/) will ensure that a higher share of funding is targeted at areas with high inequalities and a review of the inequalities adjustment to funding formulae will be undertaken.

The plan includes specific goals for particular groups – for example, greater continuity of midwife care for black, Asian and minority ethnic women and women from deprived groups; an increase in physical health checks for people with severe mental health. The plan also identifies £30 million worth of investment in meeting the needs of rough sleepers and ensuring better access to specialist mental health support.

The King's Fund's view

The focus on prevention is welcome, although the challenge will be to turn rhetoric into reality, given the poor track record of following through on previous good intentions. In addition to the key role the NHS has to play, progress will depend on action from local and central government. The first test of this will come with the Spending Review, and whether the government reverses the damaging cuts made to the public health budget. While the new prevention initiatives are welcome, the focus on single diseases and behaviours fails to recognise that health conditions (in the form of multi-morbidities) and unhealthy behaviours tend to cluster together and are closely linked to health inequalities. The plan pushes health inequalities firmly up the agenda. The commitment to establishing specific goals for reducing inequalities, which focus on the NHS's role in this, is particularly welcome. Broader progress on health inequalities will again depend on wider government action and the strength of local partnership-working.

Implementation

Further detail on how the commitments in the long-term plan will be implemented will be set out in a national implementation framework, due to be published in spring 2019. However, there are a number of other plans and reviews will have an impact on how the plan is implemented. These include the following:

- a clinical review of standards setting out expectations on operational performance, including a review of waiting time targets, due to be published in spring 2019
- a workforce implementation plan, overseen by a cross-sector national workforce group, due to be published later in 2019
- a review of the Better Care Fund, due to be completed in early 2019.

The Spending Review will outline funding for areas of NHS spending not covered by the plan such as workforce training and capital investment, as well as for social care and local authority-funded public health services. The social care Green Paper is expected to set out options for social care funding and proposals for health and social care integration. The prevention Green Paper, also expected in 2019, will focus on delivering the vision for prevention published in November 2018.

The plan is intended to provide a 'framework for local planning' over the next five years. Local areas have received indicative financial allocations for 2019/20 to 2023/24 and, in the short term, will be expected to develop plans for implementing the long-term plan's commitments in 2019/20, a transitional year, as well as developing five-year system plans by the autumn. These plans will be 'brought together in a detailed national implementation programme' in the autumn of 2019.

Reflecting on the plan

Overall, the long-term plan amounts to an ambitious set of commitments within the constraints of the funding available. It is firmly focused on the future, rather than simply shoring up current models of care, and sets the right direction for the NHS by focusing on delivering joined-up, personalised, preventive care, and expanding primary and community services.

The plan signals both evolution and revolution

In many respects, the plan signals continuity rather than change. The focus on ICSs and expanding new models of care builds on the agenda set by the Forward View. Many of the chosen clinical priorities, including mental health and primary and community services, have also been singled out for attention in recent years. This reflects a constancy of purpose that has often been missing in health policy and should allow the NHS to build on recent progress.

Although the level of detail in the plan is variable, it differs from the Forward View by focusing more on delivery and implementation. There are measures to accelerate progress towards integrated care, for example by aligning regulation

and providing funding for primary and community care. It signals a shift in gear from the bottom-up, iterative approach that followed the Forward View, while retaining a balance between national prescription and local autonomy. However, there is now no doubt that the NHS is moving rapidly away from the focus on organisational autonomy and competition that characterised the Lansley reforms.

There are some notable omissions from the plan. Multi-morbidity is barely mentioned despite the growing number of people living with multiple long-term conditions. In contrast to the Forward View, the plan is relatively silent on how the NHS will work with communities and engage patients and the public in shaping services. Also significant is the absence of any commitments to current waiting time targets - these are on hold until the clinical review of standards is published later in the year.

If delivered, the plan could make a positive difference to patients

The ambition to deliver more personalised, joined-up and proactive care – if it can be delivered – could make a significant difference to patients and change how they interact with health services. Potential benefits include: fewer handoffs and referrals for patients receiving care in the community; more NHS support for people in care homes; better access to services spanning mental health, general practice and community crisis response teams; fewer trips to outpatient appointments; more services and information available online; and more opportunities for people to make decisions about their own care.

By assuming that demand for acute services will continue to increase at roughly its current rate, the plan provides a welcome dose of realism and avoids the mistake made in predecessor plans of assuming that strengthening primary and community services will result in reduced demand for hospital care. Changes to acute services include significant reforms to urgent and emergency care, a major overhaul of outpatient services, more hospitals splitting services between hot and cold sites, further consolidation of stroke services and possible changes to service configurations if more hospitals take up the green light to merge. Taken together, this adds up to an ambitious agenda for change that could provide significant benefits for patients. Delivering it will require skilful leadership and a concerted effort to involve patients and communities.

The plan seeks to balance national direction and local autonomy

A consistent lesson from previous attempts at NHS reform is that central directives on their own often fail to deliver the improvements envisaged. To

overcome this, the approach to delivering the plan balances national direction with local autonomy. National expectations are made clear and local systems will be accountable for contributing to national programmes on a 'comply or explain basis'. At the same time, the plan promises that local implementation will be led by clinicians and leaders who are directly accountable for patient care.

This means that much is riding on the ability of local systems to deliver. ICSs are singled out as being central to the delivery of the plan. However, their development is currently much more advanced in some areas than others, and even the most advanced systems are in their early stages. ICSs have no formal powers or accountabilities (the plan does not suggest any change to this) and progress is dependent on the willingness of individuals and strength of local relationships. There are also high expectations on primary care networks as the key mechanism for delivering the expansion in primary and community services outlined in the plan. However, these are a long way from existing in the form or on the scale envisaged. Providing support for ICSs and primary care networks and building local leadership capacity and capability should therefore be key priorities.

National bodies have an important role in removing barriers to local implementation. This is recognised in the plan and reflected, for example, in the commitment to align regulation through a new 'shared operating model' across NHS England and NHS Improvement, and the emphasis placed on the performance of systems as well as organisations. This will also need to be reflected in the behaviours of regulators on the ground. The potential changes to the legislative framework also seek to remove barriers and accelerate change but the prospect of parliament passing new legislation remains unlikely in the short term. In the meantime, the plan is right to stress that the immediate priority is to continue making progress within existing legislation.

This is the NHS's plan but the NHS does not operate in isolation

NHS leaders have done what was asked of them by delivering a forward-thinking plan that sets out how the NHS will spend the additional money promised by the government. It is essential to view the plan within this context, and to recognise its limitations. Critical interdependencies exist between the NHS and local government, wider public services and communities. A plan for the NHS cannot fully address this wider context, particularly when there is so much uncertainty about the future of social care and public health budgets are being cut.

The decision to delay publication of the social care Green Paper is a missed opportunity to tackle the issues facing and health and social care in a joined-up

way. Delivery on many of the plan's flagship commitments will depend on closer integration between health and social care, but the plan says relatively little about how NHS bodies and local authorities will work together to achieve this. The plan highlights the importance of a well-functioning social care system and notes the government's commitment to ensure that decisions about social care funding do not impose any additional pressure on the NHS. However, the funding settlement for social care will not be known until the Spending Review later this year.

The commitment of the NHS to play its part in improving prevention and reducing health inequalities should be applauded but these aims cannot be achieved by the NHS in isolation. Partnerships between the NHS and local government will be key to delivering improvements in population health. ICSs should ensure that local authorities are equal partners and engage with the voluntary sector, patients and communities. Central government must also play its part by following through on the recent [vision for prevention](#) (<https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer>) and using the forthcoming Green Paper on prevention to set out an ambitious agenda for improving the population's health. This should include reversing cuts to public health budgets and being bolder about using other mechanisms at their disposal including tax and regulation to drive improvements in population health.

From planning to delivery

The long-term plan marks a significant step forward in setting the NHS on a sustainable course for the next decade. The main challenge will be to translate this into delivery. Even with exceptional leadership and the continued commitment of staff, delivering the extensive list of commitments outlined in the plan is a daunting task.

While the funding settlement is a significant improvement on the constraints of recent years, it is not a panacea. The NHS will continue to face tough choices about how to prioritise resources. One of the most important of these decisions – what to do about recovering waiting times standards – has been postponed. Patients are likely to continue to face longer waits for treatment for the foreseeable future.

The greatest risk to delivery is workforce shortages. Put simply, the NHS will not be able to achieve its ambitions if it does not have the number and type of staff that it needs. Much is now riding on the workforce implementation plan due later this year. While the long-term plan is an important piece of the jigsaw, the picture is far from complete.

With thanks to the policy leads and other colleagues for their contribution to this explainer.

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Wednesday 23 January 2019

Anna Charles, David Buck, Harry Evans, Helen McKenna

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The King's Fund response to the NHS long-term plan

This is an ambitious plan that includes a number of commitments which – if delivered – will improve the lives of many people. NHS leaders should be applauded for focusing on improving services outside hospitals and moving towards more joined-up, preventative and personalised care for patients. But some significant pieces of the jigsaw are still missing, and there should be no illusions about the scale of the challenge ahead.

7 January 2019

[\(/press/press-releases/kings-fund-response-nhs-long-term-plan\)](/press/press-releases/kings-fund-response-nhs-long-term-plan)

The NHS long-term plan: five things you need to know

The NHS long-term plan has been launched and long it indeed is, in every sense of the word, clocking in at a weighty 120 pages. Here's my take on the top five things you need to know.

By Richard Murray - 8 January 2019

[\(/blog/2019/01/nhs-long-term-plan\)](/blog/2019/01/nhs-long-term-plan)

Staff Flu Vaccination Campaign - NHSI Letter – Trust Self-Assessment

	Requirement	Trust Self-Assessment	Comment
A	Committed Leadership		
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	Included in paper for trust board 13/11/2018 and 11/12/2018	Opting out to be left until December as experience has shown that staff change their mind Dec 18 update: this was actioned
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	QIV ordered and being administered	Issues with delay of supply and change of delivery dates
A3	Board receive an evaluation of the flu programme 2017-18, including data, successes, challenges and lessons learnt	Board reports in place that includes data & success. The challenges are included more explicitly in the QEG reports	
A4	Agree on a board champion for flu campaign	Helen Mackenzie (Director of Nursing)	
A5	Agree how data on uptake and opt-out will be collected and reported	Uptake reported weekly and monthly via IMMFORM	Opting out to be left until December as experience has shown that staff change their mind Dec 18 update: this was actioned
A6	All board members receive flu vaccination and publicise this	Identified as a requirement in paper for trust board 13/11/2018 and 11/12/2018	Dec 18 update: this was achieved
A7	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Flu team currently includes, OH, DDN, IPC, Staff Side, HR	For 19/20 campaign - Need to review and consider current group being a sub group of Flu Team that incorporates

	Requirement	Trust Self-Assessment	Comment
			other aspects of flu
A8	Flu team to meet regularly from August 2018	Current flu team meets monthly from June	
B	Communications Plan		
B1	Rationale for the flu vaccination programme and myth busting to be published – sponsored by senior clinical leaders and trade unions	Myths available on Team-net and included in the Video/song. Medical Director discussed at Senior Leaders meeting	Continue to promote
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Clinic schedule and list of peer vaccinators published on Team-net, posters display clinics on sites. Peer vaccination planned for big events, e.g. meetings, induction, training sessions	Public social media (e.g. Twitter, Facebook etc.) inappropriate
B3	Board and senior managers having their vaccinations to be publicised	Members have had vaccination at events e.g. Senior Leaders meeting. Med Director & DoN are in video. NEDS completed picture tweeted on 16/12/2018	
B4	Flu vaccination programme and access to vaccination on induction programmes	Planned and in place, has been undertaken in previous years	
B5	Programme to be publicised on screensavers, posters and social media	In place including Team-net	Public social media (e.g. Twitter, Facebook etc.) inappropriate
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Localities and staff groups in place	Completed every 2-3 weeks as manual time consuming process
C	Flexible Access		

	Requirement	Trust Self-Assessment	Comment
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	26 peer vaccinators in place.	Impractical to have one in each clinical area due to cold chain issues and diversity of teams in a community/mental health trust
C2	Schedule for easy access drop in clinics agreed	In place and being delivered	
C3	Schedule for 24 hour mobile vaccinations to be agreed	Peer vaccinators will do vaccinations out of hours at mutually agreeable time/day and provided cold chain requirements can be met. Vouchers also available for 'hard to reach' staff	Not practical to have formal 24hour schedule as not all staff on one site Dec 18 Evening/early night visits done on PPH site
D	Incentives		
D1	Board to agree on incentives and how to publicise this	Lolly pops, pens, stickers	
D2	Success to be celebrated weekly	Fluometer is updated weekly Positive comment included in each weekly email to Directors	

Trust Board Paper

Board Meeting Date	12 February 2019
Title	Financial Summary Report – M9 2018/19
Purpose	To provide the Month 9 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 M9 2018/19 financial position.
ACTION REQUIRED	<p>The Board is invited to note the following summary of financial performance and results for Month 9 2018/19 (December 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

	<p>YTD Income Statement (including PSF Funding; excluding donations):</p> <ul style="list-style-type: none">• Plan: £1.6m surplus• Actual: £2.8m surplus• Variance: £1.2m better than plan. <p>YTD Cash £24.1m vs Plan £24.5m.</p> <p>YTD Capital expenditure: £7.1m vs Plan £8.0m.</p>
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BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2018/19

Month 9 (December 2018)

Purpose

To provide the Board and Executive with a summary of the Trusts financial performance as at 31st December 2018.

Document Control

Version	Date	Author	Comments
1.0	09/01/19	Bharti Bhoja/ Tom Stacey	1st Draft
2.0	14/01/19	Paul Gray	Final

Distribution

All Directors

All staff needing to see this report.

Confidentiality

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Contents

Section	Content	Page
1.0	Key Messages	3
2.0	Income & Expenditure	4-12
3.0	Divisional Summary	13
4.0	Cost Improvement Programme	14
5.0	Balance Sheet & Cash	15-16
6.0	Capital Programme	17

1.0 Key Messages

Key Metric	Actual £'m	YTD Plan £'m	Variance £'m	vs Last Mth	vs Prior Year
Surplus / (Deficit) for PSF	1.2	0.0	1.2	▲	▼
PSF - Trust	0.9	0.9	0.0	▲	▲
PSF - System	0.6	0.6	0.0		
Control Total Surplus / (Deficit)	2.8	1.6	1.2	▼	▲
Statutory Surplus / (Deficit)	3.3	1.6	1.8	▲	▲
CIP Delivery	2.2	2.8	(0.6)	▲	▲
Agency Spend	4.3	4.0	0.3	▼	▼
OAPs - Specialist Placements (incl LD)	7.5	6.8	0.6	▲	▲
OAPs - Overspill Beds	1.7	1.0	0.7	▼	▼
Capital Expenditure	7.1	8.0	0.8	▲	▲
Cash	24.1	24.5	(0.4)	▲	▲

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 broke even pre-PSF, £0.3m below plan. Our YTD surplus remains at £1.2m, £1.2m ahead of Control Total. After accounting for PSF and Donations, our statutory surplus is £3.3m. Use of Resources rating remains at a "1" overall.
- We have reviewed our forecast and are holding it at a £1.5m surplus pre-PSF and donations. This requires the surplus to improve by £0.3m surplus over the remainder of the year.
- Pay costs were in line with last month and plan. This months underspend is the result of the release of £0.2m HCA provision, being the balance of our estimate vs costs incurred.
- OAPs performance improved, with Acute & PICU Overspill patients reducing to an average of 4 patients; down from the previous months 10; a cost reduction of £0.2m.
- Capital spend was £0.8m below plan and Cash £0.4m below anticipated levels; with our higher YTD surplus being offset by lower CapEx and working capital timings.
- Berks West ICS is forecasting missing the system Control Total which puts £0.1m PSF at risk. Frimley are forecasting Control Total delivery, although this now includes an agreed £600k 'offset' against our forecast.

Key Risks

- OAPs costs, in Acute & PICU Overspill have decreased in month, however any further peaks to the levels seen in November present a risk to our forecast.
- Pay Costs are now at plan. Further net increases in permanent staffing without an offsetting reduction in non-permanent costs will deteriorate our surplus.

2.0 Income & Expenditure

Income Statement	In Month			YTD			FY			Prior Year YTD		
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Forecast £'m	Plan £'m	Var £'m	Act £'m	Var +/-	%
Operating Income	19.1	18.9	0.2	171.4	170.4	1.1	229.1	227.1	2.0	170.0	1.4	0.8%
DoH Pay Award	0.2	0.2	0.1	1.8	1.8	0.1	2.4	2.3	0.1	0.0	1.8	
Other Income	1.6	1.6	0.1	14.4	14.0	0.4	19.2	18.6	0.6	14.3	0.1	0.7%
Total Income	21.0	20.7	0.3	187.6	186.2	1.5	250.7	248.1	2.6	184.3	3.3	1.8%
Staff In Post	12.7	13.1	(0.4)	115.8	117.9	(2.1)	154.9	156.9	(1.9)	113.1	2.7	2.4%
Bank Spend	1.2	1.0	0.2	10.4	9.3	1.1	13.8	12.3	1.5	8.9	1.5	16.6%
Agency Spend	0.4	0.4	(0.0)	4.3	4.0	0.3	5.8	5.3	0.5	6.0	(1.7)	(28.9)%
Total Pay	14.4	14.6	(0.2)	130.4	131.1	(0.7)	174.5	174.5	0.0	128.0	2.4	1.9%
Purchase of Healthcare	1.4	1.1	0.3	12.7	10.5	2.2	16.7	13.7	3.0	12.4	0.3	2.1%
Drugs	0.6	0.4	0.2	4.5	3.8	0.8	6.2	5.0	1.2	3.6	0.9	24.5%
Premises	1.4	1.2	0.2	11.2	10.6	0.6	14.9	14.3	0.6	11.4	(0.1)	(1.3)%
Other Non Pay	1.8	1.5	0.3	15.5	17.4	(2.0)	20.5	23.3	(2.9)	16.1	(0.7)	(4.2)%
PFI Lease	0.5	0.5	(0.0)	4.8	4.8	0.0	6.4	6.3	0.1	4.7	0.1	2.9%
Total Non Pay	5.8	4.8	1.0	48.7	47.1	1.5	64.7	62.7	2.0	48.2	0.5	0.9%
Total Operating Costs	20.1	19.4	0.8	179.1	178.2	0.8	239.2	237.2	2.0	176.2	2.9	1.6%
EBITDA	0.8	1.3	(0.4)	8.6	7.9	0.6	11.5	10.9	0.6	8.1	0.5	5.7%
Interest (Net)	0.3	0.3	(0.0)	2.6	2.7	(0.1)	3.5	3.6	(0.1)	2.7	(0.0)	(1.0)%
Impairments	0.0	0.0	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.1	(0.1)	(76.1)%
Disposals	0.0	0.0	(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)	3.5	3.9	(0.5)	4.8	5.6	(0.8)	3.6	(0.1)	(2.5)%
PDC	0.1	0.1	(0.0)	1.2	1.2	(0.0)	1.6	1.6	(0.0)	1.1	0.2	14.5%
Total Financing	0.8	0.9	(0.1)	7.4	7.9	(0.5)	10.0	10.9	(0.9)	7.4	(0.0)	(0.4)%
Surplus/ (Deficit) for PSF	0.0	0.4	(0.3)	1.2	0.0	1.2	1.5	(0.0)	1.5	0.7	0.5	68.8%
PSF - Trust	0.1	0.1	0.0	0.9	0.9	0.0	1.5	1.5	0.0	1.1	0.5	40.6%
PSF - System	0.1	0.1	0.0	0.6	0.6	0.0	0.7	1.0	(0.2)	0.0		
Surplus/ (Deficit) for CT	0.3	0.6	(0.3)	2.8	1.6	1.2	3.7	2.4	1.3	1.8	0.9	51.5%
Donated Income	0.0	0.0	0.0	0.6	0.0	0.6	0.6	0.0	0.6	1.5	(0.9)	(59.7)%
Donated Depreciation	(0.0)	(0.0)	0.0	(0.0)	(0.0)	0.0	(0.1)	(0.1)	(0.0)	(0.0)	(0.0)	(145.4)%
Surplus/ (Deficit) Statutory	0.3	0.6	(0.3)	3.3	1.6	1.8	4.2	2.3	1.9	3.3	0.0	0.9%

Key Messages

Our YTD re-PSF surplus is £1.2m, £1.2m ahead of plan. After incorporating £2.1m of PSF and donations, our reported surplus is £3.3m, £1.8m better than planned.

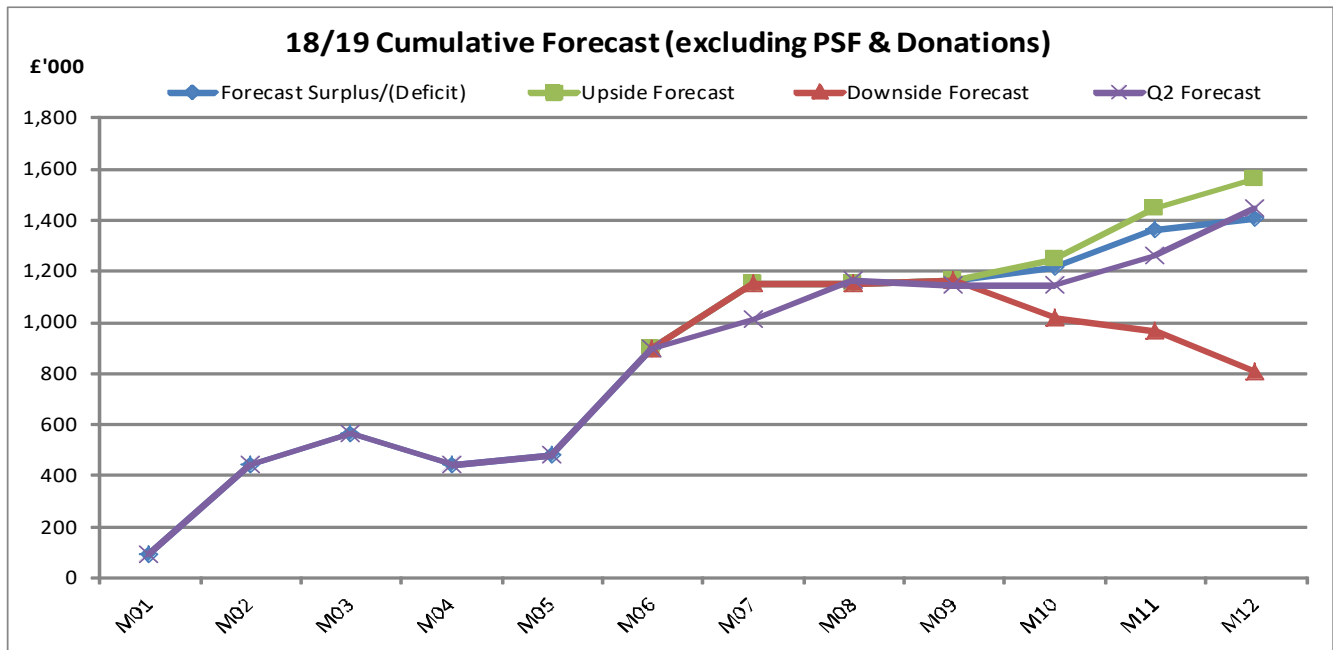
In month the Trust broke-even, however this was after a number of material non recurrent costs and benefits which mask some positive results.

Following the settlement of historical HCA payments last month, we have release £0.2m of unrequired risk provision. This aside, our pay costs were to plan including a £0.1m reduction in agency spend. Bank costs rose driven partly by bank holiday payments. Acute & PICU Overspill spend reduced by £0.2m following the 'Spring to Green' initiative in December.

Non pay costs were generally high this month, increased further by some notable non recurrent items including Document Storage & Indexation Audit costs, £60k, and writing back to I&E of £0.1m non capital IM&T equipment.

Drugs spend was high this month with an increase in FP10s through our Pharmacy for Community Health West services, although fully offset in income.

2.0 Forecast Refresh Q3



	Q2 £'m	Forecast Q3 £'m	+/- £'m
Income	249.8	249.4	(0.5)
Pass Through Drugs			0.6
Reading 0-19			(0.1)
LD Pass Through Funding			(0.8)
Other Commissioning			(0.2)
Other			0.0
Pay	174.1	174.0	(0.1)
Substantive			0.0
Bank			0.1
Agency			(0.2)
Other			(0.0)
Non Pay	64.1	63.8	(0.3)
Q2 Capital Unwind			0.1
Nov OAPs Spend			0.2
Pass Through Drugs			0.6
LD Pass Through Funding			(0.8)
Other			(0.4)
Financing	10.1	10.1	(0.0)
Depreciation			(0.0)
Surplus/ (Deficit) for CT	1.50	1.50	(0.00)
Donations	0.60	0.60	0.00
PSF	2.19	2.33	0.14
Surplus/ (Deficit)	4.30	4.43	0.13

Key Messages

The chart above illustrates our latest view of forecast vs our view at Q2. The forecast at the end of Q2 was a surplus of £1.5m, and the same above Control Total. We believe this to still be the case, and have held the forecast at this level.

Despite pressures and benefits manifesting during Q3, our YTD surplus is as forecast overall. The table provides a comparison of our original Q2 forecast vs our view at Q3.

Whilst pay costs have increased, sufficient was built into forecast to accommodate this, although it was assumed actual costs would be slightly lower, with both permanent and agency costs increasing in Q3.

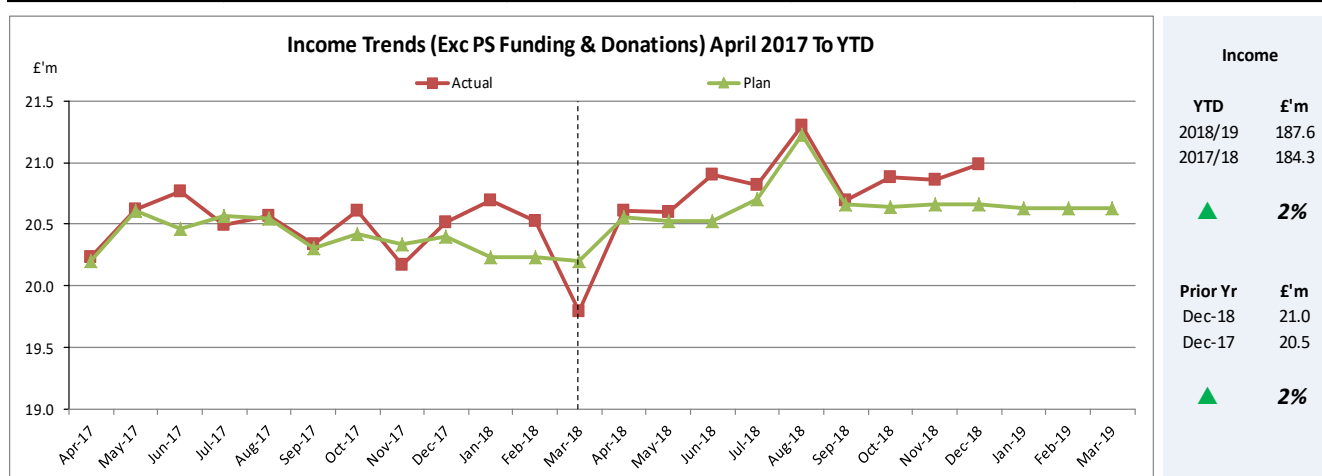
Non Pay cost are running higher than forecast, including non-recurrent costs which hit this month and high OAP spend in November. The majority of our higher than anticipated costs is Drug spend which is offset by higher than forecast income.

Given higher pay and non pay costs in Q3, our upside headroom has decreased, with our downside scenario reflecting worse case assumptions on OAPs and agency spend.

The movement in PSF recognises Frimley's improvements in forecast vs West ICSs deterioration.

Income & Contracts

Income Statement	In Month			YTD			FY			Prior YTD			
	Act	Plan	Var	Act	Plan	Var	Forecast	Plan	Forecast Var	Act	Var		
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	+/-	%
Block Income	16.6	16.5	0.1	149.2	148.6	0.6	199.0	198.1	0.9	146.0	3.2	2.2%	
Tariff Income	0.2	0.3	(0.1)	2.0	2.3	(0.3)	2.7	3.1	(0.4)	2.3	(0.2)	(10.2)%	
Pass Through Income	0.5	0.3	0.2	3.1	2.3	0.8	4.4	3.0	1.3	2.2	0.9	41.4%	
DoH Pay Award	0.2	0.2	0.1	1.8	1.8	0.1	2.4	2.3	0.1	0.0	1.8		
Other Income	3.4	3.5	(0.0)	31.5	31.2	0.3	42.2	41.5	0.7	33.9	(2.4)	(7.0)%	
Total Operating Income	21.0	20.7	0.3	187.6	186.2	1.5	250.7	248.1	2.6	184.3	3.3	1.8%	
PSF - Trust	0.1	0.1	0.0	0.9	0.9	0.0	1.5	1.5	0.0	1.1	0.5	15.8%	
PSF - System	0.1	0.1	0.0	0.6	0.6	0.0	0.7	1.0	(0.2)				
Donated Income	0.0	0.0	0.0	0.6	0.0	0.6	0.6	0.0	0.6	1.5	(0.9)	(59.7)%	
Total Reportable Income	21.2	20.9	0.3	189.8	187.7	2.1	253.5	250.5	3.0	186.9	2.9	1.5%	



Key Messages

Operating Income was £0.3m ahead of plan in month, £1.5m YTD. We continue to see the benefit of funding from the most recent contract variation with our commissioners, CV40, which included Lower limb pilot, MSK Acute Triage and continuation of AIRs Pilot. CV41 has been signed, with the most notable impact being the discontinuing of LD pass through charges, with the CCG now paying directly. We received £52k additional funding for the Pay Deal in December as part of a national reconciliation process of actuals to funding. This will increase to £70k by year end. Pass through income continues ahead of plan, relating to rechargeable drugs.

Commissioner Focus

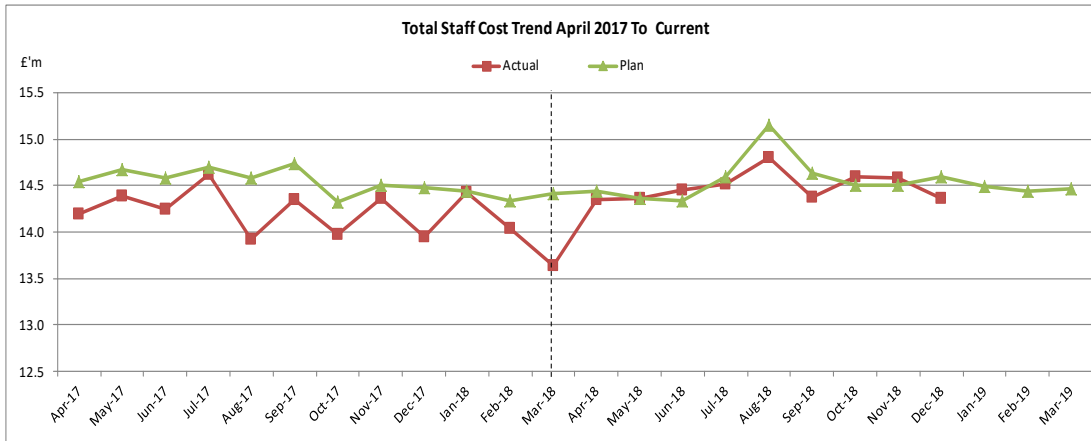
We have met with commissioners and shared our funding priorities for the coming year. As CCGs have now received 19/20 allocations, the work on agreeing the contract values for 19/20 begin in earnest.

System Focus

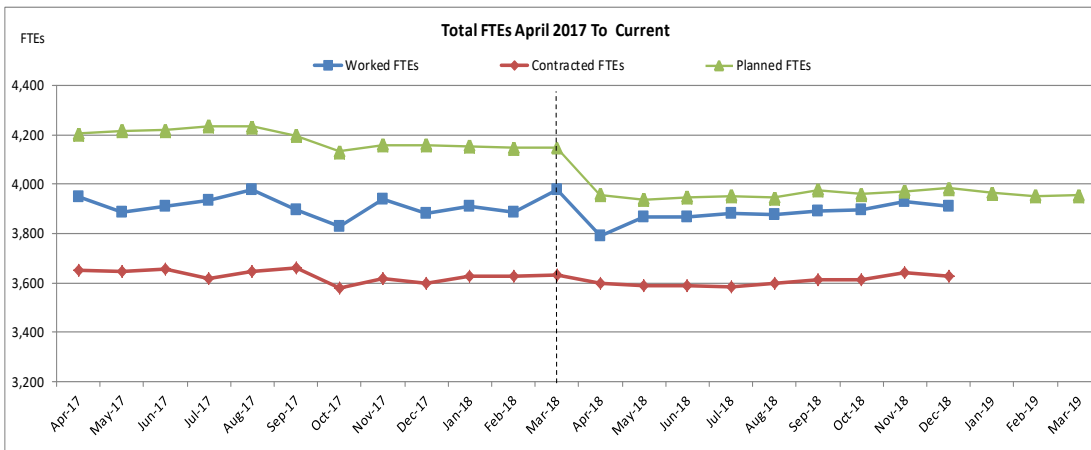
We have included full Trust and System PSF in our YTD surplus as both ICS's have achieved their system targets to the end of Q3.

There remains a level of risk for both Frimley and Royal Berkshire in delivering their YE Control Total. West Berkshire ICS are forecasting that they will miss the YE Control Total which put £0.1m PSF at risk. Following a request from Frimley, we have agreed to 'offset' the remaining £0.6m of our over Control Total Forecast against Frimley's forecast. Frimley ICS overall are forecasting delivery of YE Control Total.

Workforce



Staff Costs	
YTD	£'m
2018/19	130.4
2017/18	128.0
▲	2%
Prior Yr	£'m
Dec-18	14.4
Dec-17	13.9
▲	3%



FTEs		
Prior Yr	CFTE	WFTE
Dec-18	3,628	3,912
Dec-17	3,597	3,882
-1%	▲	▲
Prior Mth	CFTE	WFTE
Dec-18	3,628	3,912
Nov-18	3,643	3,930
0%	▼	▼

Key Messages

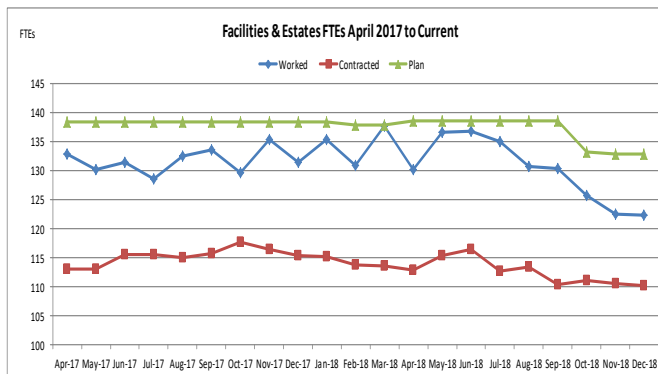
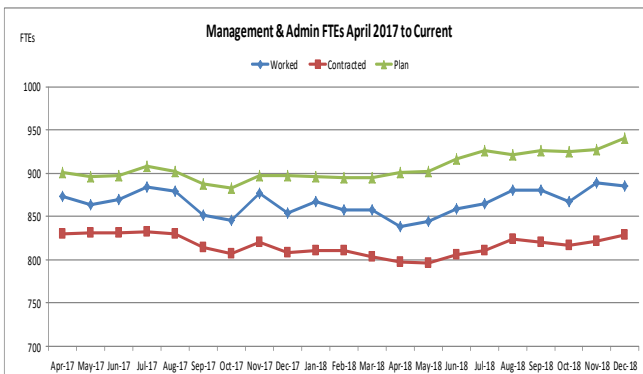
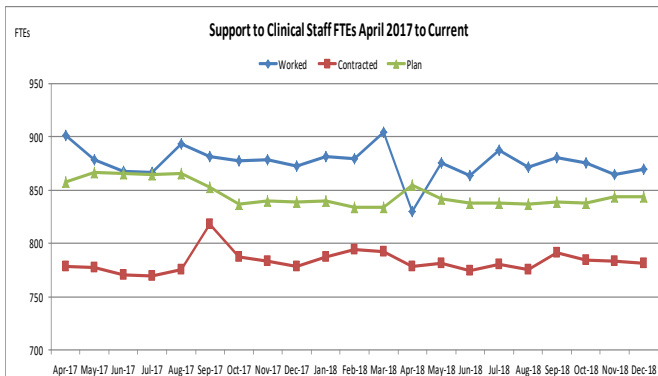
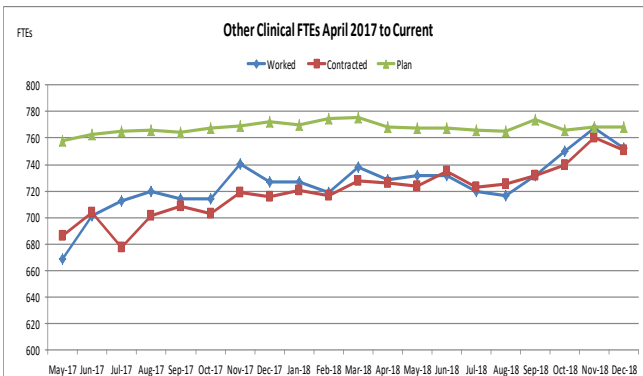
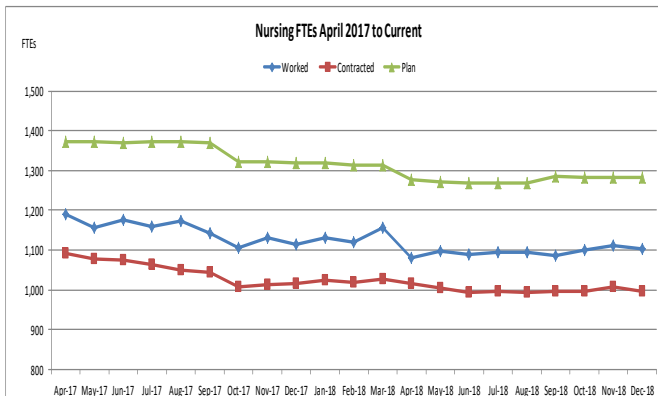
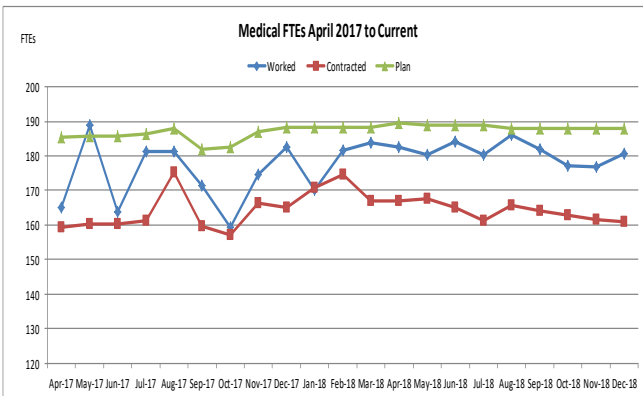
Underlying staff costs in December were on plan, before £0.2m HCA provision release.

Our overall WFTEs were 72 short of plan including non permanent staffing. This indicated that whilst we are not to plan in terms of workforce numbers, the overall cost ,including bank and agency premium, has met affordable levels. Further increases in staffing costs that are not a substitution for non permanent cover, will impact our surplus as we will be spending above our vacancy assumptions.

Overall contracted WTE fell this month by 15 WTE this month, in contrast to previous months. Bank costs increased in month by £0.2m, whilst agency costs reduced by £0.1m, the former includes bank holiday payments which also takes account of reportable high pay rates (£119 per hr) for cover in WestCall.

Despite our YTD 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. Campion Unit observation costs were much lower in December with YTD overspend holding at £457k.

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.

This month Other Clinical staff, which has been rising throughout the year, saw a decrease, with reductions in IAPT of 5.50 WTE, Liaison & Diversion 1.60 WTE and OPMH WAM 1.50 WTE.

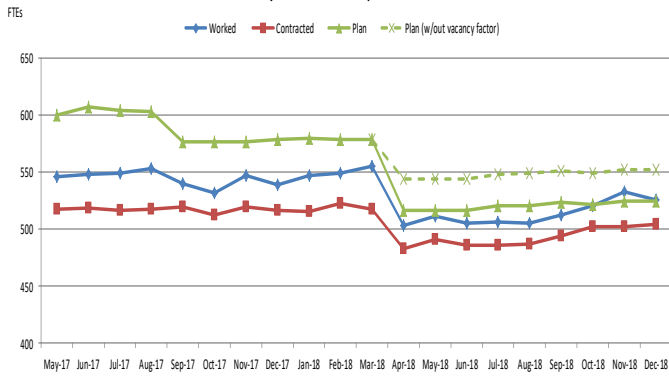
Contracted Medical staffing numbers continue to fall, although the number of FTEs worked increases by 3.85 WTE driven by non recurrent staff utilised within WestCall and 1.03 WTE within ED Streaming.

Management and Admin numbers increased, although an element of the increase was due to Rio Support being recognised as a revenue costs, where they have been previously capitalised as part of GDE. This also accounts for the planned increase.

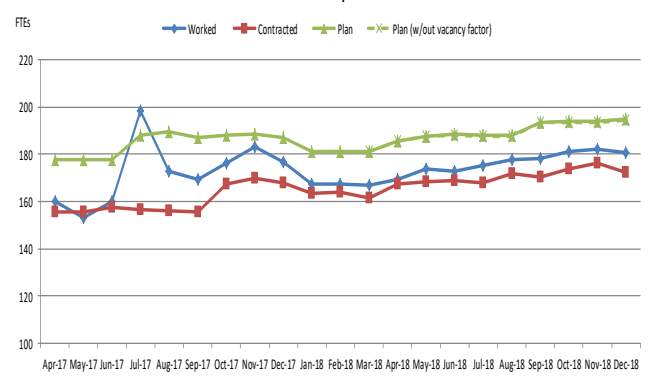
All other items and categories were stable and similar to last month, although with a noticeable slight reduction overall.

Workforce: Divisional

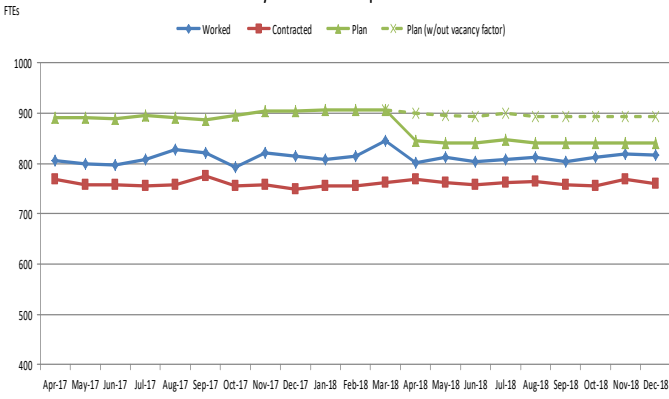
Community Health East FTEs April 2017 to Current



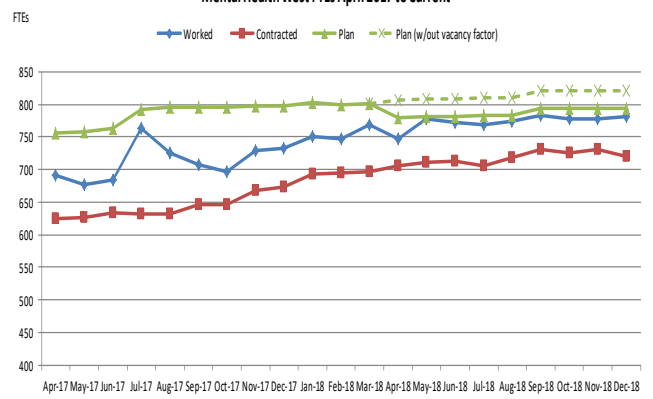
Mental Health East FTEs April 2017 to Current



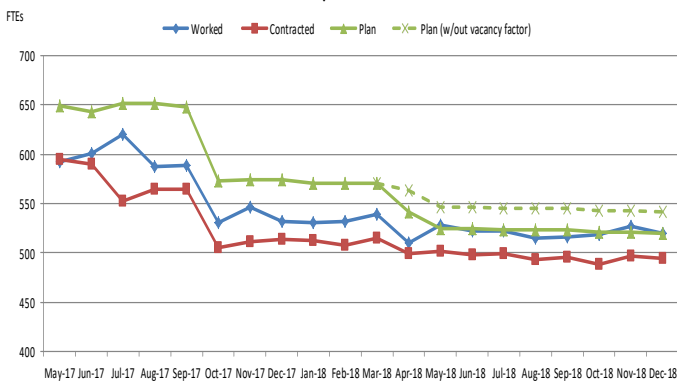
Community Health West FTEs April 2017 to Current



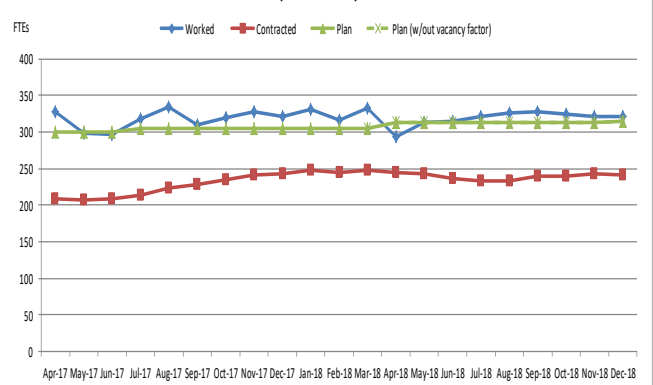
Mental Health West FTEs April 2017 to Current



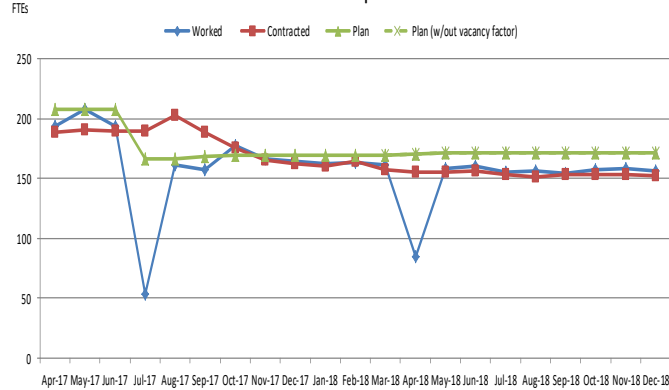
CYPF FTEs April 2017 to Current



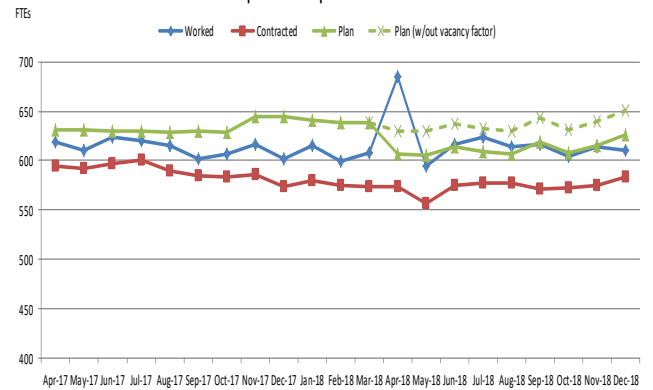
Mental Health Inpatient FTEs April 2017 to Current



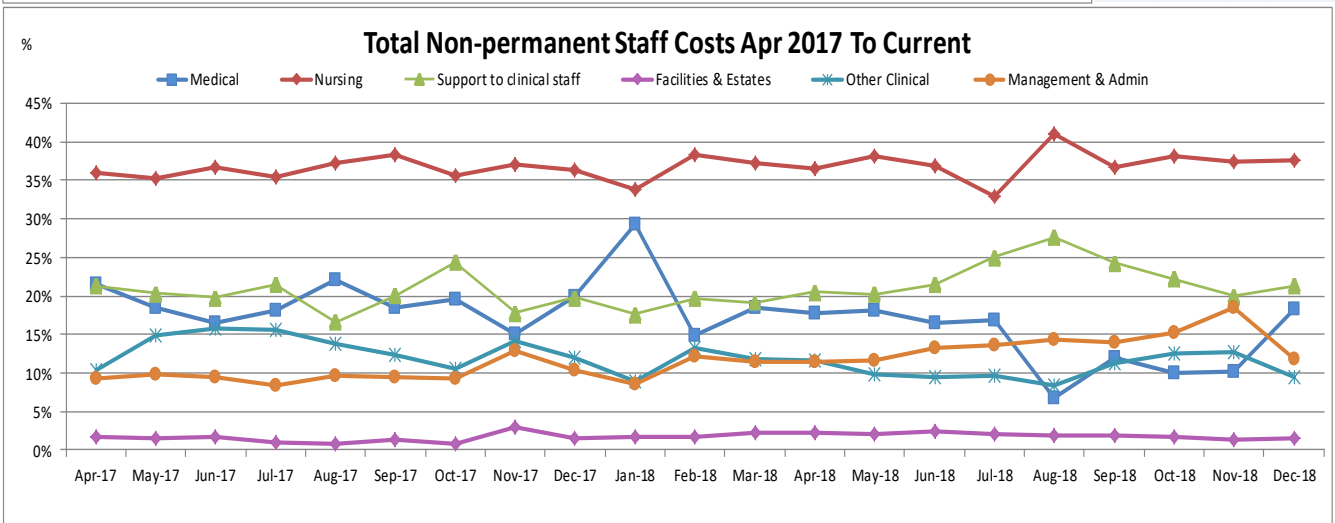
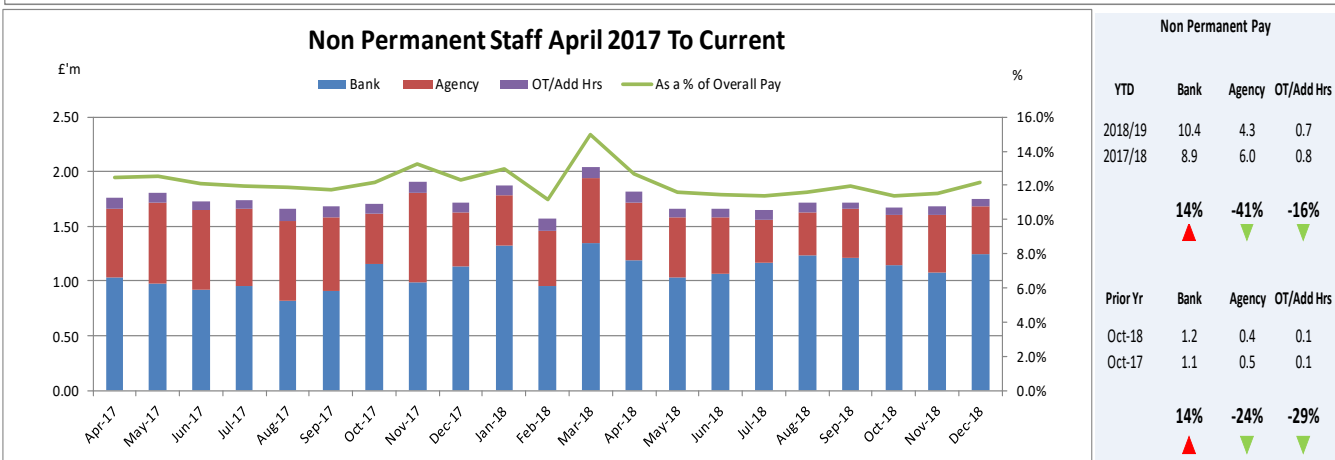
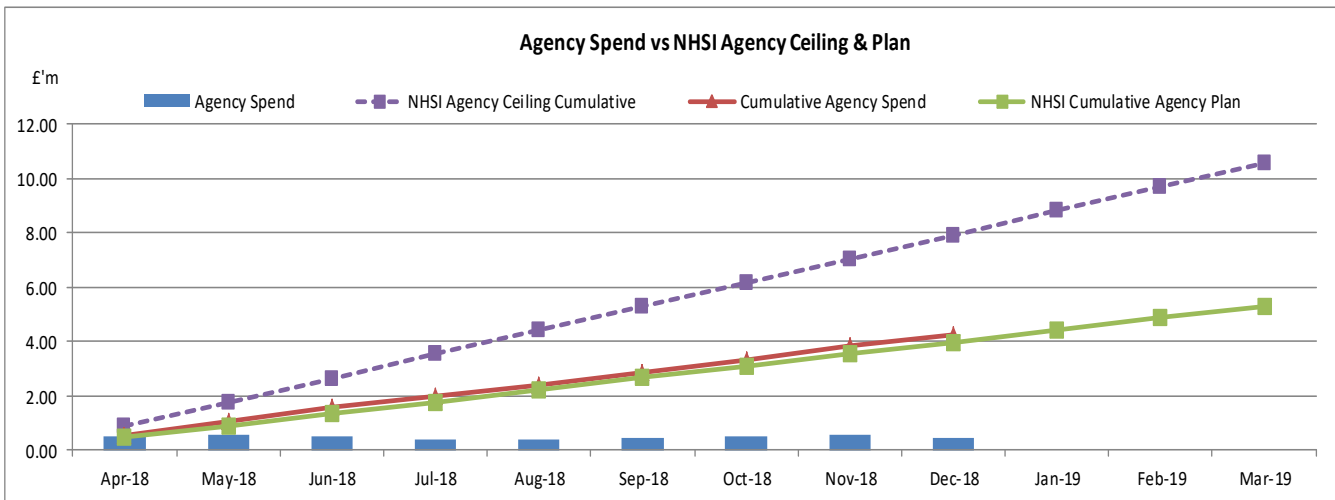
Other Health Services FTEs April 2017 to Current



Corporate FTEs April 2017 to Current



Non Permanent Pay



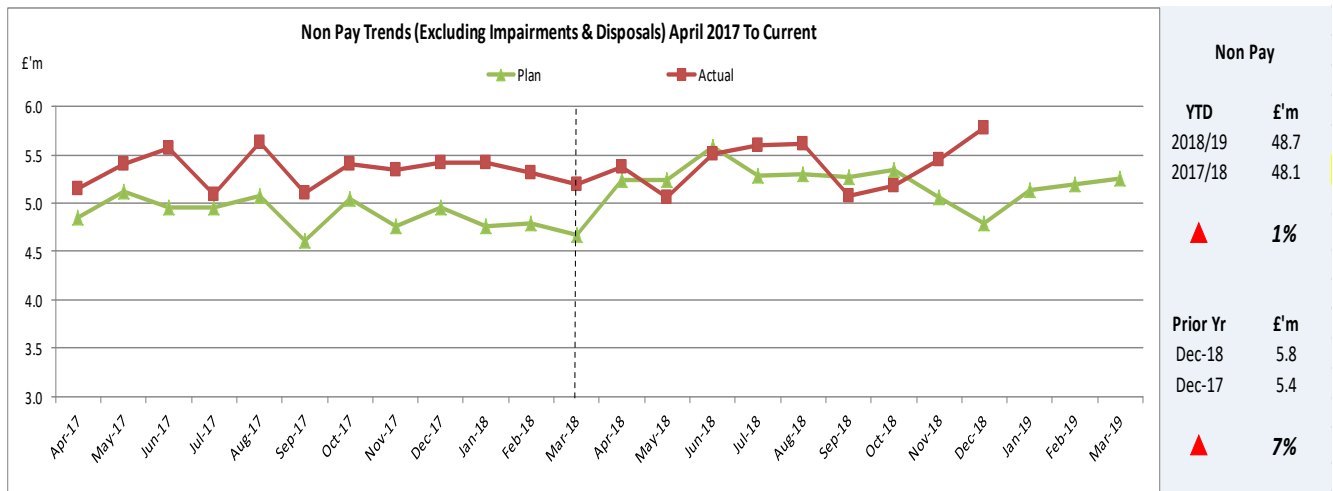
Key Messages

Non permanent staffing graph above includes overtime and additional hours worked as well as bank and agency costs. Costs in December (excluding overtime and additional hours) were £1.75m. The higher than average non-permanent Medical staffing costs in December is primarily due to bank holidays cover at Westcall.

Overall Bank and Agency spend is tracking at £0.1m below last year, with YTD agency spend down £1.7m, offset by a £1.5m increase in bank spend, illustrating a movement of staff to the bank.

Non Pay Expenditure

Non Pay	In Month			YTD			FY			Prior YTD		
	Act	Plan	Var	Act	Plan	Var	Forecast	Plan	Forecast	Act	Var	
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	+/-	%
Purchase of Healthcare	1.4	1.1	0.3	12.7	10.5	2.2	16.7	13.7	3.0	12.4	0.3	2.1%
Drugs	0.6	0.4	0.2	4.5	3.8	0.8	6.2	5.0	1.2	3.6	0.9	24.5%
Premises	1.4	1.2	0.2	11.2	10.6	0.6	14.9	14.3	0.6	11.4	(0.1)	(1.3)%
Supplies and services – clinical	0.5	0.4	0.0	3.5	3.9	(0.4)	4.9	5.2	(0.3)	3.7	(0.2)	(5.0)%
Transport	0.2	0.3	(0.1)	2.3	2.9	(0.6)	3.0	3.9	(0.9)	2.6	(0.3)	(10.0)%
Establishment	0.4	0.3	0.1	2.8	2.3	0.5	3.7	3.1	0.6	3.8	(0.9)	(25.2)%
Other Non Pay	0.8	0.5	0.2	6.8	8.3	(1.5)	8.8	11.2	(2.4)	6.1	0.7	11.5%
PFI Lease	0.5	0.5	(0.0)	4.8	4.8	0.0	6.4	6.3	0.1	4.7	0.1	2.9%
Total Non Pay	5.8	4.8	1.0	48.7	47.1	1.5	64.7	62.7	2.0	48.2	0.5	0.9%



Key Messages

Overall non pay expenditure in December was £1.0m higher than planned, £0.4m higher than last month and £0.4m higher than December 17. The overall YTD overspend has now increased to £1.5m, £0.7m excluding pass through costs.

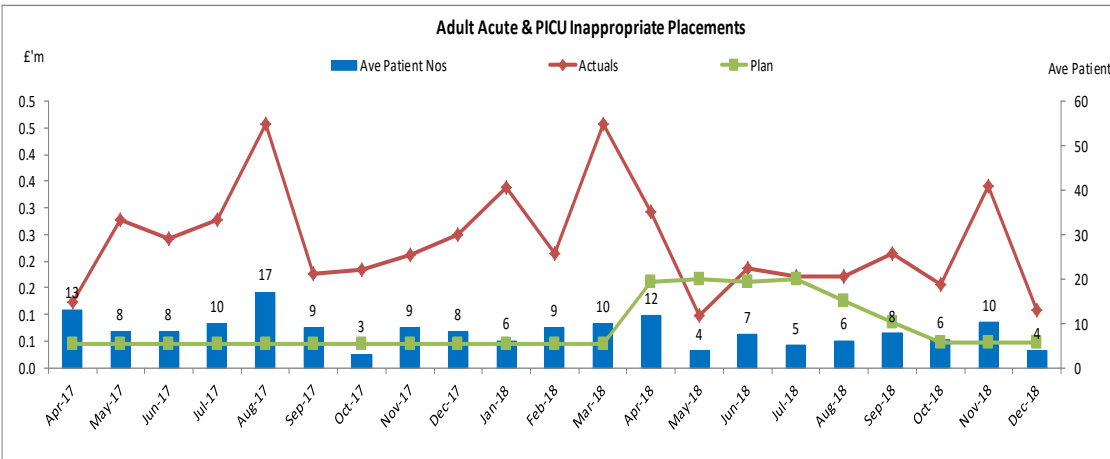
There were several non-recurrent costs booked in month including Document Storage & Indexation Audit costs, £60k, and writing back to I&E of £0.1m non capital IM&T equipment. This has driven costs well above plan this month.

OAPS and Drug costs continue to be above plan, the latter directly recovered by income. Actual OAPs costs fell in December following the 'Spring to Green' initiative, with costs £0.2m lower than November.

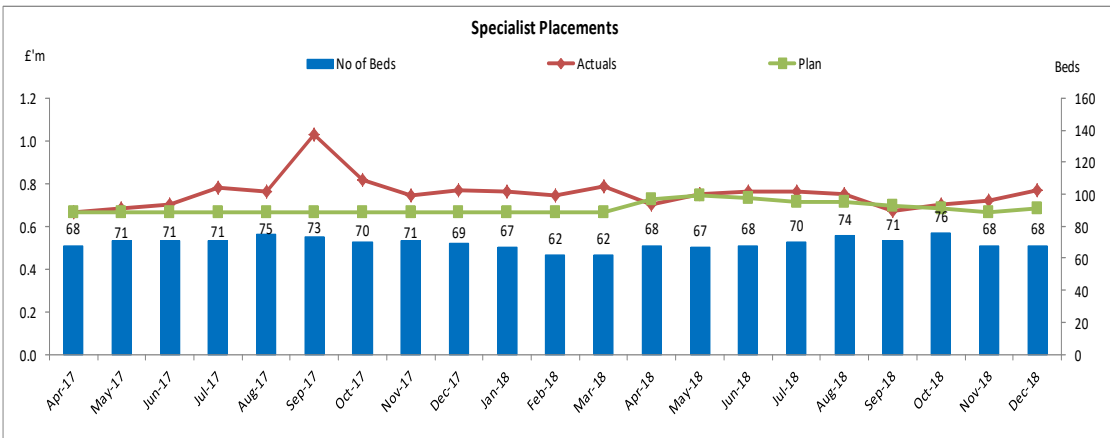
Purchase of Healthcare overspend has risen to £2.2m YTD; this includes OAPs overspend and services which we contract from other providers.

We are still awaiting a formal agreement with the Reading Borough Council relating to the funding of patients in Papist Way from September, which remains a challenge. Negotiations have concluded on the revised Cloisters contract, with the contract variations being reviewed by our legal advisors pending signing.

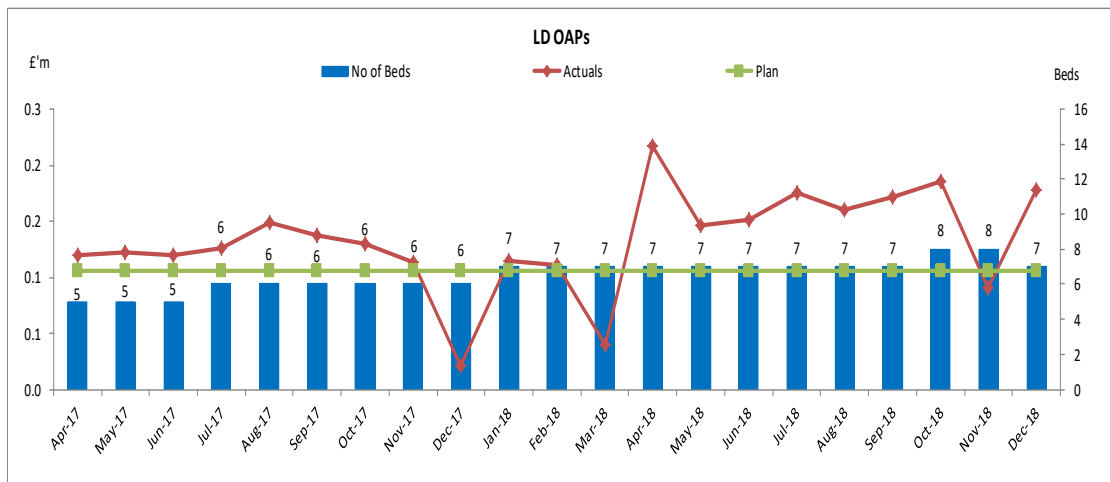
Non Pay Expenditure - Focus on OAPs



Non Pay	
YTD	£'m
2018/19	1.7
2017/18	2.2
	▼ -21%
Prior Yr	£'m
Dec-18	0.1
Dec-17	0.2
	▼ -57%



Non Pay	
YTD	£'m
2018/19	6.6
2017/18	7.0
	▼ -5%
Prior Yr	£'m
Dec-18	0.8
Dec-17	0.8
	▲ 0%



Non Pay	
YTD	£'m
2018/19	1.5
2017/18	1.0
	▲ 42%
Prior Yr	£'m
Dec-18	0.2
Dec-17	0.0
	▲ 728%

Key Messages

Inappropriate Placements' costs in December were £60k higher than plan and £140k lower than December 17. YTD cost are now £737k higher than expected but still £458k lower than YTD last year.

Specialist Placements cost were £83k overspent in December and are £252k overspent YTD. Again spend is down notably on last year, £355k YTD.

LD OAPs costs were £73k overspent against the plan and are £527k overspent YTD. YTD cost is £437k higher than last year.

3.0 Divisional Summary

Income Statement	In Month			YTD			Full Year			Prior YTD		
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Forecast £'m	Plan £'m	Var £'m	Act £'m	+/-	Var %
Community Health West												
Income	0.4	0.5	(0.1)	3.8	4.1	(0.4)	5.0	5.5	(0.5)	3.1	0.7	22.3%
Pay	2.9	3.0	(0.0)	25.8	26.5	(0.7)	34.4	35.3	(0.8)	25.2	0.6	2.5%
Non Pay	0.5	0.5	0.0	4.2	4.3	(0.0)	5.7	5.7	(0.0)	4.1	0.2	4.6%
Net Cost	3.1	3.0	0.1	26.3	26.6	(0.3)	35.1	35.5	0.4	26.2	0.1	0.5%
Mental Health West												
Income	0.2	0.3	(0.0)	2.2	2.3	(0.1)	2.9	3.0	(0.1)	2.0	0.2	8.0%
Pay	2.8	2.9	(0.1)	25.4	25.4	0.0	33.9	33.9	(0.0)	23.0	2.4	10.7%
Non Pay	0.5	0.4	0.2	5.5	3.9	1.6	7.1	5.0	2.1	5.1	0.4	7.7%
Net Cost	3.1	3.0	0.1	28.7	27.0	1.7	38.1	35.9	2.1	26.0	2.7	10.3%
Community Health East												
Income	0.3	0.3	0.1	2.3	2.5	(0.2)	3.2	3.3	(0.1)	4.6	(2.3)	(50.0)%
Pay	1.8	1.8	(0.0)	16.1	16.5	(0.4)	21.6	22.0	(0.4)	17.2	(1.1)	(6.4)%
Non Pay	0.5	0.6	(0.0)	4.8	5.2	(0.4)	6.4	6.9	(0.5)	5.1	(0.3)	(6.3)%
Net Cost	2.0	2.2	(0.1)	18.6	19.1	(0.6)	24.8	25.6	(0.8)	17.7	0.9	5.0%
Mental Health East												
Income	0.2	0.1	0.1	1.2	1.0	0.2	1.7	1.4	0.3	1.2	0.0	2.1%
Pay	0.7	0.7	(0.0)	6.0	6.3	(0.2)	8.1	8.4	(0.2)	5.6	0.4	7.6%
Non Pay	0.9	0.9	0.1	7.5	7.3	0.2	10.0	9.6	0.4	7.7	(0.2)	(3.0)%
Net Cost	1.5	1.5	0.0	12.3	12.6	(0.3)	16.5	16.7	(0.2)	12.1	0.2	1.4%
CYPF												
Income	0.2	0.2	0.0	2.3	2.0	0.3	3.0	2.7	0.3	2.5	(0.3)	(9.8)%
Pay	1.8	1.8	(0.1)	16.5	16.7	(0.2)	22.3	22.3	0.0	17.9	(1.4)	(8.0)%
Non Pay	0.1	0.1	(0.0)	1.3	1.2	0.1	1.5	1.6	(0.0)	1.2	0.1	6.3%
Net Cost	1.6	1.7	(0.1)	15.5	15.9	(0.4)	20.8	21.1	(0.3)	16.6	(1.1)	(6.7)%
Mental Health Inpatients												
Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	104.1%
Pay	1.0	0.9	0.0	8.6	8.4	0.3	11.5	11.2	0.4	8.0	0.6	7.5%
Non Pay	0.1	0.1	(0.0)	0.7	0.8	(0.1)	0.9	1.1	(0.1)	0.8	(0.1)	(14.7)%
Net Cost	1.0	1.0	0.0	9.3	9.2	0.2	12.5	12.2	0.2	8.8	0.5	5.5%
Other Health Services												
Income	0.3	0.1	0.2	2.0	0.9	1.1	2.9	1.2	1.7	1.0	1.0	97.0%
Pay	1.2	1.2	0.0	11.2	11.0	0.2	15.0	14.7	0.3	11.0	0.2	1.7%
Non Pay	0.3	0.0	0.3	1.2	0.2	1.0	1.8	0.3	1.5	0.2	1.0	401.0%
Net Cost	1.2	1.2	0.0	10.4	10.4	0.1	14.0	13.8	0.1	10.2	0.2	1.8%
Corporate												
Income	1.3	1.2	0.1	12.6	11.3	1.3	16.7	15.0	1.8	14.4	(1.8)	(12.5)%
Pay	2.2	2.2	0.0	20.7	20.4	0.3	27.6	26.8	0.8	20.1	(0.7)	3.3%
Non Pay	2.8	2.3	0.5	23.5	24.3	(0.8)	31.3	32.5	(1.2)	23.9	0.5	(1.9)%
Net Cost	3.7	3.2	(0.5)	31.5	33.3	1.8	42.2	44.4	(2.2)	29.5	(2.0)	6.8%
Corporate Income & Financing												
Income	18.3	18.3	0.0	163.4	163.6	(0.2)	218.1	218.5	(0.5)	158.0	5.4	3.4%
Financing	0.836	0.935	(0.1)	7.396	7.9444	(0.5)	10.0	11.0	(1.0)	7.4	(0.0)	(0.4)%
Surplus/(Deficit) Statutory	0.3	0.6	(0.3)	3.4	1.6	1.8	4.2	2.3	1.9	3.4	(0.0)	(0.7)%

Key Messages

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

Community Health West: Income lower as activity driven Podiatry income was lower due to Christmas holidays.

Mental Health West: Non pay is entirely due to OAP overspends.

Community Health East: Income higher due to continued benefits from recent contract negotiations, CV40.

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

Corporate: Non-pay includes non recurrent Document Storage audit costs and non-capitalised IT costs.

4.0 Cost Improvement Programme

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

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
<u>OAPS Project</u>									
Specialist Placements	0.01	0.07	(0.06)	0.28	0.38	(0.10)	0.74	0.59	0.15
Overspill Beds	0.23	0.26	(0.03)	0.76	1.04	(0.28)	1.26	1.82	(0.56)
Total OAPS Saving	0.25	0.33	(0.08)	1.04	1.42	(0.38)	2.00	2.40	(0.41)
<u>Service Line Review</u>									
WestCall	0.00	0.07	(0.07)	0.00	0.25	(0.25)	0.00	0.50	(0.50)
CRHTT	0.00	0.07	(0.07)	0.00	0.25	(0.25)	0.00	0.50	(0.50)
Total Service Line Savings	0.00	0.13	(0.13)	0.00	0.50	(0.50)	0.00	1.00	(1.00)
<u>Procurement</u>									
NHSP Contract	0.02	0.02	0.00	0.14	0.14	0.00	0.18	0.18	0.00
Procurement Spend	0.06	0.03	0.03	0.314	0.225	0.089	0.40	0.30	0.10
Total Procurement Savings	0.07	0.04	0.03	0.45	0.36	0.09	0.58	0.48	0.10
<u>Other Schemes</u>									
Community NCA	0.03	0.02	0.01	0.23	0.19	0.04	0.25	0.25	0.00
Liaison & Diversion Contract	0.02	0.02	0.00	0.19	0.19	0.00	0.25	0.25	0.00
Other Contracts	0.02	0.02	0.00	0.19	0.19	0.00	0.25	0.25	0.00
Scheme to be Identified	0.01	0.00	0.01	0.12	0.00	0.12	0.17	0.17	0.00
Total Other Savings	0.08	0.06	0.02	0.72	0.56	0.16	0.92	0.92	0.00
Total CIP Delivery	0.40	0.57	(0.17)	2.21	2.84	(0.63)	3.50	4.80	(1.31)

Key Messages

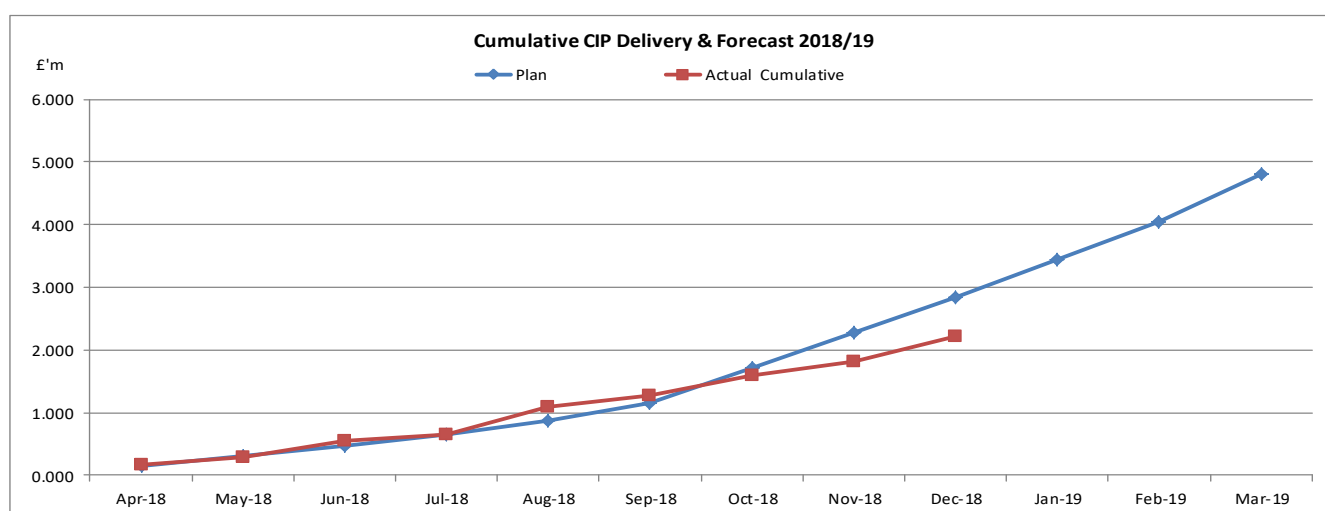
The Trust delivered a £2.2m of savings YTD against a plan of £2.8m. Forecast savings are expected to be £3.5m, although this is reliant on maintaining current level of out of area acute/PICU placements.

Contract negotiations for specialist OAPs placements are ongoing with new contractual arrangements for Cloisters anticipated to be in place from 1st February 2019 and Papist Way contract not renewed from 1st May expected to secure delivery of planned savings and cost mitigation into 19/20.

Female PICU beds were re-opened in December and the demand for acute and PICU beds reduced. Associated OAPs cost remains ahead of plan by £0.7m inclusive of female PICU beds.

Procurement continues to deliver ahead of plan YTD savings of £0.31m against a YTD plan of £0.23m.

Whilst we continue to identify schemes to mitigate this year, attention is shifting to the 19/20 programme which will likely be a higher requirement than this year.



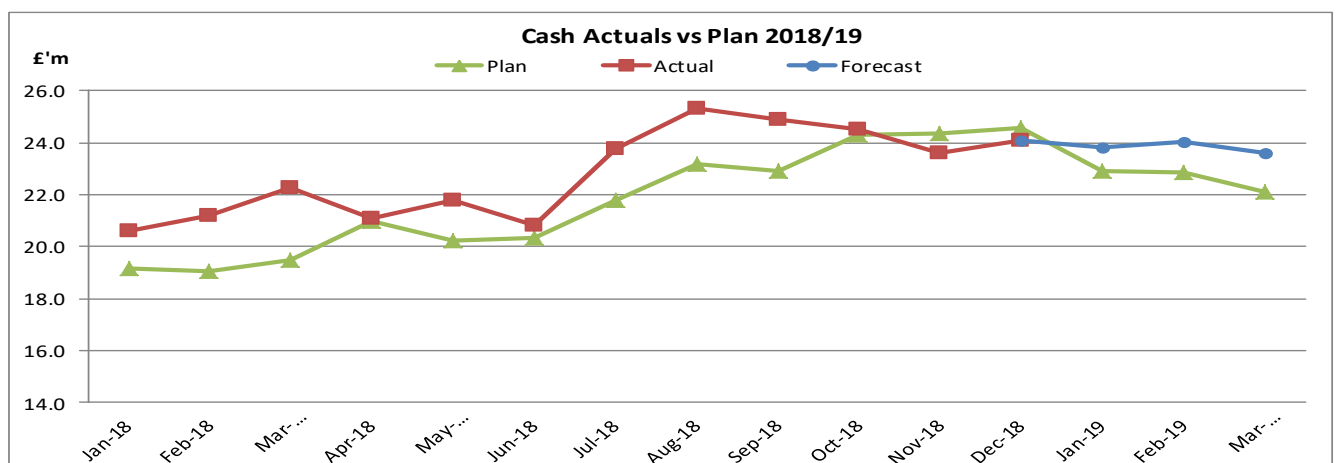
5.0 Balance Sheet & Cash

Balance Sheet	17/18	Current Month			YTD			18/19
	Actual £'m	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m
Intangibles	4.5	4.2	5.4	(1.2)	4.2	5.4	(1.2)	5.5
Property, Plant & Equipment (non PFI)	35.1	36.7	31.3	5.4	36.7	31.3	5.4	38.5
Property, Plant & Equipment (PFI)	55.6	58.9	59.6	(0.7)	58.9	59.6	(0.7)	55.6
Total Non Current Assets	95.2	99.8	96.3	3.5	99.8	96.3	3.5	99.6
Trade Receivables & Accruals	13.4	12.7	10.8	1.9	12.7	10.8	1.9	10.8
Other Receivables	0.3	0.2	1.3	(1.1)	0.2	1.3	(1.1)	1.3
Cash	22.3	24.1	24.4	(0.3)	24.1	24.4	(0.3)	22.1
Trade Payables & Accruals	(23.7)	(26.1)	(24.6)	(1.4)	(26.1)	(24.6)	(1.4)	(24.6)
Current PFI Finance Lease	(1.0)	(1.2)	(1.2)	(0.0)	(1.2)	(1.2)	(0.0)	(1.2)
Other Current Payables	(2.3)	(2.5)	(2.3)	(0.3)	(2.5)	(2.3)	(0.3)	(2.3)
Total Net Current Assets / (Liabilities)	9.0	7.2	8.4	(1.2)	7.2	8.4	(1.2)	6.1
Non Current PFI Finance Lease	(29.7)	(28.8)	(28.9)	0.1	(28.8)	(28.9)	0.1	(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	76.5	74.2	2.3	76.5	74.2	2.3	75.6
Income & Expenditure Reserve	19.9	23.0	20.9	2.1	23.0	20.9	2.1	22.2
Public Dividend Capital Reserve	16.0	16.5	16.3	0.2	16.5	16.3	0.2	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	76.5	74.2	2.3	76.5	74.2	2.3	75.6

Cashflow		17/18	Current Month			YTD			18/19
		Actual £'m	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m
Operating Surplus/(Deficit)	+/-	10.7	0.6	0.8	(0.2)	6.5	4.5	2.0	7.8
Depreciation and Impairments	+	5.4	0.4	0.5	(0.1)	3.1	3.5	(0.4)	5.7
Operating Cashflow		16.1	1.0	1.3	(0.3)	9.6	8.0	1.6	13.4
Net Working Capital Movements	+/-	(2.1)	(1.3)	(0.1)	(1.1)	(0.7)	1.0	(1.7)	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)	(1.3)	(0.7)	(0.7)	(4.7)	(4.0)	(0.7)	(9.1)
Investments		(10.2)	(1.3)	(0.7)	(0.6)	(3.9)	(3.2)	(0.7)	(7.5)
PFI Finance Lease Repayment	-	(1.0)	(0.1)	(0.1)	(0.0)	(0.7)	(0.7)	(0.0)	(1.0)
Net Interest	+/-	(3.5)	(0.3)	(0.3)	0.0	(2.4)	(2.4)	0.1	(3.6)
PDC Reviewed	+	1.8	0.0	0.0	0.0	0.3	0.3	0.0	0.3
PDC Dividends Paid	-	(1.6)	(0.0)	0.0	(0.0)	(0.9)	(0.9)	0.0	(1.7)
Financing Costs		(4.3)	(0.4)	(0.4)	(0.0)	(3.7)	(3.7)	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	(2.0)	0.1	(2.1)	1.3	2.1	(0.8)	(0.3)
Opening Cash		20.7	25.5	24.4	1.1	22.3	22.3	0.0	22.3
Closing Cash		22.3	23.6	24.4	(0.8)	23.6	24.4	(0.8)	22.0

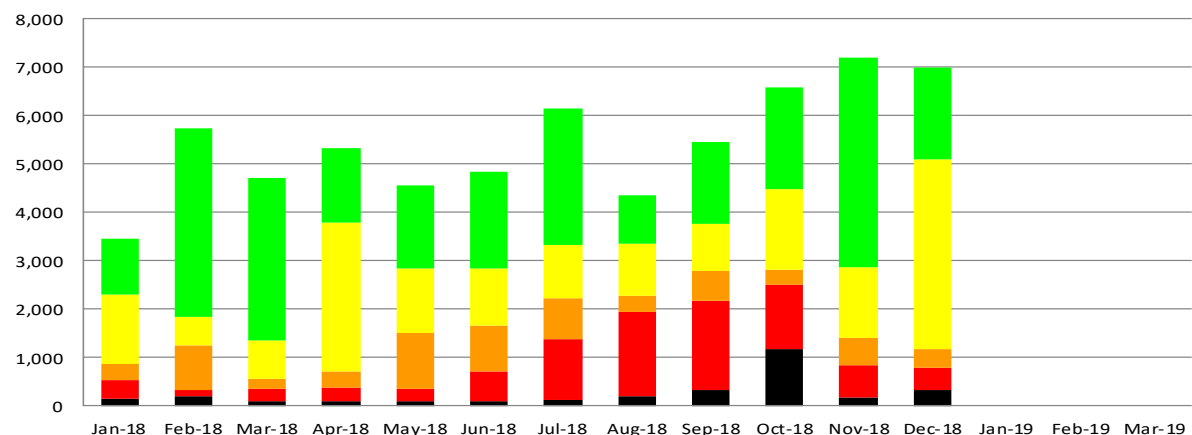
Key Messages

Closing cash balance was £24.1m, £0.5m below plan. The higher than planned surplus in addition to capital slippage, is being offset by an adverse working capital position. The working capital issue has arisen from a delay in debt recovery, in principle arising from NHSPS delays in the issuing of POs for Q2 and Q3. We also await final settlement on the Renal Unit, where we have capitalised the expense, but are awaiting the funding. We are continuing to forecast a higher than planned cash balance for YE.



Cash Management

Trade Receivables 2018/19

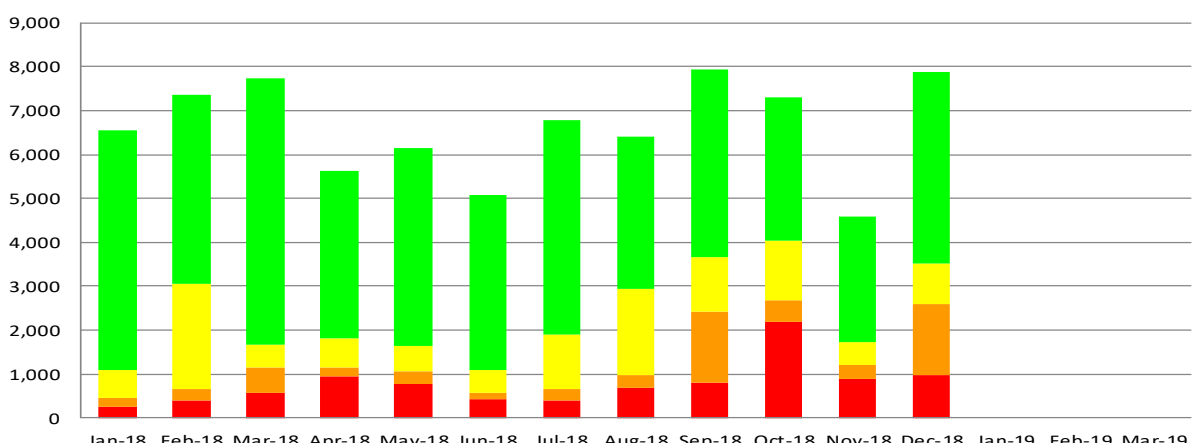


	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
<30 Days	1,155	3,890	3,353	1,547	1,697	2,001	2,820	1,004	1,687	2,103	4,320	1,907			
>30 <60 Days	1,452	586	806	3,080	1,351	1,194	1,093	1,067	988	1,656	1,456	3,925			
>60 <90 Days	337	941	196	313	1,141	942	858	330	605	314	572	367			
>90 < 180 Days	361	128	246	297	272	617	1,256	1,763	1,858	1,341	655	467			
>180 Days	161	188	110	94	88	93	119	187	325	1,164	187	328			

Key Message

Trade receivables decreased by £0.2m in the month, mainly due to decrease in current debts. The 30 to 60 days receivables increased by £2.4m, mainly due NHSPS invoices (£2.7m). This is offset by £1.7m of payables NHSPS invoices. There's been a small increase in over 180 days by £0.1m due to increase in debts with local authorities and cluster of CCGs.

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	3,249	2,875	4,374			
>30 <60 Days	627	2,396	520	659	585	536	1,247	1,940	1,230	1,350	509	931			
>60 <90 Days	204	252	559	193	306	124	238	288	1,617	509	314	1,617			
>90 days	257	400	582	964	763	436	415	701	808	2,185	897	965			

Key Message

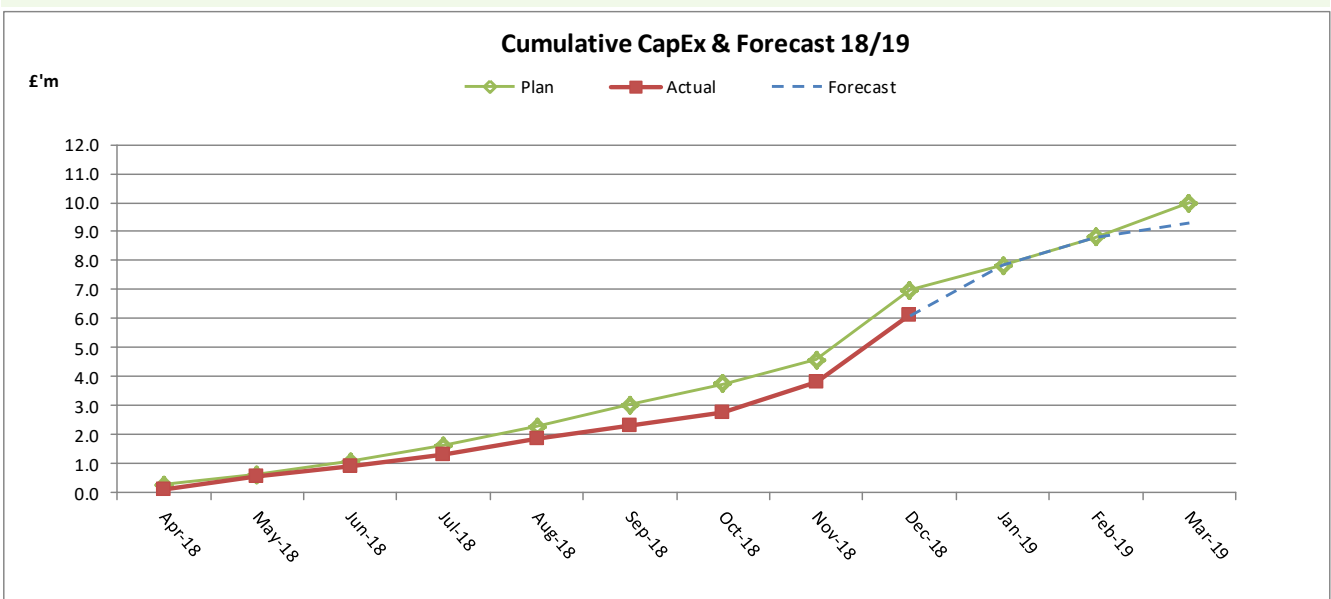
Trade Payables increased by £3.3m overall due to increase in current payables of £1.5m, including an invoice re IT refresh (£1.5m). 60 to 90 days debt rose by £1.3m, relating to NHSPS invoices. Total outstanding value to NHSPS is £1.7m, of which £1.4m contributes to 60- 90 days payables. Payables over 90 days have increased by £0.1m and mainly consists of Frimley Invoices (£0.2m), NHSPS (£0.2m) and Cygnet Healthcare (£0.2m).

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
<i>Estates Maintenance & Replacement Expenditure</i>							
Trust Owned Properties	22	62	(40)	169	586	(417)	755
Leased Non Commercial (NHSPS)	44	37	7	507	502	5	735
Leased Commercial	(0)	0	(0)	15	0	15	0
Statutory Compliance	15	92	(77)	204	178	26	448
Locality Consolidations	1	300	(299)	47	800	(753)	1,600
PFI	64	83	(19)	402	669	(266)	1,380
Subtotal Estates Maintenance & Replacement	148	574	(426)	1,343	2,735	(1,391)	4,918
<i>IM&T Expenditure</i>							
IM&T Refresh & Replacement	1,847	1,584	263	2,839	2,130	709	3,187
IM&T RiO Licences	57	0	57	57	0	57	0
IM&T Business Intelligence and Reporting	28	10	18	83	105	(22)	130
IM&T System & Network Developments	0	0	0	(3)	0	(3)	0
IM&T Other	(1)	6	(7)	54	46	8	95
IM&T Locality Schemes	80	0	80	411	0	411	200
HSLI Community Mobile Working	0	0	0	0	0	0	0
Subtotal IM&T Expenditure	2,011	1,600	411	3,442	2,281	1,161	3,612
<i>GDE Expenditure</i>							
GDE Trust Funded	148	241	(93)	914	1,591	(677)	1,985
GDE funded by NHS Digital	0	0	0	335	335	0	335
Subtotal GDE Expenditure	148	241	(93)	1,249	1,926	(677)	2,320
Other Locality Schemes	1	0	1	71	0	71	150
Subtotal Capital Expenditure	2,308	2,415	(107)	6,105	6,942	(836)	11,000
Assumed Slippage within NHSI Plan		0	0		0	0	(1,000)
Subtotal Capital Expenditure vs NHSI Plan	2,308	2,415	(107)	6,105	6,942	(836)	10,000
<i>Donated Assets</i>							
Renal Unit at WBCH	2	2	0	1,021	1,021	0	1,021
Subtotal Donated Assets	2	2	0	1,021	1,021	0	1,021
Total Capital Expenditure	2,310	2,417	(107)	7,127	7,963	(836)	11,021

Key Message

The Trust is reporting against an annual plan of £10m in line with the annual plan to NHSI. Majority of that spend is funded by the Trust except for £0.4m GDE funding, which has been drawdown in July and £0.2m Patient Wi-Fi funding from NHS Digital, was drawn in December. Spend in December was £0.1m below the plan, with overall YTD spend £0.8m behind expectation. This month saw significant IM&T spend on desktop replacement.



Trust Board Paper

Board Meeting Date	12 th February 2019
Title	Summary Board Performance Report M9 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 December 2018.</p> <p>Month 9</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 1 specific indicator;</p> <ul style="list-style-type: none"> • 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 – AMBER

	<ul style="list-style-type: none"> • NHS Improvement (non-financial) - AMBER <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-01a - Mental Health Physical Assaults on Staff (User Safety) • US-02a - Mental Health Physical Patient to Patient Assaults (User Safety) • US-05 - Self-harm incidents: Number (User Safety) • US-07 - Mental Health: Absconsions on MHA section (User Safety) • US-08 - Number of suicides in the last 12 months (User Safety) • US-18 – Prevention and Management of Violence and Aggression (PMVA) (User Safety) • US-19 – Use of Prone Restraint (User Safety) • US-20 - Mental Health Seclusion (User Safety) • PM-01 - Staff Turnover (People) • PM-03 – Sickness (People) • NHSI - Inappropriate Out of Area Placements Berkshire West CCG – (NHS Improvement) • 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 Occupancy Rate (Service Efficiency & Effectiveness) • SE-08 – New Birth Visits Within 14 days (Service Efficiency & Effectiveness) • SE-10 - Mental Health Clustering within target (Service Efficiency & Effectiveness) <p>Further RED KPI performance detail and trend analysis is provided in the summary performance report.</p>
ACTION	The Board is asked to note the above.

Board Summary Performance Report

M9: 2018/19 December 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)	Amber	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	Green	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; M9: December 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
- MHSDS – Data Quality Maturity Index
- A&E maximum waiting time of 4 hours, 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 M9: 2018/19

Indicator	Indicator No	Comments	Section
Mental Health Physical Assaults on Staff	US 01a	Reduced from 101 to 93	User Safety
Mental Health Physical Patient to Patient Assaults	US 02a	Reduced from 54 to 53	User Safety
Self-Harm incidents	US 05	Decreased from 204 to 189	User Safety
Mental Health: Absconsions on MHA Section	US 07	Increased from 22 to 26	User Safety
Number of suicides in the last 12 months	US 08	Increased from 22 to 24	User Safety
Prevention and Management of Violence and Aggression (PMVA)	US 18	Increased from 62 to 84	User Safety
Use of Prone Restraint	US 19	Increased from 8 to 11	User Safety
Mental Health Seclusion	US 20	Increased from 15 to 20	User Safety
Staff Turnover	PM 01	Increased from 17.0% to 17.24%	People Management
Sickness rate	PM 03	Increased from 4.43% to 4.65%	People Management
Inappropriate Out of Area Placements Berkshire West CCG	NHSI	Above the 356 Occupied Bed Days target at 358	NHSI
Mental Health Acute Average Length of Stay	SE 03	Decreased from 51 days to 47 days	Service Efficiency
Mental Health Acute Snapshot Length of Stay	SE 03a	Decreased from 51 days to 50 days	Service Efficiency
Community Health Services Occupancy	SE 05	Decreased from 76% to 72%	Service Efficiency
Mental Health Acute Occupancy Rate by Locality and Ward	SE 06 a & b	Reduced from 99% to 94%	Service Efficiency
Mental Health Non-Acute Occupancy Rate	SE 07	Increased from 64% to 84%	Service Efficiency
New Birth Visits within 14 days	SE 08	Remained at 90%	Service Efficiency
Mental Health Clustering	SE 10	Remained at 82.9%	Service Efficiency

User Safety Commentary

There were 4 serious incidents in December 2018. These were 3 suspected suicides (1 each for Bluebell ward, Talking Therapies and Crisis Team West) and 1 alleged sexual assault on Bluebell ward.

The number of assaults on staff decreased to 93 in the rolling quarter to December 2018 and remains red rated. In the rolling quarter, Mental Health Inpatients reported 84 incidents (97 last month), 30 incidents were reported on Sorrel ward (same as last month), 8 on Daisy ward (5 last month), 10 incidents on Bluebell ward (13 last month), 6 on Snowdrop ward (7 last month), 15 on Rowan ward (24 last month), 7 incidents were reported on Rose ward (9 last month). In addition, 4 incidents took place in the place of safety, 1 each in the car park, A&E and 1 other or unknown location. In the rolling quarter, 6 incidents were reported at Willow House (CAMHS) (same as last month). All incidents in December 2018 were rated as low or minor risk.

For Learning Disabilities there was a decrease in the number of assaults on staff from 80 in the rolling quarter to November 2018 to 66 in the rolling quarter to December 2018. This shows an increasing trend.

Patient to Patient Assaults has reduced to 53 in the rolling quarter to December 2018 and remains red rated against a local target. 9 incidents occurred in Willow House in the rolling quarter. 41 incidents occurred in Mental Health Inpatients in the rolling quarter and these were as follows; 8 incidents took place on Sorrel ward (12 last month), 12 on Rowan ward (16 last month), 3 on Daisy ward (2 last month), 7 on Rose ward (6 last month), 2 on Bluebell ward (1 last month), 7 on Snowdrop ward (same as last month), 1 incident each occurred at Prospect Park Hospital, and place of safety. In the community in the rolling quarter, 3 incidents were reported in the community; 1 each for Slough Older Persons Mental Health and Care Pathways and 1 older person's service, Wokingham. At the time of reporting, 1 incident in Slough was rated as moderate risk and all other incidents in December 2018 were rated as low or minor risk. At the time of reporting a total of 18 clients carried out assaults on other patients including 1 client who has carried out 5 assaults. This shows an increasing trend.

Learning Disability Patient to Patient Assaults reduced to 10 (previously 13) in the rolling quarter to December 2018 and is now rated as green against a local target. All incidents were rated as low or minor risk and the assaults were carried out by 4 clients including 1 who carried out 6 incidents. This shows a decreasing trend.

Slips Trips and Falls occurred in the following wards are above target; Orchid ward (7 falls), Donnington (6 falls), Henry Tudor (7 falls), Ascot ward (4 falls), Windsor ward (7 falls) and Rowan ward (6 falls). 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 the number of falls. Each of these 6 wards has a monthly baseline to reduce falls by.

Self-Harm incidents have decreased to 189 in the rolling quarter to December 2018 and remains rated as red against a local target. In Willow House there were 40 incidents (52 last month) reported in the rolling quarter. There were a total of 103 incidents reported in the rolling quarter to December 2018 by Mental Health Inpatients, which is increased from 101 in the rolling quarter to November 2018. Of these, 8 incidents were reported on Rose ward (11 last month), 25 on Bluebell ward (46 last month), 11 on Daisy ward (8 last month) and 10 on Snowdrop ward (26 last month). There were also incidents reported as follows; 1 in the car park, 2 public place or street and 1 other or unknown location. In the community in the rolling quarter, 42 incidents reported by Mental Health West, 34 Crisis team, 2 each by Care Pathways, and Traumatic Stress service, 1 each Criminal Justice and Liaison and Talking Therapies. 4 Incidents were reported by Mental Health East, 2 each by IMPACTT and Care

Pathways and Older Persons Mental Health. In December 2018, one incident on Daisy ward was rated as moderate and all others were rated as low or minor risk. This shows an increasing trend. For Mental Health inpatients including Willow House, this is a Quality Improvement programme breakthrough objective.

Learning Disability Self Harm increased to 10 in the rolling quarter to December 2018. This shows a decreasing trend.

AWOLS and Absconsions data covers only those clients detained on a Mental Health Act section and is measured against a local target. Both AWOLS (16 to 20) and Absconsions (22 to 26) increased in the rolling quarter to December 2018. In December 2018 there were a total of 9 AWOLs reported; 5 from Snowdrop ward, 1 each from Bluebell and Daisy ward and 2 from public place or street. All incidents in December 2018 were rated as low risk. In December 2018, there were 9 absconsions; 3 each from Bluebell ward and Daisy ward and 1 from Snowdrop ward and 2 from the Therapy Centre at Prospect Park Hospital.

Preventing and Managing Violence and Aggression (PMVA) (Control and Restraint of Mental Health patients), at the time of reporting, there were 84 uses of PMVA in December 2018. There were 16 incidents at Willow House, 8 on Bluebell ward, 43 incidents on Sorrel ward, 3 each on Rose ward and Snowdrop, 7 on Daisy ward, 1 on Rowan ward and 2 incidents on Orchid ward. There was also 1 incident at Prospect Park reception.

There were 11 uses of prone restraint in December 2018, of which 6 were at Willow House, 2 each on Sorrel ward and Rowan ward and 1 on Daisy ward. The trend for use of prone restraint is downwards, when measured over a 3-year period. A programme of work is in place to reduce the use of prone restraint on the wards by 90% by the end of 2018/19. Target is less than 2 per month.



There were 3 uses of Strategy for Crisis Intervention and Prevention for Learning Disability services in December 2018.



Seclusion: in December 2018, 18 incidents of seclusion for mental health inpatients; the longest incident was 72 hours. There were 2 uses of seclusion in Learning Disability Services for the same client, of which the longest time in seclusion was 10 hours and 5 minutes.

User Safety Exception Report Month 9: 2018/19

KPI	Target	Dec-18	Trend	Context/Reasons	Commentary of Trend
Mental Health Physical Assaults on Staff	<70	93		Mental Health Physical Assaults on Staff show an increase in incidents reported in the rolling quarter by the Psychiatric Intensive Care Unit. This is measured against a local target.	In 2017/18 Mental Health NHS Benchmarking exercise, this Trust was in the upper quartile of physical violence to staff at 289 incidents per 100,000 occupied bed days excluding leave.
Mental Health Physical Patient to Patient Assaults	<40	53		Physical Patient to Patient Assaults were carried out by 18 patients in the rolling quarter. 1 of which carried 5 assaults. This is measured against a local target.	In 2017/18 Mental Health NHS Benchmarking exercise, the Trust was below the mean of physical violence to patients at 311 incidents per 100,000 occupied bed days excluding leave.

<u>KPI</u>	<u>Target</u>	<u>Dec-18</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Self-harm incidents	<75	189		Self-harm incidents reduced in Adult Acute Mental Health Inpatients and CAMHS Inpatients. In the Community there was an increase reported by our Crisis Services, although this was anticipated as it is a driver metric so there is increased recording.	Reduction in Self-harm since September 2018.
Absconsions on Mental Health Act Section	<15	26		Absconsions; there were 8 absconsions from Bluebell ward, 5 each from Daisy and Snowdrop ward, 3 from Rowan ward, and 2 each from the therapy centre and hospital corridor and 1 from public place or street. This is measured against a local target.	In the 2017/18 NHS Benchmarking exercise, the Trust was above the mean at 156 AWOL incidents per 100,000 bed days excluding leave.

<u>KPI</u>	<u>Target</u>	<u>Dec-18</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Number of suicides in the last 12 months	<23	24		This is a rolling annual figure and is measured against a local target. This is the highest figure since August 2016.	This is the number of apparent suicides, which may change following a Coroner's verdict. There is an annual retrospective review of this indicator based on these outcomes.
Preventing and Managing Violence and Aggression (PMVA)	<41	84		This is the number of physical restraints of patients on our Mental Health Inpatient wards. This shows an increase driven by an increase on Sorrel ward. This is measured against a local target.	In the 2017/18 NHS Benchmarking exercise, the Trust was below the mean of uses of restraint at 938 uses per 100,000 bed days excluding leave.

<u>KPI</u>	<u>Target</u>	<u>Dec-18</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Seclusion	<18	20		Seclusion is the confinement of a patient in a room which may be looked into. This is used to contain severely disturbed patients who are likely to cause harm to others.	18 incidents occurred in mental health inpatients including 9 episodes for one client. There were 2 uses in Learning Disabilities services for the same client. In the 2017/18 NHS Benchmarking exercise, the Trust was at the mean for uses of seclusion at 229 uses per 100,000 bed days excluding leave.
Prone Restraint	<2	11		The Trust target reduced to 2 from September 2018. In December 2018, 6 incidents were reported at Willow House, 2 each on Sorrel and Rowan ward and 1 at Prospect Park Reception.	In the 2017/18 NHS Benchmarking exercise, the Trust was above the mean of users of prone restraint at 262 uses per 100,000 bed days excluding leave.

Other Key Performance Highlights for this Section

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

- Mental Health: Preventing and Managing Violence and Aggression worsened from 62 in the rolling quarter to November 2018 to 84 in the rolling quarter to December 2018.
- Absconsions for those detained under the Mental Health Act worsened from 22 in the rolling quarter to November 2018 to 26 in the rolling quarter to December 2018.
- The number of suicides worsened from 22 in the rolling year to November 2018 to 24 in the rolling year to December 2018.
- Learning Disability self-harm has worsened from 8 incidents in the rolling quarter to November 2018 to 10 in the rolling quarter to December 2018.

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

- Mental Health Physical Assaults on Staff improved from 101 incidents in the rolling quarter to November 2018 to 93 in the rolling quarter to December 2018.
- Mental Health Physical Patient to Patient Assaults improved from 54 in the rolling quarter to November 2018 to 53 in the rolling quarter to December 2018.
- Mental Health Self-Harm incidents have improved from 204 in the rolling quarter to November 2018 to 189 in the rolling quarter to November 2018.
- Learning Disability Physical Assaults on Staff improved from 80 incidents in the rolling quarter in November 2018 to 66 in the rolling quarter in December 2018.
- Learning Disability Physical Patient to Patient Assaults improved from 13 incidents in the rolling quarter to November 2018 to 10 in the rolling quarter to December 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 PDP is a local target. Of the 8 indicators, 2 are red (Staff turnover and Sickness rates for November 2018), 2 are amber (Fire and Information Governance training) and 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 November increased further to 4.65%, from 4.43% in October. Based on hourly rates, there was a decrease in the cost of absence in November to £447,176 (the final cost for October was £451,888).
- There was an increase in the short-term sickness rate in November to 1.16% (from 1.10% in October). This increase is attributed to an increase in short-term absences due to cold/cough/flu. The total sickness rate for cold/cough/flu absences in November has remained consistent with the rate in October of 0.44% and remains slightly lower than the same period last year (November 2017 was 0.46%).
- There has been an increase in the long-term sickness rate in November to 2.52%, following the decrease seen in October (to 2.17%). Analysis of the data has identified that this increase is attributed to increases in absences for a number of reasons as follows:
 - o An increase in the rate attributed to anxiety/stress/depression to 0.87%, following the decrease seen in October (to 0.83%)
 - o An increase in the rate attributed to musculoskeletal absences to 0.55% (from 0.53% in October). The total sickness rate for this reason has decreased to 0.84% following the significant increase reported in October (0.91%), but the rate remains higher than the average over the previous six months of 0.72%
 - o An increase in the rate attributed to injury/fracture to 0.26%, against an average over the previous six months of 0.19%. This requires further analysis to identify any trends and actions required
- In addition to the increase seen in the long-term sickness rate, the total sickness rate attributed to anxiety/stress/depression increased in November to 1.32% (from 1.20% in October) and continues the upward trend seen since January 2018. Proportionally the percentage of absence attributed to anxiety/stress/depression remains lower than recent months at 28.2% and the cost of stress related absences in November was £125,533, an increase from October, but lower than the costs in August and September 2018.
- The short-term resource recruited to support the health and wellbeing agenda is working with the HR team to progress some specific actions to address stress related absence. These include:

- o liaising with Talking Therapies to identify and develop self-care strategies for staff
- o reviewing the attendance at the stress resilience courses with a view to considering options for an internal course that is more specifically tailored to the needs of our staff
- o identifying opportunities to embed stress awareness into other management training already on offer
- o working more closely with the purple network, as the data indicates that stress related sickness within our disabled workforce is disproportionate.

Recruitment

- The local recruitment campaign commences in mid-January, and will include advertising in the local press throughout January and February; a ten-week advert on buses on various routes across Berkshire, and a three-week radio commercial on Heart FM. For all advertising references #greatplacetowork, the respondents are directed to text 'jobs' to a dedicated text number. This will enable us to more effectively manage the contacts received and measure the impact of each aspect of the campaign.
- Open days have been arranged at Prospect Park Hospital and West Berkshire Community Hospital in February and the events will be promoted via social media. In addition, further specific work to address vacancies at Prospect Park Hospital includes:
 - o Band 5 recruitment plan drafted, including focused work on advertising
 - o Meet and greet session with final year students, with attendance from 21 students, including Learning Disability and Mental Health students, who are due to complete their training in 2019
 - o Plan to enhance the social media profile of Prospect Park, including staff stories.

Turnover

- The Trust-wide turnover rate in December has increased further to 17.24%, from 17.00% in November, and is showing an upward trend over the last three months.
- The outcomes of the recent 'staff surveys' completed by the District Nursing teams in East and West Berkshire have now been communicated to the teams, including the specific actions being taken in response to the feedback from the staff. These actions are grouped into four key themes; flexible working, development and career planning flexible retirement, and process improvement with specific reference to digital working. Plans are underway to replicate this work in Children's Services with a draft questionnaire designed to identify positive and negative factors impacting on recruitment and retention of staff which will initially be piloted in one or two services

with the highest turnover in first instance.

Statutory and Mandatory Training

Statutory Training – Fire Training has decreased to 88% with all services below target. Weekly reports are still being sent to Divisional Directors and for Corporate staff reports on non-compliance have been sent to the relevant Heads of Service/Directors. There have been issues with ESR during December 2018 and January 2019. For Manual Handling compliance in Mental Health Inpatients decreased to 50%, the manual handling lead has updated all Mental Health Inpatient staff required competencies and this is reflected in the compliance level; additional training courses have been made available.

Mandatory Training - Information Governance has increased to 94.5% and is below target. Weekly reports are being sent to Divisional Directors for action. For Information Governance, the reporting has changed to reflect the requirement for annual "refresher" training for all staff. Weekly reports are being sent to Divisional Directors and for Corporate staff reports on non-compliance have been sent to the relevant Director/Heads of Service. For the Information Governance Toolkit submission in March 2018, the Trust achieved the 95% target.

There has been an issue with the e-learning platform since the beginning of the year and staff have been unable to complete their e-learning due to a national issue that affected all trusts using ESR. This has now been resolved and staff have been informed. We are expecting compliancy rates to increase now that staff are able to access the platform. We are working on a consistent approach to following up staff who are not compliant using the Business and Performance Leads and reminders will be given at Senior Management Teams and messages will appear in Learning & Development News.

The PDP target for May 2018 was achieved.

People Exception Report Month 9 - 2018/19

<u>KPI</u>	<u>Target</u>	<u>Dec-18</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Staff Turnover (% year to date)	<15.2%	17.24%		<p>Increase in turnover target from September 2016. This remains a challenging stretch target for the Trust. Turnover rates were reducing over 12 months but have increased since September 2018. This includes end of fixed-term contracts, retirements as well as voluntary resignations.</p>	<p>NHS Digital published data on the Stability Index, that is the percentage of staff in post 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 in question. 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%

4.65%



Short-term sickness has increased to 1.16% and the long-term sickness has increased to 2.52%.

The most recently published NHS Staff Sickness Absence rates published on 24th January 2019 show that for the period for July to September 2018, the sickness rate for England was 4.08%, and 3.65% for Thames Valley.

Other Key Performance Highlights for this Section

- Sickness has worsened from 4.43% in October 2018 to 4.65% in November 2018
- Staff Turnover has worsened from 17.0 % in October 2018 to 17.16% in December 2018
- Gross vacancies have worsened from 8.3 % in November 2018 to 9.3% in December 2018.
- Statutory Training: Fire – has worsened from 90% in November 2018 to 88% in December 2018.
- Mandatory Training: Information Governance training has improved from 94% in November 2018 to 94.5% in December 2018.

NHS Improvement Non-Financial and Financial Commentary

The Single Oversight Framework for 2018/19 is amber rated, due to out of area placements being above the Quarter 3 trajectory for Berkshire West CCG.

The DM01 – 6-week compliance for Audiology Diagnostics compliance was 100% for December 2018.

The Trust was given an overall mental health data set (MHSDS) DQMI Score of 99.8%, against a target of 95% according to the most recent data published on 6th November 2018. NHS Digital published guidance which stated that there will be a new approach to adding indicators which will allow Trust's time to take corrective action prior to publication, and so the score published in November 2018 has reverted to the original 6 fields.

Inappropriate Out of Area placements - the Single Oversight Framework (SOF) 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 3 2018/2019 - quarter to date the Trust were just above target on the West, but below target overall:

- Berkshire West CCG - 358 inappropriate OAP bed days against a Quarter 3 2018 target of 356 bed days.
- East Berkshire CCG - 201 inappropriate OAP bed days against a Quarter 3 2018 target of 342 bed days.

Proportion of people completing treatment who move to recovery (from IAPT minimum dataset). For December 2018 the Trust achieved 57%, 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. 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 December 2018, 1 case of Clostridium Difficile infection occurred on Windsor ward.

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

Service Efficiency And Effectiveness Commentary

There are 13 indicators within this category; 5 are rated as "Green" including DNA rates, Community Health Length of Stay, Mental Health Readmissions and Crisis plans. None are rated as "Amber", 8 are rated "Red", Mental Health Average and Snapshot Length of Stay, Mental Health Acute occupancy by ward and by locality, Community Health Occupancy, Mental Health Clustering and Health Visiting, and 1 of which does not have a target (place of safety). As more than 50% of indicators are rated as red, this section is rated as red.

The Did Not Attend (DNA) rate decreased from 4.75% in November 2018 to 4.70% in December 2018 but remains rated as green. East Mental Health (7.18%), West Mental Health (7.41%) and CYPF (7.05%) are above target. This indicator shows a decreasing trend.

In CPE, the DNA rate increased from 8.01% in November 2018 to 9.00% in December 2018.

In Children and Families Community Paediatrics at 8.86%, Health Visiting 8.21%, School Nursing 6.10%, CAMHS 8.26%, were above the 5% target.

For Mental Health East; IMPACTT at 15.80%, East Adult CMHTs at 7.5% are above target. In West Mental Health, Clinical Health Psychology 17.6%, Adult Mental Health 8.20%, Trauma 6.30%, Neuropsychology 9.6% 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 December 2018, 19,492 messages were sent.

Community Health Inpatient Average Length of Stay reduced to 20 days and all localities are below target. Delayed transfers of care have worsened; Wokingham 4.4% (last month 0%), WAM 10.7% (7.4% last month) and Slough 2.9% (1.3% last month). There was an improvement in Reading 5.7% (last month 3.7%) and West Berkshire 13.7% (23.3% last month). A total of 34 patients' discharges were delayed in December 2018, 16 of these are the responsibility of the NHS, and 13 are the responsibility of social care and 5 are joint health and social care responsibility. The most common reason for a delay was awaiting care package in own home (total 17; 6 for health, 8 social care, and 3 joint responsibility health and social care). 8 are awaiting care home placement, 4 are social care responsibility and 3 are NHS responsibility and 1 is joint health and social care responsibility.

Mental Health Acute Occupancy excluding home leave reduced to 94% in December 2018. A Spring to Green initiative to improve throughput on the wards and out of area placements took place in December 2018.

The Average Acute Length of Stay for Mental Health reduced to 47 days in December 2018 from 51 days and the snapshot length of stay reduced to 50 days from 51 days and both continue to remain above target. Of the 199 clients discharged during October 2018 to December 2018, the median length of stay was 24 days. 28 clients who were discharged in the period had lengths of stay above 90 days, including 22 above 100 days and 1 at 390 days. There are a number of clients who have accommodation needs for which funding must be obtained and placements sought before they can be discharged from the ward. At 9th January 2019 there were a total of 17 acute clients delayed (including potential delays) there were; 5 each on Bluebell ward and Daisy ward and 4 on Rose ward and 3 on Snowdrop ward. By locality, there is 1 for Bracknell, 3 each for WAM, West Berkshire and Reading, 5 for Slough, and 1 for Wokingham.

There are 2 clients delayed on Campion Unit, both detained under the Mental Health Act; by locality 1 for Wokingham and 1 for an out of area client (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 except Bracknell were above target.

At the 14th January 2019, there were 4 acute patients (2 male and 2 female) and 2 PICU (1 male and 1 female) out of area.

Older Adults Mental Health wards length of stay is 53 days for Rowan ward and 34 days for Orchid ward for clients discharged.

Community Health Occupancy is below the 80% lower threshold at 72% and is therefore red rated, and there will be a reduction in bed numbers on Highclere from January 2019.

Mental Health Readmission rates increased to 6.3% in December 2018, which is below the 9% target, with only Wokingham, Bracknell and Slough above target.

The Mental Health Benchmarking Toolkit received, and a separate paper was submitted to the Finance, Performance and Risk Executive Committee.

Mental Health Clustering remains at 82.9% compliance and remains below the 95% target.

Place of Safety uses have increased to 39 in December 2018 and includes 3 uses for Minors. Of these 39; 14 were admitted following assessment including 12 under Section 2 of the Mental Health Act. 13 clients waited over 8 hours for an assessment, but 1 has no waiting time recorded and none are recorded as being over 24 hours. The reasons for the delays in assessment include bed availability, patient intoxication, and availability of AMHP/assessing Doctor. 13 out of the 39 assessments were carried out by Berkshire Healthcare NHS Foundation Trust Section 12 Doctors. The most common time in December 2018 to be brought to the place of safety was between midnight to 3am followed by 9pm to midnight. The most common days for detention in December 2018, was Thursday with 9 detentions followed by 7 uses each on Saturday and Sunday.

Crisis plans is above target at 96% with all areas above target when incomplete plans are included in the total, so is green rated.

Health Visiting is below target at 90.47% 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 49 cases not seen within 14 days 39% (19) were due to baby still being in hospital, 27% (13) there was no access for the visit, 16% (8) the family declined the appointment, and 8% (4) were due to staff capacity, 1 case was a late notification and 1 was the patient was out of area. 3 cases had no details recorded.



System Resilience – Frimley Health NHS Foundation Trust achieved 87.2% for Type 1 A&E attendances in December 2018.

In the West, the A&E waiting times national return for November 2018 show the Royal Berkshire Hospital achieved 83.2% Tier 1 A&E attendances and 86.1% against Tier


1-3 attendances. Nationally only 79.3% 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 86.4% for all Tier 1-3 attendances during October 2018. The Trust's Minor Injury Unit (MIU) achieved 100% for discharged, admitted transferred within 4 hours of arrival.



The system wide report showed that the Reading Rapid Access service had limited capacity on 11th January 2019. In terms of Inpatients on 14th January 2019, there were a total of 8 community beds available at our community hospitals in Berkshire West area including 5 on Oakwood ward.

Service Efficiency And Effectiveness Exception Report Month 9: 2018/19

<u>KPI</u>	<u>Target</u>	<u>Dec-18</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Mental Health: Acute Average Length of Stay	<30 Days	47		Bed optimisation project underway to look at alternatives to admission, productive stay and productive discharge. Spring to Green initiative took place in December 2018. Median length of stay was 24 days. One client discharged after 390 days (excluding leave).	Delayed transfers of care and lack of onward accommodation impacts on this metric. In the 2017/18 NHS Benchmarking Exercise the Trust was above the national mean with an average length of stay of 31.3 days at 38 days.
Mental Health Acute Length of Stay Snapshot	<30 Days	50		This is a decrease on the preceding month and reflects the acuity of clients and number of delayed transfers of care and decrease in long stayers.	

<u>KPI</u>	<u>Target</u>	<u>Dec-18</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Community Health Occupancy Rate	< 80%	72%		In December 2018, all Community Health wards were below target. 10 beds on Highclere ward are being repurposed, these beds will be closed from 1 st January 2019.	In the National Audit of Intermediate Care, the average occupancy for a Community Health Hospitals was 90%. 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>Dec-18</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Mental Health Acute Occupancy rate (exc. Home Leave by Ward / Locality)	< 90%	94%		<p>All localities are above target except Bracknell. New bed management process including gatekeeping of clients in progress. Spring to Green initiative took place in December 2018 with a view to improving patient flow.</p>	<p>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. In 2017/18 it shows a further 20% increase. There has been a cumulative increase of 70% of our admitted clients being detained under the Mental Health Act since 2015/16. The 2018/19 data shows further increases. The 2017/18 NHS Benchmarking exercise shows the Trust above the mean of admissions of patients detained under the Mental Health Act at 55 per 100 admissions.</p>

<u>KPI</u>	<u>Target</u>	<u>Dec-18</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Mental Health: Non-Acute Occupancy rate (exc. HL)	< 80%	84%		This has been driven by increases in occupancy on Orchid ward (85%), Sorrel ward and Rowan ward (82%).	6 Rowan ward and Orchid ward clients were delayed transfers of care.
Health Visiting: New Birth Visits within 14 days	95%	90.0%		Of the 49 cases not seen within 14 days; 39% (19) were due to the baby still being in hospital, 27% (13) had no access at the visit, 16% (8) family declined appointment, and 8% (4) were due to staff capacity, 1 case was a late notification and 1 an out of area client. 3 cases had no details recorded.	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.

<u>KPI</u>	<u>Target</u>	<u>May-18</u>	<u>Trend</u>	<u>Context/Reasons</u>	<u>Commentary of Trend</u>
Mental Health Clustering within target	95%	83%		There are frequent reviews required for certain clusters which mean that it is challenging to achieve the target.	Teams with high numbers of outliers are being targeted. Clustering Lead is attending the Locality Managers Business Meeting to ensure that focus is maintained.

Other Key Performance Highlights for this Section

- Did Not Attend (DNA) rates have improved from 4.75% in November 2018 to 4.70% in December 2018
- Mental Health Readmission rates have worsened from 4.6% in November 2018 to 6.3% in December 2018
- Mental Health Acute Occupancy rates reduced from 99% to 94% in December 2018
- Mental Health Non-Acute Occupancy increased from 64% to 84% in December 2018
- Mental Health Acute Average Length of Stay has reduced from 51 days in November 2018 to 47 in December 2018
- Mental Health Acute Snapshot Length of Stay has improved from 51 days in November 2018 to 50 days in December 2018
- Community Health Occupancy rate has reduced from 76% in November 2018 to 72% in December 2018
- Prospect Park Place of Safety uses increased from 34 uses in November 2018 to 39 uses in December 2018



Trust Board Paper

Board Meeting Date	12 February 2019
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 December 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 December 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 December 2018 shows that good progress is being made with most of the initiatives being delivered to the expected time frames or with minor slippage.</p> <p>There are risks to the delivery of some important elements of the plan which are being managed.</p>

	<p>including the delivery of our cost improvement plan, and resolving S117 placements with our partner local authorities. The pace and progress of programmes within our health and social care systems are heavily influenced by our partner organisations. The plan remains dynamic, with some initiatives completed or moving to 'business as usual', and other new initiatives included as they are adopted.</p> <p>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 31 December 2018

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

Director: Bev Searle, Director of Corporate Affairs

Date: 31 January 2019

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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 December 2018.

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

Document Control

Version	Date	Author	Comments
1	31.01.19	Jenny Vaux	Based on the 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.

CONTENTS

		Page
1.	Introduction	4
2.	Changes to initiatives and workstreams	5
3.	Progress to the end of December 2018	5
4.	Conclusion	9
5.	Action	9

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.
5. Preparations are underway to prepare for 2019/20 planning, refreshing our True North Metrics, agreeing priorities internally and with commissioners, and responding to NHS England annual guidance and the NHS Long Term Plan. These will all inform our 2019/20 Strategy Implementation Plan and 'Plan on a Page'.

Progress reports to the Board

6. This is the third quarterly progress report of the year presented to the Board; the previous quarterly report was presented to the November meeting.
7. 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

8. 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

9. Initiatives which have been added to the plan during quarter 3 are shown in **blue** text. Within True North Goal 1, two new initiatives have been classified as Important by our strategy deployment filter and included on the plan. Both are benefitting from non-recurrent funding grants from Health Education England:

- Community Mental Health Teams Function and Workforce, which is a 12 month project to review the way our community mental health teams operate, to standardise approaches and reduce variation as demand for the service increases. The programme will also consider staff skills and team skills mix to address recruitment and retention challenges being experienced locally and nationally
- Community and Primary Care Network Workforce, which is a two year project to develop integrated district/community nursing and primary care (GP Practice) nursing roles, including a joint approach to supervision, and recruitment and retention. This is intended to address significant challenges in district nurse recruitment, and identified workforce challenges over the next few years in these roles. It also forms part of the Berkshire West Integrated Care System (ICS) workforce programme, and reflects expectations of closer working between community and primary care services in the NHS Long Term Plan.

10. Also new to this plan is a Breakthrough Objective to reduce the use of prone restraint in our mental health services, within our Improving Patient Experience initiative. Our agreed metric is to reduce the use of prone restraint to two episodes a month by the end of the financial year.

11. Initiatives which have been completed in the last quarter are shown in **green** text, and are both within True North Goal 3, (these will be removed from the 2018/19 plan):

- Within the Child and Adolescent Mental Health Service (CAMHS) Development initiative, the integration of services into the Children Young People and Families Service at the Upton Hospital site was completed in October 2018
- Within Health and Social Care Systems Initiatives, our community based neurology staff transferred to Frimley Hospital NHS Foundation Trust in December, to support the integration of neurology services in the Frimley Health and Care ICS area. This is a major ICS initiative to improve and integrate local care pathways, and bring treatment options closer to home for patients.

PROGRESS TO THE END OF DECEMBER 2018

Initiatives being delivered as planned

12. Good progress is being made in most areas of the plan at the end of the third quarter, some with very minor slippage on target dates, or are meeting revised target dates noted in previous reports. These include:

- Quality Improvement, including our Quality Management Improvement System programme. The Quality Improvement Business Intelligence workstream is also underway with a prototype approach currently being tested
- Zero Suicide, including a very successful Suicide Prevention Conference
- The main elements of our Workforce Strategy, and our Equality and Inclusion Strategy
- Re-developing our Intranet, which is underway and expected to be 'live' by July 2020
- Mental Health Service Development – our major programme Mental Health Pathways is nearing completion, planned for June 2019
- Improving Patient Experience, including the Berkshire East Sexual Health Service Transformation which has experienced some minor delays while appointing the programme management team
- Phase 2 of the Development of the University of Reading as a Primary Trust Site is making steady progress and is on track to meet its revised target date for completion in August 2019; the final Phase 3 timeline has been adjusted and is planned to be complete by January 2020. As is often the case with estates plans, there are interdependencies with other initiatives and with our partners
- Learning Disability Service Development, with the move of our assessment and treatment unit (ATU) from the current Campion Unit to Jasmine Ward at Prospect Park Hospital. This is on schedule with its revised programme target dates, and the service transfer date as originally planned in January 2020
- Child and Adolescent Mental Health (CAMH) Service Development, with the move of our Tier 4 inpatient service at Willow House, Wokingham Community Hospital, to Prospect Park Hospital remaining on schedule for completion to revised programme dates, with the service transferring in Feb 2021. This initiative is dependent on the ATU and University of Reading Phase 3 programmes. Our bid for £2.8m of national capital funding for this programme was successful, subject to submission of comprehensive business cases
- Information Technology Roadmap, with the main elements of our Global Digital Exemplar programme and the delivery of our Information Technology Architecture Strategy on schedule. Connected Care, a Health and Social Care System initiative, is also making good progress.

Initiatives with minor slippage

13. The following initiatives are reporting delays to activity target dates (Amber rated) of 2 months or longer, but are expected to be delivered in revised timeframes:

- Within True North Goal 1:

- Improving CAMHS Waiting Times, adopted in quarter 2, has been delayed due to the shortage of key staff and competing priorities. It remains Mission Critical, and expects to be delivered within the 12 month timeframe agreed
- the Development of Integrated Hubs, which is led and managed by the Frimley Health and Care ICS, has been refreshed and is generally on track with its new timescales. Delays are primarily around the estates strategy, with slippage of 9 months to July 2019 on the outline estates business case with the full business case due for submission for national funding in October 2019. Berkshire Healthcare is a major delivery stakeholder in this programme to integrate primary and community services, and we have significant resource committed to its implementation.
- within True North Goal 2:
 - while the majority of our Workforce Strategy is making good progress, there are delays of approximately 9 months agreeing objectives for workforce digital competencies, primarily due to changes in key staff roles; and a delay of 10 months agreeing the format for our workforce planning, although significant progress has been made in this critical area. The metric of reducing our staff vacancies by 10% by the end of the financial year is also rated Amber, as we anticipate that the wide range of actions initiated during the year to address recruitment and retention will impact in 2019/20.
 - the roll out of our Making It Right programme, part of our Equality and Inclusion Strategy, to Lesbian Gay Bisexual and Transgender (LGBT) and disabled staff groups is delayed to September 2019. A survey is underway through our Purple Network (disabled staff) to inform the development of their MIR programme.
- In True North Goal 3
 - Within our Mental Health Service Development initiatives, the Emotional Unstable Personality Disorder Pathway programme has made excellent progress. However in Phase 1, each roll out area of assessment and engagement is delayed for 2 months, and will conclude in July 2019, due to the complexity of the pathways. The implementation of Psychologically Informed Consultation and Engagement (PICT) is also delayed by 3 months to May due to delays approving the business case. The business case for Phase 2, assessment and engagement, is delayed by 1 month to February, as it will now include wider elements such as stabilisation and establishing the service user network
 - Within our Global Digital Exemplar, the Direct Patient Access and Communications workstream has a further delay due to a supplier removing a product from the market for online consultation. We are now working with an alternative supplier and expect this to be delivered in June 2019. We also have minor delays in the Digital Wards and Services workstream around electronic prescribing and administration, and the Digital Workforce workstream, providing enhanced care

home support due to the complexities of multi-agency working. None of these comparatively minor issues are expected to impact on our GDE payment milestones

- Within our Health and Social Care Systems initiatives, the Wellbeing/Common Point of Entry Service is delayed, primarily due to changes in key commissioner roles. The programme has been re-set, and negotiations on the details are being finalised. A steering group is established and next steps are taking shape including engagement with third sector organisations to deliver key elements of the service
- 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 Bed Optimisation workstreams to optimise the use of our mental health inpatient services and reducing patients travelling outside of Berkshire for treatment. Embedding post admission reviews into standard operating procedures, and reviewing our bed management function have both been delayed for 4 months to March 2019. These will be addressed through an “A3” (Quality Improvement methodology) workshop.

Initiatives with material risks of delivery or not continuing

14. Four programmes have activities rated as Red and/or Purple at the end of quarter three, i.e. with significant risks of delivery, or will not be delivered. These are:

- In True North Goal 3:
 - Within our Improving Patient Experience initiative, our target of reducing the use of prone restraint in our mental health services to 5 per month by the end of September 2018 was not met (Purple rated); and with the use of prone restraint remaining well above our target of two per month, we are unlikely to reach this goal by the end of March (Red rated)
 - 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 through a negotiated tender process is unlikely to continue, however some elements of the agreed new pathway are being progressed to implementation where it is practical to do so. Next steps are awaited from commissioners. The future of MSK/Physiotherapy services will be informed by the NHS Long Term Plan, which sets plans for community and primary care services to work more closely together in local networks.

- In True North Goal 4:
 - Delivering our Cost Improvement Plan, a key element in maintaining our NHS Improvement Use of Resources rating of 1, is not likely to be delivered (Red rated). We are forecasting delivery of £3.5m cost improvements against a plan of £4.8m. Given the time remaining this year, it is unlikely that sufficient opportunities will be identified to mitigate the forecast shortfall. We are compiling opportunities for the 2019/20 programme and will accelerate any that we are able, to improve our 2018/19 position. While this is a significant risk, we are currently forecasting that we will maintain our current rating of 1 at the year end
 - Within our initiative to Optimise the Use of Mental Health Inpatient Services, we have made good progress in the Optimising Contract and Placement Arrangements workstream, particularly in re-negotiating complex contractual arrangements with just a further slight delay on concluding contract negotiations with specialist placement providers. This workstream is however rated Red due to delays in resolving S117 placements with partner local authorities, which we originally expected to be completed in July 2018. These challenging negotiations are being escalated to find sustainable solutions.

CONCLUSION

15. The Strategy Implementation Plan Progress Report at the end of December 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 risks to the delivery of some important elements of the plan which are being managed, including the delivery of our cost improvement plan, and resolving S117 placements with our partner local authorities. The pace and progress of programmes within our health and social care systems are heavily influenced by our partner organisations. Our investment programmes in quality, estates and technology initiatives to improve services are progressing well. The plan remains dynamic, with some initiatives completed or moving to 'business as usual', and other new initiatives included as they are adopted.

ACTION

16. Members of the Trust Board are asked to:

- review and note the report.

2018/19 Strategy Implementation Plan Summary Report to end of December 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												
<p>Comments: The trajectory to meet our target metrics for reducing falls, self-harm and assaults on staff are showing a generally improving trend, however numbers of incidents can be volatile month to month, relating to small numbers of patients with complex needs and challenging behaviour. The QIBI project has commenced with agreement to trial a prototype system with a range of inpatient and community based services; this will be assessed in February.</p>													
ZERO SUICIDE	IMP												
<p>Comments:</p>													
COMMUNITY MENTAL HEALTH TEAMS FUNCTION AND WORKFORCE	IMP												
<p>Comments: Community Mental Health Teams Function and Workforce is a new initiative, supported by external funding.</p>													
COMMUNITY AND PRIMARY CARE NETWORK WORKFORCE	IMP												
<p>Comments: Community and Primary Care Network Workforce is a new initiative, supported by external funding.</p>													
REDUCING CHILD AND ADOLESCENT MENTAL HEALTH SERVICES WAITING TIMES	MC												
<p>Comments: the detailed programme plan delayed due to competing priorities and key staff changes, expected to be adopted in February 2019 (delay of 2 months).</p>													
FRIMLEY INTEGRATED CARE SYSTEM: DEVELOPMENT OF INTEGRATED HUBS	IMP												
<p>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. The programme has been refreshed and is generally on track with its new timescales. Slippage is primarily around the estates strategy, with slippage of 9 months to July 2019 on the outline business case with the full business case due for submission for national funding in October 2019.</p>													
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												
<p>Comments:</p> <p>Align our workforce and service models: agreeing objectives for workforce digital competencies is further delayed due to changes in staff roles (now March 2019). The Strategic Workforce Steering Group is considering funding opportunities and types of training available.</p> <p>Build our strategic workforce planning capability: the workforce planning format will be agreed at the same time as the planning cycle, in April 2019.</p> <p>Achieving our workforce metrics: reducing our staff vacancies by 10% may not be achieved by the end of March 2019. Significant activity is underway to reduce vacancies however the full impact may not be reflected until 2019/20.</p>													
QUALITY MANAGEMENT IMPROVEMENT SYSTEM (QMIS) - programme delivery	MC												
<p>Comments:</p>													
INTRANET	MC												
<p>Comments: Awaiting approval of full business case.</p>													
DELIVERING OUR EQUALITY AND INCLUSION STRATEGY 2016-20													
Mandatory/Statutory requirements	NA												
Other priorities	NA												
<p>Comments: Reviews of most of the Locality Equality Plans for 2017/18 were completed. The roll out of the Making It Right (MIR) training course to Lesbian Gay Bisexual and Transgender (LGBT) and disabled staff is delayed from June 2018 to September 2019. A survey is underway through our Purple Network (disabled staff) to inform the MIR programme; LGBT MIR programme planning on hold - meanwhile offering mentoring.</p>													
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												
<p>Comments: The Emotionally Unstable Personality Disorder Pathway (EUPD) Phase 1 - each roll out area of assessment and engagement is delayed for 2 months, concluding July 2019, due to the complexity of the pathways. The implementation of Psychologically Informed Consultation and Engagement (PICT) also delayed by 3 months to May due to delays approving the business case. The business case for Phase 2, assessment and engagement, is delayed by 1 month to February, as it will now include wider elements such as stabilisation and establishing the service user network.</p>													

INITIATIVE	Class	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
IMPROVING PATIENT EXPERIENCE - PATIENT SATISFACTION													
Staff recommending the Trust and responding to feedback	Wait												
Breakthrough Objective: Use of Prone Restraint	IMP												
Transformation of sexual health services in East Berkshire	MC												
<p>Comments:</p> <p>Use of prone restraint - this has been added to this section, as a Breakthrough Objective. The target to reduce to less than 5 incidences of using prone restraint per month by the end of September was not met (6 in September). The next target is to reduce to 2 incidents per month by the end of March; currently increasing trend however this will be volatile relating to small numbers of patients with complex conditions and behaviours.</p> <p>Transformation of sexual health services - this has been hampered due to challenges identifying a programme manager, which has now been resolved. Actions are underway, however there is slippage. Contract award is expected in February to commence July 2019.</p>													
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												
<p>Comments:</p> <p>Phase 2: Options for the relocation of RBH services from Craven Road being considered by the RBH; target date for relocation remains at August 2019 (originally January 2019)</p> <p>Phase 3: A review has been completed to decide which services will relocate. Relocation should now be complete in January 2020, an overall delay of 4 months.</p> <p>Sale of Craven Road: Planning appeal rejected; options being explored with capital receipt expected in 2019/20 financial year.</p> <p>Options for Erleigh Road: this is dependent on Phase 3 relocation of services, so the options appraisal due for completion in December is delayed to June 2019. Services expected to complete transfer by January 2020.</p>													
LEARNING DISABILITY SERVICE DEVELOPMENT													
Move of Assessment & Treatment Unit from Campion to Jasmine Ward	MC												
Comments:													
CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) DEVELOPMENT													
Integration of services into the Children Young People and Families Service	COMP												
Tier 4 (Willow House) relocation to Prospect Park Hospital	IMP												
Comments: Consolidation of services onto Upton Hospital site has now been implemented, and moves to 'business as usual'.													
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	COMP												
BOB and Frimley STPs - Connected Care	IMP												
Berkshire wide initiative - Wellbeing Project	MC												
<p>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.</p> <p>The Frimley ICS Integrated Neurology Community based staff transferred to Frimley Foundation Trust in December 2018.</p> <p>Connected Care There are some delays to the prototype patient access due to changes at the national level. All other aspects are on schedule.</p> <p>The Wellbeing Project - due to changes in key commissioner roles, this programme has been re-set, and negotiations on the details are being finalised. A steering group is established and next steps taking shape including engagement with third sector organisations to deliver key elements of the service.</p>													
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												
<p>Comments: The delays in the GDE programme are minor and are not expected to impact on the payment milestones. They include -</p> <p>Direct patient access and communication: Supplier for online consultation with other services pulled original product from market, now in progress with alternative supplier - further delay to June 19 (from original Sept 18)</p> <p>Digital Wards and services: Electronic prescribing and medicines management (EPMA) and electronic medicines management (EMM) negotiations with supplier ongoing, to connect health economy medicines reconciliation via Connected Care, taking longer than anticipated</p> <p>Digital workforce: Enhanced care home support is dependant on wider partnership working with Care Homes, CCG's, STP's & ICS.</p>													
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												
<p>Comments: Delivering our CIP - the Trust is forecasting delivery of £3.5m vs a plan of £4.8m. Given the time remaining this year, it is unlikely that sufficient opportunities will be identified to mitigate the forecast shortfall. We are compiling opportunities for the 2019/20 programme and will accelerate any that we are able, to improve 2018/19 performance.</p>													
OPTIONS FOR TRUST HEADQUARTERS													
	TBC												
<p>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.</p>													

INITIATIVE	Class	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OPTIMISING THE USE OF MENTAL HEALTH INPATIENT SERVICES													
Eliminating overspill; optimising rehabilitation and recovery	MC												
<p>Comments: This initiative is rated Red due to delays in resolving S117 placements with partner local authorities - expected to be completed in July 2018, however these challenging negotiations are being escalated to find sustainable solutions. Other activities in the Optimising Contract and Placement Arrangements are making good progress, with just a further slight delay on concluding contract negotiations with specialist placement providers. Activities on Bed Optimisation are also making good progress; some delays in embedding post admission reviews and reviewing the bed management function - these will be picked up in an A3 workshop in January.</p>													

Class (Classification within Strategy Deployment Filter) Key:
BAU - Business As Usual; initiative is now embedded within normal operations
BD - the business development filter process applies for this initiative
COMP - initiative has been delivered/is completed
IMP - initiative is Important
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

RAG Key:	
P	Action will not be delivered
R	Significant risk that action will not be delivered or serious delays to project being delivered
A	Action delayed but delivered or will be delivered
G	Action either delivered or on schedule to be delivered within

Trust Board Paper

Board Meeting Date	12 February 2019
Title	Equality, Diversity and Inclusion Strategy Report
Purpose	This paper provides the six month progress update on the Implementation of the Trust's Equality Strategy 2016-2020 and an overview of the Equality and Diversity work across the Trust..
Business Area	Corporate
Author	Laura Davis, Equality and Diversity Manager and Nolan Victory, Equality Human Resources Manager.
Relevant Strategic Objectives	Supports all strategic objectives
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
SUMMARY	<p>This paper summarises progress against our Equality Strategy objectives and shows an improving trend in the numbers of people employed in bands 7- 8a, perceptions about access to career development and bullying and harassment. The need for further, focussed work on this is recognised, along with the need to address stress related sickness of staff with a disability, regaining a place in the Stonewall Workplace Equality Index, engaging effectively with community groups and improving our approach to reasonable adjustments.</p> <p>Unfortunately we have not yet been successful in regaining a place in the top 100 employers in the Stonewall Workplace Equality Index. However, we are already building on the progress that we were able to achieve last year, in terms of increased numbers of LGBT people accessing our Talking</p>

	<p>Therapies Service, development of information to support the role of allies and improved training data. Key achievements in the implementation of our locality Equality Plans are noted, along with progress on the three themes of our strategy: race equality, disability and sexual orientation/transgender. The paper also describes anticipated changes in legislation and NHS requirements, as well as our identified areas of focus for the year ahead which are:</p> <ul style="list-style-type: none"> • Continued focus on achieving our goals as an employer that values our diverse staff and supports them to achieve their potential • Understanding how the diverse population we serve accesses our services and has a good experience of those services • Providing better information about making reasonable adjustments for staff with disabilities to help them do their job effectively • Making the information that we provide for patients more accessible • Begin preparation for the refresh of our existing Equality and Inclusion Strategy which runs from 2016 - 2020 <p>The paper was provided for consideration by our Quality Executive in January 2019, which has informed this final update for the Trust Board.</p>
ACTION REQUIRED	The Board is asked to note the progress made against the plan.

Equality and Inclusion Strategy Update February 2019

1. Introduction

This report provides a mid-year review to the Trust Board on the progress made against the Trust's Equality Strategy 2016-20 and highlights the achievements made over the past six months. It also sets out the key areas of focus for the first six months of 2019 to ensure delivery of our objectives and prepare for a new strategy to take effect from 2020.

Since the last report, the Equality and Diversity work focusing on staff has continued to build momentum with some positive outcomes being achieved. This is in line with the objectives of our strategy, which focused on key improvements needed in terms of our role as an employer. We are now able to build on this, having successfully recruited into our Equality and Diversity Manager post, to provide greater focus on our role as service provider.

Moving forward, there is a need to build a stronger message around Equality, Diversity, Inclusion and Human Rights, embedding this within all our work with people who use our services, as well as those who work for us. The Care Quality Commission document "Equally Outstanding" aims to demonstrate "...how those services that have the improvement of equality and the recognition of human rights at their core, provide better services for the public." This is also addressed within "Diversity the New Prescription for the NHS" – which states:

"Recognising difference and working out how to combine it to the advantage of the NHS's central purpose lies at the core of achieving a diversity dividend for the NHS. Engaging staff in diversity is to actively connect them with the idea that patient-centred care can only be a reality when the NHS uses, and learns to combine, to the full, the range of skills and abilities, life experiences and approaches it has within all of its staff"

This report aims to celebrate the work that has been achieved while also focusing on the work that needs to be undertaken to achieve our vision - to be recognised as the leading community and mental health service provider by our staff, patients and partners.

The table below provides a summary of progress against the 7 goals of our Equality Strategy.

2. Equality Strategy: current progress towards our goals

Equality Strategy- Goal	Progress
1. Increased representation of BAME staff in bands 7 and 8a-d. Goal: 20% representation at each of these grades	Trend: increased representation of BME staff in bands 7/8a/8b Clinical: Band 6 =21.6% (+2%)

	<p>Band 7 =20% (+3.3%) Band 8a =14.9% (+1%) Band 8b =9.2% (no change) Band 8c-9 >6 = (no change)* VSM =1 (no change)</p> <p>Non-clinical</p> <p>Band 6= 29.7% (-1.1%) Band 7= 21.9% (-1.7%) Band 8a= 13.8% (+2.3%) Band 8b= 19.4% (+9.4%) 8c- 9>6 = (no change) * VSM= 0 (no change)</p> <p>*Bands 8c-9 are based on headcount</p>
<p>2. Equalise opportunities for BME staff career development</p> <p>Measured by: Annual Staff Survey</p>	<p>There was a 6% increase in the number of BME staff who believed that the Trust provided equal opportunity for career development and/or promotion from 68% to 74%. The percentage for white staff was down 2% from 91% to 89%.</p> <p>Current data on learning and development shows BME staff are 1.11 times more likely to access non-mandatory training and CPD (continuous professional development). This is a continuation of an improving trend.</p>
<p>3. Reduce harassment and bullying of BAME staff</p> <p>Measured by: Comparison against other mental health trusts in the NHS staff survey index.</p>	<p>The staff survey results (2017, published Feb 2018) demonstrated reductions in two of the WRES indicators and one remaining the same:</p> <p>Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months- BME 27% (no change from 2017)</p> <p>Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months - BME 21% down from 27%</p> <p>In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues - BME 11% down from 17%</p>

	<p>Although there has been some reduction in the level of bullying and harassment, there is the need for more focused work to address this.</p>
<p>4. Improve the working experiences of disabled staff and a reduction in the proportion of staff experiencing stress related sickness absence</p>	<p>Disabled staff have twice as much sickness per employee (12.92 days) then those staff who are not disabled (6.24 days). The percentage of stress anxiety related sickness for disabled staff is 69.8%, compared to 9.7% for non-disabled staff. There is need for a coordinated approach to improve staff health and well-being for all our staff, but disabled staff in particular. The newly formed Purple Network is completing a survey to establish the priorities of disabled staff in the trust.</p>
<p>5. Stonewall Workplace Equality Index -to regain the Trust's status in the top 100 employers and maintain a ranking in the top five health and social care providers</p>	<p>Although we have not yet been successful in regaining a place in the top 100 employers index, we were able to make improvements in procurement, training and service provision. The Equality and Diversity Manager will lead the 2019 submission and a working group has already been established to ensure work is undertaken throughout the year. Connections are being made with other organisations in the top 50 in order to learn from their experiences.</p>
<p>6. To meaningfully engage with a range of diverse groups, reflective of our population, in particular focus on BAME, LGBT and People with a Disability. To provide services that embrace human rights, providing positive experiences and equity of access in both mental health and community health services.</p>	<p>East Berkshire services have a clear plan on a page which includes positive engagement within the community. Although work has been undertaken by some services, a number of the outcomes have not yet been achieved and specific targeted work is now needed. A job role has been identified to undertake specific work within the community and lead on the Equality Delivery System implementation.</p> <p>In the west, our Community Development Officer (Cecily Mwaniki) has led on a number of community engagement events which have helped to shape service design. Cecily's work was recognised in her Local Heroes award from Reading Place of Culture, and our own non-clinical employee of the year award.</p>
<p>7. A more robust approach to making reasonable adjustments for people with a</p>	<p>Funding has been approved for a fixed term Access Officer post to ensure that guidance for</p>

<p>disability with particular focus on the NHS Accessible information standard.</p>	<p>managers and staff is accurate and readily available, including funding required for practical arrangements. The role also includes accessible information for service users. HR operations have also drafted reasonable adjustment guidance for staff and managers. This is currently being reviewed by the Purple Network.</p>
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3. Top three strategy goals- highlights

a. Workforce diversity

There were increases in BME staff in clinical roles bands 1-7. Of note is the 21.6% in bands 6, just over the 20% target set in our Equality and Diversity (E&D) strategy but slightly lower than our 22.6% overall BME staff. We have also achieved the target set of 20% of staff in band 7. The number of BME staff in band 8c and above, continues to remain static.

For non-clinical staff the picture was mixed. There were decreases in BME staff in bands 7 (21.9% down from 23.6%). It should be noted there were increases in bands 8a 13.8% up from 11.5% and band 8b 19.4% up from 10%. On average 9.3% all staff in bands 8 and above(non-clinical) are from a BME background compared to 11.4% non BME.

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

Bands	Band 7	Band 8a	Band 8b	Band 8c	Band 8d
BME staff – Clinical (headcount)	106.2	25.03	5.98	>6	>6
Staff required to meet target (headcount)	Target achieved	8.6	7.02	4	3.6
BME staff – non-clinical	73	8.9	6	<6	>6
Staff required to meet target (headcount)	Target achieved	4.1	0.2	5.8 (total number required)	2.4 (total number required)

The Executive has approved a Workforce Race Equality Strategy (WRES) action plan which would run for two years including a business case to support the actions. The WRES Action Plan is embedded in the Equality Employment Plan (EEP). There has been good progress in implementing both plans and the related work streams. The EEP is seeking to bring about a sustained change in attitudes and behaviours, using interventions that will develop and empower BME staff, as well as increase the competence of managers. We now have an action plan informed by best practice.

The Making It Right (MIR) positive action programme has been piloted and evaluated and the Executive has approved a business case for the roll out of the programme. MIR is made

up of four one-day workshops which are aimed at developing participants' attitude, knowledge and skills, enabling staff to:

- *Communicate in a range of professional settings
- *Compete effectively for jobs
- *Feel empowered to conduct themselves constructively when faced with discrimination or conflict at work.

MIR is still in its infancy but more than a third (8) of MIR graduates have already secured promotion and others have been seconded to higher positions.

b. Perceptions of equal opportunity in career development

There has been an improvement in the percentage of BME staff who felt that the Trust offered equality of opportunity for career development and progression. Ongoing work is required as we are still below the national average for similar Trusts in the NHS.

Equal access to learning and development has again improved over the last 12 months. For the first time more BME staff are accessing external learning and development opportunities compared to their white counterparts.

c. Harassment and bullying

Nationally there have been higher incidences of BME disciplinary cases in the NHS. In the last 12 months in Berkshire Healthcare, 46 staff were formally disciplined, 6 cases less than last year. This included closed and current cases. There were 28 white staff, 16 BME staff and 2 undisclosed.

BME staff are 1.85 times more likely to be disciplined compared to white staff. The WRES action plan contains some actions which are under review to address this. There are plans to design a series of sessions for managers and leaders call 'MIR for Leaders' enabling us to share data, discuss actions and behaviors and encourage managers to find solutions and take accountability for equality and diversity outcomes. We want to provide a space to initiate the discussion around a culture of zero tolerance for bullying and harassment and a more compassionate way of dealing with disciplinary cases and grievances.

Further action will be taken through local equality improvement plans, informed by detailed analysis of the national staff survey 2018.

The Diversity Steering Group agreed a range of actions at the November meeting to address some of the outstanding issues related to the WRES report. These will be implemented in 2019 and are linked to talent management, better data and working with managers to improve the current situation.

4. Equality and Inclusion Implementation Plans

There are equality plans in place across both the East and West of the county and each service area has key performance indicators. Services are aiming to include Equality, Diversity and Inclusion targets in team plans and individual objectives to support the delivery of the plans. Equality plans for 2019/20 will reflect the new operational services directorate structure enabling monitoring of progress to be embedded within our performance management system.

Equality plans will include improvements needed to data capture by protected characteristics to enable better understanding about how our local population is accessing our services. Improvements made by the Complaints and Patient Experience Team this year in recording of protected characteristics will help services understand trends and inform any targeted action needed.

Our East Berkshire services have achieved progress in some aspects of community engagement – and notably the Community Mental Health team in Slough continue to lead the way in delivering co-designed and co-produced services. This is in line with the Five Year Forward View for mental health, which recommends developing community resilience. In December 2018, the Hope Recovery College launched a community choir. This approach has seen individuals who have used services, engage as peer mentors and then often progress into paid work opportunities. Recognising the need for more targeted work to achieve their stated objectives, our East Berkshire services have identified funding for a post to lead on community engagement and Equality Delivery System work. This approach provides a positive opportunity to better integrate community engagement work within local, organisational and system plans.

West of Berkshire services continue to deliver against the objective to engage with BME, disabled and LGBT groups to inform our understanding of their needs. Examples of work undertaken are:

- Working with the community as part of the NHS 70th celebrations – recognizing the contribution of BAME staff. Gerry Crawford, our Berkshire West Regional Director shared his own story which had a high impact, resonating with many members of the community. This inspiring event was covered by Thames Valley television.
- Partnering with the Maasai community who led a community event to raise awareness of Female Genital Mutilation, alongside Thames Valley Police, Reading Borough Council and the local Member of Parliament.
- Running Mental Health first aid training to empower communities - we are working with the third sector organisation, Support U, with two members having already accessed the training and supporting other people within the LGBT community.
- Promoting community engagement events through our intranet.
- Maintaining active involvement with the Wokingham BME forum, and the BME network in West Berkshire.
- Continuing to work within a multiagency/community networks to understand the needs within the community. This includes carers, older persons and people with a learning disability.

5. Progress on the three themes of the strategy

a. **Race Equality**

In September 2017, we piloted our Making it Right programme in collaboration with the BAME network. Making It Right is the Trust's positive action training initiative. Two cohorts (16 staff in bands 5-7) have successfully completed the programme over a three month period. Eight graduates from the programme have been successful in gaining new jobs within the Trust, and one has secured a promotion outside the Trust.

The priority areas of focus for 2019 are:

- Reviewing local population data to determine whether a target above our current level is appropriate.
- Focus on statistics relating to grievances and disciplinary hearings and ensure equality between white and black and ethnic staff by 2020. This will include working with white managers in understanding why this happens and to determine what action needs to be taken.
- Bullying and harassment was identified as a concern in the national staff survey (2017) in feedback from BME members of staff. The 2018 survey is now complete and we will know whether there has been any improvement in the perceptions of staff (results due February 2019). Our ambition is to report a significant improvement by February 2020.
- Increasing the number of BME staff at band 8a and above. The ambitious target would be to achieve 25% to reflect the community. We will need to develop talent pools, improve our external advertising and ensure all band 8a and above roles are advertised. This is challenging to achieve by 2020 given the turnover in this group but we also know more can be done over the next 12 months.
- To set up focus groups with non-BME 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.
- Set up arrangements for refreshing the Equality Strategy in 2020

NHS England will be launching a new workforce equality strategy in 2019. The strategy will support NHS organisations to increase recruitment of BME staff and will examine ways of tackling the ethnicity and gender pay gaps.

The BAME Network has a membership of more than 300 staff and the network has co-designed the WRES action plan. In October, the network hosted a Black History month event 'Celebrating the contribution of BAME staff in Berkshire' as part of the wider NHS 70th anniversary. There were cultural performances from Asian and African artists and

presentations from some well distinguished speakers, including Alok Sharma (MP), Roger Kline (Co-author of Snowy White Peaks) and Tracie Jolliff (NHS Leadership Academy). In December, the Trust hosted a working lunch for the executive and members of the Network to meet with the Chair of the Board. This gave the Trust Chair and Executives an insight into the first hand experiences of our BAME staff.

b. Disability

Following the launch of the Purple Network in January 2018, the Network has grown from strength to strength. Current membership stands at 100 employees. The Network has a clear set of objectives aligned to the Trust's Equality and Diversity strategy. The Network has undertaken a staff survey to identify what support that is required for those with disabilities. We are aiming to launch a Making It Right programme for disabled staff in March 2019.

Information from our national staff survey (2017) shows that disabled staff feel their wellbeing is poorer in a number of domains compared to non-disabled staff. There is also some disparity between the number of staff who declare themselves to be disabled with a long term condition on the electronic staff record (4.8%) compared to those who declare a disability in the annual staff survey (18%). There was an increase from 4.6% to 7% in the number of disabled staff leaving the Trust last year.

From 1st August 2016 onwards, it became a legal requirement that all organisations providing NHS care and / or publicly-funded adult social care follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. A fixed term post has been agreed for an Access Officer who will review our current status regarding this requirement, informing targeted action required. The role will also enable a specific piece of work to be completed to enable managers to have access to information that they need to make reasonable adjustments for staff with disabilities.

c. Sexual Orientation and Transgender

The Trust was ranked 133 in the 2018 Stonewall Workplace Equality Index. Although we have not yet been successful in regaining a place in the top 100, we have received some positive feedback recognising our achievement in maintaining a place just outside the top 100, given the continued raising of standards. Our submission included improvements in a number of important areas:

- Procurement
- Training
- Service Provision

We are taking a proactive view to the Stonewall submission for 2019 and a working group has already been established to enable us to gather evidence throughout the year, focusing

on areas with weaker content in past submissions. We have connected with other employers that have achieved top 50 within the index and we are looking to learn from their success.

Human resources have requested changes to be made to the employee records system (ESR) to ensure data is captured that allows individuals to identify according to how they would describe themselves. This will support the Trust's aim to ensure that it can attract and retain staff from a diverse pool of candidates and that everyone feels welcome and has a sense of belonging.

There are also plans to review the data captured in Rio and Datix to bring these in line with best practice set out by Stonewall.

A funding opportunity became available through the Government Equalities Office aimed at reducing the health inequalities within the LGBT community. An application was submitted to work in partnership with a local community group, Support U, to address the inequality of higher rates of attempted suicide and suicidal ideation. Although this bid was not ultimately successful, it has provided an excellent platform to build more robust relationships within the community sector that will enhance the offer locally.

d. Diversity Roadshows

Our Diversity Roadshows were launched in May 2018. The objective was to communicate our equality and diversity programme in a fun and interactive way to staff that would ordinarily not engage. The format was for each locality/directorate to host their individual roadshow using local and corporate resources. Five areas held a roadshow. The main aims were to:

- Introduce what the Trust and the locality is doing on Equality and Diversity in 2018 in a local setting
- Clarify what the Trust means by diversity
- Provide an opportunity for staff to meet with staff inclusion networks and other resources e.g. Wellbeing initiatives, hate crime awareness, Making It Right etc.
- Provide information for staff to know where to get help should this be needed

Average attendance for the roadshow was 70, above our target of 60 staff. Activities were educational as well as entertaining, enabling staff to make connections and engage in good quality conversations. At one of the roadshows, staff represented more than 20 different nationalities. Members of the Board and the senior leadership team were in attendance in many of the roadshows. There is a recommendation that the roadshows will continue in 2019, as they have proven to be a more accessible vehicle than a single organisation-wide conference. However Equality leads, Networks and Regional Directors are being engaged to ensure this approach is working for all, and that 2019 events are informed by their views.

6. Forthcoming regulations on disability reporting:

The Workforce Disability Equality Standard (WDES) incorporates a set of specific measures that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This standard requires annual data submission as of June 2019, a similar process to the Workforce Race Equality Standard (WRES). The first WDES reports are due to be published in August 2019, based on data from the 2018/19 financial year, and in April/May 2020 the first National WDES annual report will be published by NHS England. The Trust will host a disability symposium in March 2019 to raise awareness and understanding of the WDES indicators and any accompanying action plan. NHS England WDES team and NHS Employers will attend the event. We will discuss the NHS Learning Disability Employment Programme as well as staff health and wellbeing.

Equality Delivery System is the system that aims to help NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. NHS England has informed us that they will be launching EDS3 in 2019. They are looking to further streamline the process but also ensure that organisations are embedding Equality and Diversity into all aspects of delivery. A working group has been set up to review each of the existing 18 outcomes and begin working on identifying good practice across organisations, promoting opportunities for development and engagement.

7. Priorities for 2019

Our Equality and Inclusion strategy provides clear objectives for the year ahead, and our areas of priority focus are as follows:

- **Continued focus on achieving our goals as an employer that values our diverse staff and supports them to achieve their potential.** We want to continue to improve our WRES outcomes as we have seen some excellent movement in this area - we want to maintain this and continue our plans for improvement. We will work with other local employers who are placed in the Stonewall top 100 employers Workplace Equality Index to improve our performance over the next year. We will also meet the requirements of the Workplace Disability Index, supporting the continued development of our Purple Network.
- **Understanding how the diverse population we serve accesses our services and has a good experience of those services**
- **Providing better information about making reasonable adjustments for staff with disabilities to help them do their job effectively**
- **Making the information that we provide for patients more accessible**
- **Begin preparation for the refresh of our existing Equality and Inclusion Strategy which runs from 2016 - 2020**

Over the last two years significant progress has been made across the Trust and the aim is to now build on this momentum and to be ambitious in our aspiration. We will reframe the Equality Agenda in terms of Human Rights and work with the Diversity Steering to develop

clear and engaging messages about the value to be achieved, and develop a plan for bringing it alive in the organisation.

We now have the Equality Human Resources Manager, the Equality and Diversity Manager, the Equality Administration Assistant and a lead Director for Equality and Inclusion from our Senior Leadership Team in post. This gives us the required staffing structure and clear priorities for each post holder to support the delivery of our ambition.

The Board will be updated again in September 2019 with progress against the strategy and current action plans.



Trust Board Paper

Board Meeting Date	12 February 2019
Title	Health and Safety Annual Report 2018
Purpose	To provide the Board with the annual Health and Safety report for 2018
Business Area	Operations
Author	Chief Operating Officer
Relevant Strategic Objectives	To provide safe services, prevent self-harm and harm to others.
CQC Registration/Patient Care Impacts	Contributes to the Safety and Well-Led Domains
Resource Impacts	None
Legal Implications	Report seeks to provide assurance of Trust's adherence to relevant legislation
Equalities and Diversity Implications	N/A
SUMMARY	The attached paper provides the Board with the Trust's annual Health and Safety report, highlighting key areas of performance and providing assurance on relevant internal processes.
ACTION REQUIRED	To note the report and seek any clarification.

Berkshire Healthcare

Health and Safety - Annual Report 2018

Executive Summary

This report provides an update to the Board on Berkshire Healthcare's Health and Safety performance statistics for the calendar year 2018.

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

- The Trust received one Enforcement Notice from Royal Berkshire Fire & Rescue Service following a fire at Prospect Park Hospital. This was then withdrawn later in the year.
- There were 14 incidents reported under the RIDDOR regulations in the year 2018, showing an increase on the 7 incidents for the 2017 annual period. As in the previous year, most related to slips, trips & falls and there were two incidents where 3 people (each one reported separately) were struck by a moving object.
- 12 fires were reported during 2018, 7 of which were at Prospect Park Hospital. Six were minor incidents and 1 required ward evacuation and led to the enforcement notice.
- During 2018, the Trust reported 641 physical assaults against staff. This is an increase of 131 (26%) compared to 2017.
- During 2018 the Royal Berkshire Fire and Rescue Service undertook, four fire safety visits and several site specific risk assessment visits at PPH for the purpose of updating their own record.
- There has been an increase in the number of days lost through sickness; this now stands at 14.6 per FTE compared to 13.5 in 2017. The main reasons for absence are similar to 2017 with S10 Anxiety/stress/depression/other psychiatric illnesses being the highest reason this year at 26.9% compared with 22.8% last year.
- Compliancy in statutory training has been above target for Health & Safety and Manual Handling (92.9% and 91.2% annual average). The target for Fire Awareness Training was increased in April 2018 from >90% to >95% and has been below target. (annual average 90.4%).

Key National Annual Figures

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

- **1.4 million** working people were suffering from a work-related illness (up from 1.3 million for 2017).
- **144** workers were killed at work (up from 137 in 2017).
- **71,062** other injuries to employees reported under RIDDOR (up from **70,116**)
- **555,000** injuries occurred at work according to the Labour Force Survey (down from 609,000)
- **30.7 million** working days lost due to work-related illness and workplace injury (down from **31.2** million in 2017).
- **£15 billion** estimated cost of injuries / ill health from current working conditions

1. Enforcement

The Trust received one Enforcement Notice from Royal Berkshire Fire & Rescue Service in 2018. 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 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.

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 provided our response to RBFS and had confirmation that the enforcement notice has been withdrawn.

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

The yearly reported incidents fell into the following categories:

Incident Type	2017	2018
Manual Handling	1	2
Assault	3	3
Injured during physical restraint	0	1
Slip, Trip or Fall	2	4
Sharps Injury	1	1
Collision Struck by moving object	0	3
Total	7	14

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

All staff under-take statutory and mandatory training in Health & Safety every 5 years. The number of staff trained throughout 2018 has averaged 93%.

Health & Safety Training Compliancy 2018:

PM_05		Statutory Training: Health & Safety : Percent												
Target		Green > 85%	Amber 70 - 85%		Red < 70%									
Freq	Sector	Last 12m avg	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
M	Total	92.9%	92%	92%	92%	92%	93%	91%	93%	94%	94%	94%	94%	94%
M	MH IP	85.1%	86%	86%	84%	85%	85%	82%	84%	85%	84%	84%	87%	89%
M	Community Health East	95.7%	93%	94%	94%	95%	96%	95%	96%	97%	98%	98%	97%	96%
M	Mental Health East	92.4%	92%	93%	93%	94%	92%	91%	92%	93%	92%	92%	93%	93%
M	CYPF	94.3%	95%	94%	95%	95%	95%	92%	93%	94%	94%	95%	95%	95%
M	Mental Health West	92.2%	92%	90%	90%	91%	93%	91%	93%	93%	93%	94%	94%	93%
M	Community Health West	95.0%	93%	95%	94%	94%	95%	94%	96%	96%	96%	96%	96%	95%
M	Corporate	91.7%	93%	92%	92%	91%	91%	89%	91%	92%	92%	93%	93%	92%

3. Violence and Aggression

With the demise of NHS Protect in April 2017, there is no longer a central body that collects and disseminates national data on physical assaults which means the Trust is no longer able to accurately benchmark against other Trusts on levels of violence and aggression.

However, following a FOI request to all Trusts by UNISON, there is an indication that national levels of violence and aggression against staff has risen from 70,555 assaults by approx. 9% to 77,000. Staff assaults within the MH/LD sector remained relatively level only rising from 46,107 to 47,000 assaults.

NHS England is currently leading on an initiative to replace NHS Protect and ensure that there is a national strategy to address violence and aggression towards staff and also to provide guidance and support to all Trusts with regards to the management of security by introducing core standards against which all Trusts are measured. The Trust employs an Accredited Security Management Specialist who is part of the national working party, representing the Mental Health sector.

Calendar Year 2018:

- 641 physical assaults against staff were reported during the period, which is an increase of 131 (26%) compared to 2017
- 212 of those took place within the learning disability service. This is an increase of 44 incidents (26%) from last year.
- 309 assaults took place on the mental health adult admission wards, PICU and older persons MH wards compared to 208 in 2017 which is an increase of 101 assaults (48%).

The Health, Safety & Security Management Specialists continue to raise the importance of reporting security-related incidents, particularly incidents of violence

and aggression, via the Trust's incident reporting system. It is acknowledged that the significant majority of physical and non-physical assaults are the result of a patient's mental health or medical condition, but it is important that this data continues to be captured and those affected are supported.

The reduction of Physical Assaults is one of the Trusts Quality Improvement breakthrough objectives. Champion, Daisy and Sorrell Wards have been working on the reduction of physical assaults on staff supported by the Trust and progress reviewed monthly.

During the 2018 period there were 299 reported cases of non-physical assault against staff. This is a decrease of 54 incidents reported from the previous year. This includes verbal abuse, threatening behavior, harassment etc.

Compared to the total number of reported physical assaults for 2018, it is assumed that non-physical assaults are under reported. Awareness of the importance of reporting non-physical assaults is reinforced by the Health, Safety & Security Management Specialists at staff training, team meetings, communications etc.

Some 20% of all physical and non-physical assaults reported during the period were perpetrated by individuals where the indication is that they had capacity. This is the understanding at the time of the incident which therefore suggests that these incidents might be categorised as "criminal" in nature. Very few of these incidents reach judicial resolution with the appropriate sanctions applied. Either the victim chooses not to go down the route of reporting the incident to the police or there is lack of sufficient evidence to pursue a case.

4. Personal Safety and Lone Working

The Trust has an ongoing contract with Skyguard for the provision of lone worker devices. In January 2019, the Trust had 1,250 devices with 1,352 staff registered on the web portal as users. Statistics show that approximately 23% of these devices were used within any 1 month.

All Services that use lone worker devices have the ability to generate their own reports on usage/non-usage and thus monitor compliance to the Lone Worker Policy. The current contract with Skyguard expired in summer 2018 and following a retendering process, Skyguard have won the new contract but with a different device that better meets the needs of staff (longer battery life and easier to use). Services requiring the new device will have to get signoff from their Locality and should have demonstrated that the service has risk assessed lone working within the service and determined that technology is required. The Lone Worker policy has been updated to state that use of a device is mandatory, where the service has determined that it is required to support staff.

6. Fire Safety

Royal Berkshire Fire and Rescue Service (RBFRS) undertook four fire safety visits to ensure the Trust is compliant with the Regulatory Reform (Fire Safety) Order 2005 during 2018.

1. There was a fire safety audit at Wokingham Community Hospital on 30th January: Windsor, Ascot and Willow wards were inspected as part of the post-Grenfell work. Notices of Deficiencies relating to fire resisting doors were issued. Wokingham Admin Block was also inspected following an incident in the server room. A Notice of Deficiencies was also issued relating to fire separation. All works relating to these visits have been completed.

2. On 3rd April 2018 there was an inspection of Physiotherapy (Block 13) at Wokingham as part of their routine safety inspections. This resulted in a letter of satisfactory fire safety and removal of the building from RBFRS high risk list.
3. Daisy Ward was inspected after the fire of 1st April 2018. This inspection resulted in both an Enforcement Notice and a separate letter of fire safety matters (see next paragraph).
4. Cedar House was inspected at Upton on 20th November 2018 following a number of unwanted fire signals. This resulted in a letter stating there was adequate fire safety but suggesting an improvement to the Trust's method of dealing with false fire signals.

An Enforcement Notice relating to Daisy Ward at PPH was received on 31st May 2018. The Enforcement Notice required the Trust to demonstrate that evacuation of relevant persons in the event of fire would be effective and to provide evidence of works to make high-risk rooms more fire retardant including provision of a suppression system. A letter of fire safety matters was also received following the same incident – this requested evidence of adequate planned periodic maintenance of fire resisting doors and emergency lighting. This evidence was supplied and the enforcement notice was lifted.

RBFRS has also carried out several Site Specific Risk Assessment visits at Prospect Park Hospital. These were visits by fire crews for the purpose of updating their own risk records. RBFRS carried out a separate inspection of PPH to update their fire response plan for the site. They also assisted with the making of a training film at PPH in December 2018.

7. Fire Incidents

There were twelve fires in 2018.

Three minor accidental fires-

- one patient cooking in their own home
- one staff cooking burgers for a patient
- one involving testing an e-cigarette.

There were nine arson incidents (an increase from 1 in 2017)-

- one of these was the fire on Daisy Ward
- one was an attempt to light a skip at St. Marks Hospital
- one was a child with a lighter and paper in reception at Upton Hospital
- 6 were minor fire incidents caused by patients at PPH.

There was an increase in cases of equipment failure to four; three of these were at Wokingham Community Hospital, the most serious of which was a failure of the fire alarm system over large parts of the hospital for a number of days. One of the two cases of damage to fire equipment was builders damaging a fire system cable whilst working on the roof of West Berkshire Community Hospital.

Fire Related Incidents by Service:

Services	2014	2015	2016	2017	2018	Total
Mental Health	10	15	27	21	18	91

Community West	13	10	13	7	9	52
Estates & Facilities	8	9	13	9	21	60
Community East	2	0	4	5	3	14
Totals:	33	34	57	42	51	217

Fire Related Incidents by Type:

Sub-category	2014	2015	2016	2017	2018	Total
Fire Accidental	6	3	6	0	3	18
Fire Arson	6	4	2	1	9	22
False Alarm Accidental	2	1	1	2	3	9
False Alarm Malicious	1	0	1	5	0	7
False Alarm Other	13	21	35	10	13	92
Fire Equipment Damaged	0	2	1	4	2	9
Fire Equipment Failure	2	0	6	0	4	12
Planned Fire Evacuation Drill	1	1	2	0	0	4
Risk of Fire Identified	2	1	2	10	13	28
Other	0	1	1	10	4	16
Grand Total	33	34	57	42	51	217

Smoking Related Incident:

	2015	2016	2017	2018	Total
Mental Health	182	196	206	156	740
Berkshire Healthcare Community East	5	4	3	2	14
Berkshire Healthcare Community West	6	5	2	6	19
Estates, Facilities & Support Services	12	0	6	2	20
Total	205	205	217	166	793

8. Fire Safety Improvements:

The following works have been completed in 2018 on BHFT properties

Location	Action required	Actions completed
PPH	High Risk bedrooms	Misting system fitted to two rooms on Daisy Ward
PPH	Snowdrop Ward	New S-line type detectors installed; there have been no false alarms since.
Wokingham Hospital	Administration Block	Fire separation works.
Wokingham Hospital	Windsor, Ascot & Willow Wards	Remedial works to fire resisting doors

9. Fire Training

All members of staff undergo statutory fire safety training every 12 months. Staff that are not based on wards have basic Fire Awareness Training. Staff who work with inpatients have Inpatient Fire Evacuation Training.

2018 has seen an overall average of 90.4% for all sectors. Please see table below:

PM_04		Statutory Training: Fire : Percent													
Target		From April 2016 - Green > 95%, Amber 70 - 95%, Red < 70%													
Freq	Sector	Last 12m avg	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	
M	Total	90.4%	93%	92%	91%	92%	91%	90%	89%	89%	89%	90%	90%	88%	
M	MH IP	93.3%	90%	96%	97%	95%	95%	94%	88%	93%	96%	94%	89%	94%	
M	Community Health East	93.8%	95%	94%	92%	93%	92%	93%	94%	95%	93%	95%	95%	94%	
M	Mental Health East	89.4%	90%	86%	89%	90%	88%	87%	91%	88%	90%	92%	93%	90%	
M	CYPF	92.6%	95%	94%	93%	95%	93%	91%	92%	93%	92%	92%	92%	90%	
M	Mental Health West	89.4%	92%	91%	89%	90%	90%	90%	89%	88%	89%	89%	89%	85%	
M	Community Health West	91.6%	94%	94%	94%	95%	92%	90%	89%	89%	91%	92%	93%	89%	
M	Corporate	87.1%	93%	90%	89%	89%	89%	86%	86%	84%	84%	87%	85%	85%	

The Trust's new target of 95% compliance was introduced in April 2018 and it is disappointing that this is not being achieved. Weekly reports are issued with details of people who are due to undertake their annual training and training resources are prioritised to inpatient services. There has been increased monitoring of compliance, improvements to training, additional training arranged and further actions are being implemented to increase compliance.

10. Days Lost through Sickness

There is an increase in the number of days lost per FTE – 14.6 per FTE in 2018 compared to 13.5 per FTE in 2017. The continuation of E-Rostering and Supervisor Self-Service across the trust has helped maintain the accuracy and recording of reasons for absence. The main reasons for absence are similar to 2017 with stress/anxiety related illness being the highest reason this year at 26.9% compared with 22.8% last year. The second highest reason was for other musculoskeletal conditions at 11.6%, a reduction compared to last years of 14.7%.

The table below shows the number of days lost per FTE by sickness reason for the calendar year January 2018 to December 2018.

Absence Reason	Grand Total	Percentage by Reason	Days Lost Per FTE
S10 Anxiety/stress/depression/other psychiatric illnesses	14304	26.9	3.9
S12 Other musculoskeletal problems	6184	11.6	1.6
S13 Cold, Cough,Flu-Influenza	5634	10.6	1.5
S25 Gastrointestinal problems	4314	8.1	1.1

S28 Injury, fracture	3487	6.5	0.9
S11 Back problems	3253	6.1	0.8
S26 Genitourinary & gynaecological disorders	2712	5.1	0.7
S17 Benign and malignant tumours, cancers	1877	3.5	0.5
S15 Chest & respiratory problems	1874	3.5	0.5
S21 Ear, nose, throat (ENT)	1659	3.1	0.4
S16 Headache / migraine	1497	2.8	0.4
S30 Pregnancy related disorders	1072	2.0	0.2
S19 Heart, cardiac & circulatory problems	902	1.7	0.2
S98 Other known causes – not elsewhere classified	731	1.4	0.2
S29 Nervous system disorders	567	1.1	0.1
S99 Unknown causes / Not specified	509	1.0	0.1
S22 Dental and oral problems	503	0.9	0.1
S27 Infectious diseases	467	0.9	0.1
S24 Endocrine / glandular problems	449	0.8	0.1
S23 Eye Problems	437	0.8	0.1
S18 Blood disorders	317	0.6	0.0
S31 Skin disorders	252	0.5	0.0
S14 Asthma	167	0.3	0.0
S20 Burns, poisoning, frostbite, hypothermia	87	0.2	0.0
Total	53254	100.0%	14.6

Trust Board Paper

Board Meeting Date	12 February 2019
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"> • A lease in relation to the Science and Technology Centre, University of Reading, Whiteknights • A deed of variation in relation to Old Forge House Lease, Wokingham
ACTION	To note the update.



Trust Board Paper

Board Meeting Date	12 February 2019
Title	Audit Committee – 30 January 2019
Purpose	To receive the unconfirmed minutes of the meeting of the Audit Committee of 30 January 2019.
Business Area	Corporate
Author	Company Secretary for Chris Fisher, Audit Committee Chair
Relevant Strategic Objectives	2. - Strategic Goal: deliver sustainable services based on sound financial management
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
Equality and Diversity Implications	N//A
SUMMARY	The unconfirmed minutes of the Audit Committee meeting held on 30 January 2019.
ACTION REQUIRED	The Trust Board is asked to: a) To receive the minutes and to seek any clarification on issues covered.

Unconfirmed Draft Minutes

**Minutes of the Audit Committee Meeting held on
Wednesday, 30 January 2019, Fitzwilliam House, Bracknell**

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

In attendance: Alex Gild, Chief Financial Officer
Clive Makombera, Internal Auditors, RSM
Chris Randall, Deloitte, External Auditors
Debbie Kinch, Counter Fraud, TIAA
Debbie Fulton, Acting Director of Nursing and Governance
Julie Hill, Company Secretary
Paul Gray, Director of Finance
Amanda Mollett, Head of Clinical Effectiveness and Audit
David Townsend, Chief Operating Officer (present for item 6)

Item	Title	Action
1.A	Chair's Welcome and Opening Remarks	
	Chris Fisher, Chair welcomed everyone to the meeting.	
1.B	Apologies for Absence	
	Apologies for absence were received from: Naomi Coxwell, Non-Executive Director and Minoos Irani, Medical Director.	
2.	Declaration of Interests	
	There were no declarations of interest.	
3.	Minutes of the Previous Meetings held on 31 October 2018	
	The Minutes of the meeting held on 31 October 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>a) Internal Audit Clive Makombera, Internal Auditors confirmed that he had shared with the Director of Finance the areas from internal audit reviews where the Trust had performed less well compared with other NHS Provider organisations. The action was closed.</p>	

	<p>b) Procurement The Chair reported that the Trust Chair had appointed him as the Non-Executive Director lead for Procurement.</p> <p>c) Losses and Special Payments Report The Chair asked for clarification about the minimum expenditure threshold for Treasury approval of special severance payments (non-contractual).</p> <p>The Chief Financial Officer confirmed that there was no minimum expenditure threshold and that Treasury approval via NHS Improvement was required for all non-contractual special severance payments.</p> <p>d) Interface between Crisis Resolution Home Treatment Team and Community Mental Health Team services The Chair reported that the Non-Executive Directors had met with the Director of Nursing and Governance, Medical Director and Clinical Director Reading to discuss the interface between CRHTT and CMHT services (notes attached to the action log). The Chair requested that the Trust Board receive a paper setting out the various workstreams, actions and timescales.</p> <p>The Committee noted the action log.</p>	JH/DT
5.	Cyber Security Annual Report	
	<p>The Chief Financial Officer presented the Annual Cyber Security Report and said that the report provided assurance that the Trust's cyber security systems and processes were effective.</p> <p>The Chief Financial Officer highlighted that between November 2018 and December 2018, the Trust had received 2.6 million emails of which 2,452 were blocked because they contained malware.</p> <p>The Chair referred to the high volume of emails which contained malware which had been blocked and commented that the Trust's anti-virus protection software was highly effective.</p> <p>Clive Makombera, Internal Auditors pointed out that once a vulnerability was detected, software patches were used to neutralise the cyber threat.</p> <p>The Chair referred to appendix b of the report which set out the internet firewall most blocked sites and asked whether the Trust informed the Police when staff were trying to access websites about buying weapons.</p> <p>The Chief Financial Officer reported that if a member of staff tried to access a blocked internet site, they would receive a notice on their screen that the Trust had blocked their access. If the same individual continued to try and access blocked sites, their line manager would be notified.</p> <p>The Chief Financial Officer agreed to inform the Committee how the Trust followed up particularly concerning internet behaviour.</p> <p>The Chair referred to the section on Horizon Scanning (page 38 of the agenda pack) and said that for future reports, it would be helpful to set out what actions the Trust was planning to take in respect of the perceived threats for the year ahead.</p> <p>The Committee noted the Annual Cyber Security Report.</p>	<p>AG</p> <p>AG/MD</p>

6.	Board Assurance Framework and Corporate Risk Register Deep Dive Reports	
	<p>a) Board Assurance Framework Risk 7 (Demand Outstripping Supply)</p> <p>The Chair welcomed the Chief Operating Officer to the meeting.</p> <p>The Chair thanked the Chief Operating Officer for his paper and commented that in addition, it would have been helpful to include some information about the impact the actions were having on managing demand.</p> <p>The Chief Operating Officer pointed out that he had followed the same format as for previous “deep dive” reports and had provided information about the controls, sources of assurance and actions being taken to mitigate the risk.</p> <p>The Chief Operating Officer said that demand outstripping supply was a complex issue and that the Trust was taking several actions to mitigate the risk. This included the Bed Optimisation Programme which was a two-year programme aimed at admission avoidance, reducing the length of stay and reducing the number of inappropriate out of area placements.</p> <p>It was noted that the Finance, Investment and Performance Committee received regular updates on the progress of the Bed Optimisation Programme.</p> <p>The Chief Operating Officer reported that the re-opening of the female beds on Sorrell Ward, Prospect Park Hospital and Quality Improvement work was having a positive impact on bed management. The Chief Operating Officer said that in the longer term, it was hoped that the Emotionally Unstable Personality Disorder Pathway work led by the Medical Director would significantly reduce the demand on beds by treating this cohort of patients in the Community.</p> <p>Mehmuda Mian, Non-Executive Director referred to page 51 of the agenda pack which referred to 800 “improvement tickets” and asked for more information.</p> <p>The Chief Operating Officer said that the teams who had undertaken the Trust’s Quality Management Improvement System (QMIS) training held a daily 15 minute “Huddle” meeting and were encouraged to put forward their suggestions on how to improve their services. It was noted that these “tickets” ranged from “quick wins” which could be implemented immediately to more complex issues which needed to be escalated to Senior Management.</p> <p>Ms Mian asked about the timescale for the completion of the Emotionally Unstable Personality Disorder Pathway.</p> <p>The Chief Operating Officer said that the Project involved five phases and that the Trust was currently implementing phase 1 which was due to be completed in March 2019. It was noted that the Project had another two years to run.</p> <p>The Chair commented that he was a strong supporter of the QMIS approach. The Chair also said that the new Emotionally Unstable Personality Disorder Pathway was a key element of the Trust’s work around managing the demand for beds and asked whether enough resources had been allocated to the Project.</p>	

The Chief Financial Officer reported that the Trust had agreed a business case for additional resources for more investment into Community Services to enable Emotionally Unstable Personality Disorder patients to be supported in the Community.

The Chief Financial Officer pointed out that the Trust triangulated the risks to patient safety and patient experience posed by demand outstripping capacity in the Quality Concerns which were reported to the Quality Assurance Committee and the Trust Board.

b) Corporate Risk Register – Ligature Risk

The Chief Operating Officer reminded the meeting that the Ligature Risk had been on the Corporate Risk Register for several years (although the risk description had been updated in February 2018). The Chief Operating Officer explained that the risk would remain on the Corporate Risk Register because new ligature risks were constantly being identified.

The Chief Operating Officer reported that the Trust conducted an annual ligature audit and the outcome of the latest audit would be presented to the Quality Executive Committee on 4 February 2019.

The Chair referred to the snapshots of the Prospect Park Hospital and Campion Unit Ligature Audit (page 56-57 of the agenda pack) and asked what the snapshots showed.

The Chief Operating Officer explained that the snapshots highlighted that most individual ligature risks were rated as low or medium. The left-hand column of the tables set out the actions the Trust was taking to eliminate or manage the risk.

The Chief Operating Officer reported that the Trust had made a significant capital investment to replace taps, showers and flushing handles with push buttons. The Trust was also replacing taps in patient access bathrooms in Community Services.

The Acting Director of Nursing and Governance reported that the Prospect Park Hospital Incident Review Group which included representation from Estates and Facilities reviewed and acted upon intelligence from serious incidents that had occurred in other Trusts to ensure that the Trust was proactive in managing potential ligature risks.

The Chair thanked the Chief Operating Officer for his report and for attending the meeting.

c) Corporate Risk Register – “Near Misses” Risk

The Acting Director of Nursing and Governance explained the background to the risk. A serious incident occurred on Sorrell Ward, Prospect Park Hospital where a patient managed to get out of the ward through the airlock. Staff did report the incident, but did not recognise the significance of it and a few weeks later, another patient left the ward and took their life.

The Acting Director of Nursing and Governance Trust reported that the Trust continued to see an increase in incident and near miss reporting and that there was now greater awareness amongst staff about the importance of incident

	<p>reporting. It was noted that a report later on the agenda set out the work the Trust was undertaking to improve the quality of incident reporting on the Datix system.</p> <p>Mehmuda Mian, Non-Executive Director asked whether there was any learning from other NHS Mental Health providers. The Acting Director of Nursing and Governance said that she was not aware of anyone doing anything more than the Trust was doing to raise awareness of the importance of near miss reporting.</p> <p>The Audit Committee noted the report.</p>	
7.A	Board Assurance Framework	
	<p>The Board Assurance Framework had been circulated.</p> <p>The Chair said that he liked the way the changes from the last update were highlighted.</p> <p>The Chair reported that the Chairs of the Assurance Committees (Audit, Quality Assurance and Finance, Investment and Performance Committees) had agreed that the Finance, Investment and Performance Committee would take the lead in overseeing the workforce risk.</p> <p>It was noted that the Chair of the Finance, Investment and Performance Committee, Naomi Coxwell was also a member of the Audit Committee and Mehmuda Mian, Non-Executive Director was a member of the Quality Assurance Committee and would therefore be able to provide assurance to the Audit Committee.</p> <p>The Company Secretary reported that the Finance, Investment and Performance Committee had held a Workforce Workshop on 21 January 2019 to discuss the Committee's role in supporting the Trust's recruitment and retention work (the notes of the workshop were attached to the Finance, Investment and Performance Committee minutes – agenda item 19).</p> <p>The Committee noted the report.</p>	
7.B	Corporate Risk Register	
	<p>The Corporate Risk Register had been circulated.</p> <p>The Company Secretary reported that a new risk had been added to the Corporate Risk Register – the Physical Environment of Prospect Park Hospital. It was noted that the Trust Board Away Day meeting in October 2018 had identified this a corporate risk.</p> <p>The Chair suggested having a “deep dive” report in the new risk for the July 2019 meeting.</p> <p>The Committee noted the report.</p>	JH/DT
7.C	Trust Board Workforce Strategy Update Report	
	<p>A copy of the Trust Board's Workforce Strategy Update Report had been circulated to provide assurance in terms of mitigating the Trust's top risk (risk 1) – Workforce.</p>	

	<p>The Chair referred to page 127 of the report which showed that from August 2018 there were more starters than leavers and said that it would be interesting to know whether that trend had continued.</p> <p>The Committee noted the report.</p>	BS/CC
8.	Standing Financial Instructions – Minor Updates Report	
	<p>The Chief Financial Officer presented the paper and reported that the proposed changes to the Standing Financial Instructions were minor and mostly related to changes in job titles and to changes in the names of organisations.</p> <p>A version showing the proposed amendments in tracked changes had been emailed to members of the Audit Committee.</p> <p>It was noted that the Remuneration Committee was now an Appointments and Remuneration Committee. The Committee’s revised Terms of Reference were included in the updated Standing Financial Instructions.</p> <p>The Chief Financial Officer reported that the Trust was also updating the Scheme of Delegation which would be presented to the Committee in due course.</p> <p>The Committee approved the proposed changes to the Standing Financial Instructions.</p>	
9.	Single Waiver Tenders Report	
	<p>A paper setting out the single waivers approved from October 2018 to December to 2018 had been circulated.</p> <p>The Chair commented that the overall value of the single waivers in this quarter was significantly higher than in previous quarters and asked for more information.</p> <p>The Chief Financial Officer explained that one of the high value contracts related to works to remove the ligature risks posed by taps, basins, baths and showers at Prospect Park Hospital (previously discussed at agenda item 6B). It was noted that a value for money review was undertaken by the Trust appointed advisors before the award of contract.</p> <p>The Chair referred to one of the waivers which referred to the supplier being recommended by a senior member of staff. The Director of Finance confirmed that the senior member of staff was not involved in any of the tender selection processes.</p> <p>The Committee approved the single waivers as set out in the report.</p>	
10.	Information Assurance Framework Update Report	
	<p>The Chief Financial Officer presented the paper and highlighted the following</p>	

	<p>points:</p> <ul style="list-style-type: none"> • A total of six indicators were audited during quarter 3. Three indicators were rated with high confidence (green) and three were rated with moderate confidence (amber); for data quality; six had received green (high assurance) for data assurance ratings. • Action plans had been put in place to address the issues. • The indicators audited were: <ul style="list-style-type: none"> - Mental Health 7 Day Follow Up (amber) - Mental Health Physical Assaults on Staff (amber) - Learning Disability Physical Assaults on Staff (amber) - Mental Health Crisis Resolution Home Treatment Team gate keeping on inpatient admissions (green) - Mental Health Readmission rate within 28 days (green) - Mental Health Prone (face down) Restraint (green) <p>The Chief Financial Officer provided assurance that all patients who were recorded as not having received a seven day follow up were reviewed to ensure that patients were not missed.</p> <p>The Chair commented that self-harm incidents were rated as having a low data quality confidence rating and asked for more information.</p> <p>The Chief Financial Officer said that this related to how incidents were recorded on the Datix Incident Reporting System and pointed out that there was a paper later the agenda on Datix and Data Quality.</p> <p>Mehmuda Mian, Non-Executive Director referred to page 200 of the agenda pack and asked whether the six patient assaults on staff in the Learning Disability Unit (Campion) which were not recorded were a data quality issue or whether they related to staff not recognising the need to record patient assaults on staff.</p> <p>The Acting Director of Nursing and Governance confirmed that it was a data quality issue and reflected the need to reach a common understanding with staff working on Campion Unit about what to report onto the Datix system as a patient assault on staff.</p> <p>The Chief Financial Officer commented that there was a long-standing cultural acceptance amongst staff working with people with learning disabilities about being physically assaulted by patients.</p> <p>The Acting Director of Nursing and Governance confirmed that staff on Campion Unit were now reporting more patient assaults as part of the Quality Improvement Programme work.</p> <p>The Committee noted the report.</p>	
11.	Losses and Special Payments Report	
	<p>The Losses and Special Payments made during October 2018 to December 2018 had been circulated.</p>	

	<p>Mehumda Mian, Non-Executive Director referred to section 3.2 of the report (page 207 of the agenda pack) and asked whether the damages relating to a personal injury concerning the Canteen at Prospect Park Hospital had been recovered from the provider who operated the Canteen. The Chief Financial Officer agreed to find out whether the damages had been recovered.</p> <p>The Committee noted the report.</p>	AG
12.	Clinical Audit Progress Report	
	<p>The Head of Clinical Effectiveness and Audit presented the paper and made the following points:</p> <ul style="list-style-type: none"> • The current annual plan for 2018-19 was detailed in Table 1 of the report. All registration and data submission requirements had been met or were on track; • In total, there were 24 national quality account reportable projects were open. At present, the Trust was collecting data on: National Audit of Anxiety and Depression – Psychological Therapies Spotlight Audit; • Two national reports were due to be received by the Quality Assurance Committee meeting in February 2019: POMH – Rapid Tranquilisation re-audit; and National Diabetes Audit – Secondary Care. • The Internal Auditors had reviewed the Clinical Audit Action Planning process and had given substantial assurance <p>The Chair asked whether the Trust was able to fully apply the learning from the clinical audits.</p> <p>The Head of Clinical Effectiveness and Audit confirmed that she thought the Trust's clinical audit systems and processes ensured that any learning was disseminated, but commented that there seemed to be a move to having more national benchmarking reports rather than clinical audit reports which were less helpful in identifying areas of learning.</p> <p>The Chair referred to the minutes of the last Quality Assurance Committee meeting (agenda item 20) and noted the Committee's concerns around prescribing Valproate to women of child bearing age.</p> <p>The Head of Clinical Effectiveness and Audit reported that the Quality Assurance Committee had agreed to undertake a local clinical audit into the use of Valproate in quarter 1 of 2019-20.</p> <p>Mehumda Mian, Non-Executive Director said that the Quality Assurance Committee had spent a significant account of time discussing the issue.</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 3 had been circulated.</p> <p>The Acting Director of Nursing and Governance reported that there were three new claims opened in quarter 3 and related to clinical negligence claims.</p>	

	The Committee noted the report.	
14.	Datix and Assurance around Data Quality Report	
	<p>The Acting Director of Nursing and Governance presented the paper and reported that in July 2018, the Finance, Performance and Risk Executive Committee had expressed concern that in the Information Assurance Framework audit, all patients on patient assault records sampled were found to have been incorrectly categorised and were not actually patient on patient assaults.</p> <p>The Acting Director of Nursing and Governance reported that a Rapid Improvement Workshop was held on October 2018 to identify actions to improve the quality of incident reporting on the Datix system.</p> <p>Actions included: making changes to Datix to make it easier to record incidents, greater awareness and a common understanding about what constituted a patient assault and changes to the use of the Tableau system.</p> <p>The Chief Financial Officer said that the Quality Improvement Programme was leading to a greater awareness about the importance of accurate data.</p> <p>The Committee noted the report.</p>	
15.	Critical Accounting Estimates and Judgments for Year End Annual Accounts 2018-19	
	<p>The Director of Finance presented the paper and reminded the meeting that as part of the year-end review of the annual accounting policies for 2017-18, the Trust's External Auditors had offered a suggestion that the Trust's own accounting policy in respect of critical accounting estimates and judgements should be reviewed in advance of the current year end for comment and approval by the Committee.</p> <p>The Director of Finance referred to the proposed accounting policy for 2018-19 (section 6 of the report) which set out the text of the disclosures of the annual accounts 2018-19.</p> <p>Chris Randall, Deloitte, External Auditors confirmed that Deloitte agreed that the focus should be on a materiality basis and were comfortable with the wording of the proposed disclosures.</p> <p>The Committee approved the revised accounting policy for 2018-19.</p>	
16.	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 Committee, the following reports had been finalised: <ul style="list-style-type: none"> - Key Financial Controls (significant assurance) - Cost Improvement Programme Realisation (reasonable assurance); - Data Quality (reasonable assurance); - Supplier Contract Management (reasonable assurance) 	

	<ul style="list-style-type: none"> • A draft report had been issued in respect of the Clinical Audit Follow up review and the audit on General Data Protection Regulations had started on 28 January 2019. • There had been good progress in implementing internal audit recommendations with only two outstanding actions. <p>The Chair asked when the Workforce Planning review would start.</p> <p>Clive Makombera reported that he was working with the Trust's management to identify the timescale for the start of the Workforce Planning review.</p> <p>The Chair suggested moving the Workforce Planning Review into next year's Internal Audit Plan.</p> <p>B) Annual Audit Plan</p> <p>Mr Makombera reported that the Draft Annual Audit Plan had been developed in consultation with the Executive Team.</p> <p>The Chair asked Chris Randall, External Auditors whether in his opinion there were any topics which should be included in the annual audit plan.</p> <p>Mr Randall confirmed that he was satisfied with the proposed list of internal audits and there were no areas which conflicted with the work the External Auditors was planning to undertake in 2019-20.</p> <p>The Committee noted the report.</p>	<p>PG/CM</p>
<p>17.</p>	<p>Counter Fraud</p>	
	<p>a) Progress Report</p> <p>Debbie Kinch, Counter Fraud Specialist, TIAA presented the paper which set out TIAA's proactive and reactive work since the last report to the Committee in October 2018. The paper also included a Client Briefing Summary which provided an overview of new developments in Governance, Risk, Control and Counter Fraud.</p> <p>The Chair requested that the Chief Financial Officer ensure that the relevant staff receive the information contained in the Client Briefing Summary Report.</p> <p>b) Problematic Gambling Report</p> <p>A copy of TIAA's Fraud Intelligence Team's review across 83 United Kingdom based health sector organisations into problematic gambling had been circulated.</p> <p>Ms Kinch commented that the Trust had contributed to the report and that the systems and processes the Trust had in place to prevent access to online gambling sites were effective.</p> <p>The Committee noted the reports.</p>	<p>AG</p>
<p>18.</p>	<p>External Audit Report</p>	
	<p>Chris Randall, Deloitte, External Auditors reported that the paper set out the</p>	

	<p>results of Deloitte’s benchmarking exercise together with an update on emerging developments in the sector.</p> <p>Mr Randall said that the Trust compared favourably with other Trusts and there were no issues to flag.</p> <p>The Chair complemented Deloitte on the format and content of the Sector Update.</p> <p>The Chair requested that the Chief Financial Officer and Company Secretary consider whether the Sector Update should be circulated more widely. The Committee noted the report.</p>	AG.JH
19.	Minutes of the Finance, Investment and Performance Committee meetings held on 31 October 2018 and 21 December 2018	
	<p>Mehmuda Mian, Non-Executive Director referred to page 324 of the agenda pack and commented that it would take 2.5 years to complete the Willow House move to Prospect Park Hospital and asked whether this had been discussed at the Trust Board meeting.</p> <p>The Chair reported that the Willow House move had been discussed by the Trust Board, but not in detail.</p> <p>The Chief Financial Officer pointed out that the Willow House move could not take place until the Campion Unit moved to Jasmine Ward.</p> <p>The minutes of the Finance, Investment and Performance Committee meetings held on 31 October 2018 and 21 December 2018 were received and noted.</p>	
20.	Minutes of the Quality Assurance Committee held on 20 November 2018	
	<p>The Chair referred to the section on the WestCall Care Quality Commission Compliance Report (page 331 of the agenda pack) which stated that an updated action plan would be presented to the February 2019 meeting of the Quality Assurance Committee and asked for confirmation that this was still the case.</p> <p>The Acting Director of Nursing and Governance confirmed that an updated WestCall action plan was on the agenda for the meeting on 19 February 2019.</p> <p>The minutes of the Quality Assurance Committee meeting of 20 November 2018 were received and noted.</p>	
21.	Minutes of the Quality Executive Committee held on 8 October 2018, 12 November 2018 and 10 December 2018	
	<p>Quality Executive Committee meeting minutes – 12 November 2018</p> <p>The Chair referred to the staff flu vaccination section (page 348 of the agenda pack) and asked what percentage of staff had received the flu vaccination.</p> <p>The Acting Director of Nursing and Governance reported that 66.6% of staff had received the flu vaccination. The Chief Financial Officer confirmed that the Trust would not receive the full CQUIN monies.</p>	

	The minutes of the Quality Executive meetings of 8 October 2018, 12 November 2018 and 10 December 2018 were received and noted.	
22.	Annual Work Plan	
	<p>The Chair noted that the Committee was due to approve the Annual Internal Audit Plan at the April 2019 meeting but had approved it at this meeting. The Company Secretary agreed to update the annual work plan.</p> <p>The Committee noted the work programme.</p>	JH
23.	Any Other Business	
	<p>Chair's Board Visit – Health Visiting Services</p> <p>The Chair reported that he had recently conducted Board Visit to Health Visiting Services and staff had raised an issue concerning Southcote Clinic, Reading. The metal roof of the facility had peeled off a year ago and the roof was now secured by a tarpaulin. It was noted that the building was owned by NHS Property Services.</p> <p>It was agreed that the Chief Operating Officer would be asked to email the Chair with further information about when the roof was likely to be repaired.</p>	DT
24.	Date of Next Meeting	
	<p>24 April 2019</p> <p>Mehmuda Mian, Non-Executive Director reported that there was a possibility that she would not be able to attend the April 2019 due to another commitment. The Chair requested that the Company Secretary Mark Day, Non-Executive Director to see if he would be able to deputise for Ms Mian.</p>	JH

These minutes are an accurate record of the Audit Committee meeting held on 30 January 2019.

Signed:- _____

Date: - 24 April 2019 _____

Trust Board Paper

Board Meeting Date	12 February 2019
Title	Trust Board Declarations of Interests and Fit and Proper Persons Assurance Report
Purpose	The purpose of the agenda item is to receive the Trust Board members individual declarations of interests and to provide assurance that the Trust has taken reasonable steps to provide on-going assurance that all members of the Trust Board (and staff on Very Senior Manager contracts) meet the requirements of the Fit and Proper Persons Test.
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	All strategic objectives are relevant
CQC Registration/Patient Care Impacts	Supports the Well-Led Domain
Resource Impacts	None
Legal Implications	N/A
Equalities and Diversity implications	N/A
SUMMARY	The current schedule of Directors declarations of interest is provided for review and update as appropriate.
ACTION REQUIRED	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> a) Note the Register of Individual Directors' Interests; b) Note the assurance provided that all Directors (and staff on Very Senior Manager contracts) are and remain "Fit and Proper Persons" as defined in regulation 5 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014) and do not meet the grounds of unfitness specified in Part 1 of Schedule 4 to the Registered Activities Regulations.

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

Section A

1. Declarations of Interests

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

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

Interests fall into the following categories:

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

2. Compliance with the Regulations

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

The Company Secretary writes to all members of the Board in January each year with a request that individuals confirm or amend their interests on the Register. As required by NHS England, the Trust Board Register of Interests is published on the Trust's website at:

<https://www.berkshirehealthcare.nhs.uk/media/168801/board-declarations-of-interest-december-2018.pdf>

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

Section B

1. Fit and Proper Persons Test

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

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

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

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

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

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

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

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

Appraisee	Appraiser	Fit and Proper Person Test Assurance
Chair	Senior Independent Director	The Senior Independent Director canvassed views on the Chair’s performance from the Non-Executive Directors, Chief Executive and the Governors. The Senior Independent Director confirmed that there were no Fit and Proper Person Test issues. The Senior Independent Director attended a meeting of the Council of Governors Appointments and Remuneration Committee and presented the outcome of the Chair’s appraisal. The Committee in turn provided assurance to the full Council at a private session of the meeting in February 2019.
Non-Executive Directors	Chair	The Chair conducted appraisals with each of the Non-Executive Directors and confirmed

Appraisee	Appraiser	Fit and Proper Person Test Assurance
		that there were no Fit and Proper Person Test issues. The Chair attended a meeting of the Council of Governors Appointments and Remuneration Committee and presented the key points from his appraisals with each of the Non-Executive Directors. The Committee in turn provided assurance to the full Council at a private session of the meeting in February 2019.
Chief Executive	Chair	The Chair conducted the Chief Executive's appraisal and has confirmed that there were no Fit and Proper Person Test issues.
Executive Directors	Chief Executive	The Chief Executive conducted appraisals with each of the Executive Directors and has confirmed that there were no Fit and Proper Person Test issues.
Very Senior Managers		
a) Director of People	Director of Corporate Affairs	The Director of People took up her post in May 2018 and met the requirements of the Fit and Proper Persons Test.
b) Director of Finance	Chief Financial Officer	The Chief Financial Officer conducted the Director of Finance's appraisal and has confirmed that there were no Fit and Proper Person Test issues.
c) Director of IM&T	Chief Financial Officer	The Chief Financial Officer conducted the Director of IM&T's appraisal and confirmed that there were no Fit and Proper Person Test issues.

- b) All Board members and staff appointed on Very Senior Manager contracts have made an annual (template attached at Appendix 3) to confirm that they continue to meet the requirements of the Fit and Proper Persons Test and do not meet any of the "unfit" criteria.
- c) The Company Secretary has conducted the following on-going checks on each Board member and staff appointed on Very Senior Manager contracts:
- i) Disclosure and Barring Service
 - ii) Individual Insolvency Register
 - iii) Insolvency Director Disqualification Register
 - iv) Bankruptcy or Debt Relief Restrictions Register
 - v) Company House Register of Disqualified Directors
 - vi) Company House Register of Directorships
 - vii) Charity Commission's Register of Removed Trustees

The searches did not flag any issues of concern.

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

Recommendations:

The Trust Board is asked to:

- a) Note the Register of Individual Directors' Interests;
- b) Note the assurance provided that all Directors (and staff on Very Senior Manager contracts) are and remain "Fit and Proper Persons" as defined in regulation 5 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014) and do not meet the grounds of unfitness specified in Part 1 of Schedule 4 to the Registered Activities Regulations.

Trust Board Declarations of Interests

Appendix 1

<i>Non-Executive Directors</i>	Name	Position	Interests
13/12/17	Coxwell, Naomi	Non-Executive Director	Trustee Hart Citizen Advice Bureau
			James Walker Group Ltd
01/10/14	Fisher, Chris	Non-Executive Director	Chair of the Assurance Committee of Health Education Thames Valley and independent member of HEE South Risk and Assurance Committee
01/10/13	Lysons, Ruth	Non-Executive Director	Veterinary Consultant, Food & Farming Compliance Consultancy.
			Non-Executive Director of the British Veterinary Association
			Trustee, My Cancer, My Choices, charity – 1162165
01/06/15	Buckle, David	Non-Executive Director	President of the Society for Assistance of Medical Families
			Trustee of the Stroke Association
			Non-Executive Director for East and North Hertfordshire NHS Hospital Trust
01/06/15	Mian, Mehmuda	Non-Executive Director	Board Member - Independent Press Standards Organisation
			Member of Disciplinary Committee at Royal College of Veterinary Surgeons
			Non-Executive Director – Alchemiya Media Ltd

01/09/16	Day, Mark	Non-Executive Director	Chair of Haven West Berkshire Homeless Charity
01/12/16	Earwicker, Martin	Chair	Chair, Farnborough College of Technology
			Trustee Hart Citizen Advice Bureau
<i>Executive Directors</i>			
09/09/08	Emms, Julian	Chief Executive	Wife is employed by the Trust as Service Manager of the EIP Service.
			Brother is Global Marketing Lead of Pfizer
01/12/18	Fulton, Debbie	Acting Director of Nursing and Governance	None
03/09/09	Gild, Alex	Chief Financial Officer	Member of the Board of Trustees of the Healthcare Financial Management Association Director of two subsidiary companies of HFMA: HFMA LTD and HFMA Commercial Services Limited
01/11/15	Irani, Minoo	Medical Director	Wife is employed by NHSE on a fixed term contract.
20/11/12	Searle, Bev	Director of Corporate Affairs	Board Member Social Care Institute for Excellence
			Cousin, Director of Solutions for Health
26/11/12	Townsend, David	Chief Operating Officer	None

Care Quality Commission's Fit and Proper Persons Test Requirements

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

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

- (a) the individual is of good character;
- (b) The individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed;
- (c) The individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed;
- (d) The individual has not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity; and
- (e) None of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

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

- (f) The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;
- (g) The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
- (h) The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;
- (i) The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;
- (j) The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;

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

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

- 1.1. Have been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in an part of the Unity Kingdom, would constitute an offence;
- 1.2. Have been erased, removed or struck off a register of professionals maintained by a regulator of health or social care.

Appendix 3

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST VERY SENIOR MANAGER / BOARD DECLARATION

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

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

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

NO

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

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

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

NO

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

You are reminded that, if you are appointed, you have a continued responsibility to inform us immediately where you are charged with any new offence, criminal conviction or fitness to practise proceedings in the United Kingdom or in any other country that might arise in the future.

You do not need to tell us if you are charged with a parking offence.

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

NO

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

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

NO

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

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

NO

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

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

NO

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

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

NO

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

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

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

NO

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

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

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

NO

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

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

NO

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

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

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

ensure it was addressed.

"Serious misconduct or mismanagement" means behaviour that would constitute a breach of any legislation/enactment that CQC deems relevant.

"Serious misconduct" might be expected to include assault, fraud and theft.

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

11. Are you :

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

NO

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

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

NO

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

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

NO

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

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

NO

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

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

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

IMPORTANT - DECLARATION

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

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

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

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

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

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

Please sign and date this form.

SIGNATURE.....

NAME (in block capitals)

DATE.....

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

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

Board of Directors Code of Conduct

1. Introduction

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

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

2. Principles of public life

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

- **Selflessness** - Holders of public office should act solely in terms of the public interest: they should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- **Integrity** - Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- **Objectivity** - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- **Accountability** - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness** - Holders of public office should be as open as possible about all the decisions and actions they take: they should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- **Honesty** - Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership** - Holders of public office should promote and support these principles by leadership and example.

3. General principles

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

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

4. Trust Vision and Values

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

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

The Trust's Values are:

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

5. Confidentiality and Access to Information

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

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

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

6. Media, public speaking and use of social media

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

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

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

7. Fit and proper person

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

8. Register of interests

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

9. Conflicts of interest

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

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

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

10. Gifts and hospitality

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

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

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

11. Personal conduct

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

Specifically directors must:

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

12. Compliance

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



Trust Board Paper

Board Meeting Date	12 February 2019
Title	Annual Board Planner 2019
Purpose	The attached sets out the non-standing items of business which will be presented to the public and in committee Trust Board meetings during 2019.
Business Area	Corporate
Author	Julie Hill, Company Secretary
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
Equality and Diversity Implications	N/A
SUMMARY	The attached Board Planner sets out the forthcoming business of the Trust Board. During the course of the year, other items of business are likely to occur and these items will be added to the relevant agenda.
ACTION	To note the annual Trust Board planner 2019.

Rolling Annual Trust Board Planner – Non-Standing Items

February 2019	Executive Lead
• Patient Experience Report Qtr 3	Debbie Fulton
• Annual Review of Board Declarations	Julie Hill
• Annual Health and Safety Report	David Townsend
• Annual Board Planner	Julie Hill
• Strategy Implementation Progress Report	Bev Searle
• Equality Strategy – Six Monthly Update Report	Bev Searle
• Annual Community Mental Health Survey Report	Debbie Fulton
• NHS Improvement Well-Led Framework – Action Plan (In Committee)	Julie Hill
• Draft Financial Planning and Budget Setting (In Committee)	Alex Gild
• Back Office Review against Carter Efficiency Benchmarking Report (In Committee)	Alex Gild
• Draft “Plan on a Page 2019-20	Bev Searle
April 2019	
• Board Vision Metrics Report	Alex Gild
• Guardians of Safe Working Report Quarterly Report*	Minoo Irani
• Learning from Deaths Quarterly Report* *included as part of the QAC minutes	
• Quality Impact Assessment Annual Report	Debbie Fulton
• Annual Financial Plan (In Committee)	Alex Gild
• Estate Strategy Update (In Committee)	David Townsend
• Quality Concerns (In Committee)	Debbie Fulton
• CRHTT and CMHT Interface Paper (In Committee)	David Townsend
• Workforce Implementation Strategy Progress Report (In Committee)	Bev Searle
• BAME Pay Gap Report (In Committee)	Bev Searle
May 2019	
• Quality Accounts	Minoo Irani
• Annual Report (<i>circulated to members of the Board but not published until the Annual Report is laid before Parliament</i>)	Julian Emms
• Final Financial Plan 2019-20	Alex Gild
• Strategy Implementation Plan Update Report	Bev Searle
• Staff Survey Results	Bev Searle
• NHS Improvement – Board Declarations	Alex Gild
• Patient Experience – Qtr 4 Report	Debbie Fulton
• Mental Health Strategy Implementation	Bev Searle
• Six monthly Safe Staffing Report	Debbie Fulton
• Global Digital Exemplar Six Monthly Update Report (In Committee)	Alex Gild
July 2019	
• Presentation by Prof Reynolds on Childhood Anxiety	Minoo Irani
• Equality Strategy – Annual Report	Bev Searle
• Board Vision Metrics Report	Alex Gild

• Revalidation Annual Report	Minoo Irani
• Annual Freedom to Speak Up Guardian Report	Elaine Williams
• Guardians of Safe Working Report Quarterly Report* • Learning from Deaths Quarterly Report* *included as part of the QAC minutes	Minoo Irani
• Mental Health Strategy Implementation Update Report	Bev Searle
• Quality Concerns (In Committee)	Debbie Fulton
• Willow House Move Business Case Report (In Committee)	David Townsend
September 2019	
• Patient Experience Report – Qtr 1	Debbie Fulton
• Board Vision Metrics Report	Alex Gild
• Strategy Implementation Plan Update Report	Bev Searle
• Guardians of Safe Working Report Quarterly Report* • Learning from Deaths Quarterly Report* *included as part of the QAC minutes	Minoo Irani
• Quality Concerns (In Committee)	
• Trust Board Away Day Agenda (In Committee)	Chair/Julie Hill
November 2019	
• Patient Experience – Qtr 2	Debbie Fulton
• Annual Research and Development Report	Minoo Irani
• Workforce Race Equality Standard Report	Bev Searle
• Mental Health Strategy Implementation – Update report	Bev Searle
• Strategy Implementation Progress Report	Bev Searle
• Information Governance Annual Report	Minoo Irani
• Global Digital Exemplar Six Monthly Update Report (In Committee)	Alex Gild
• Board Assurance Framework and Corporate Risk Register Annual Review (n Committee)	Alex Gild/Julie Hill
• TB Away Day – Notes and Actions (n Committee)	Julie Hill
December 2019	
• Board Vision Metrics Report	Alex Gild
• Guardians of Safe Working Report Quarterly Report* • Learning from Deaths Quarterly Report* *included as part of the QAC minutes	Minoo Irani
• Safe Staffing Six Monthly Report	Debbie Fulton
• Freedom to Speak Up Six monthly Report	Elaine Williams
• Quality Concerns (In Committee)	Debbie Fulton
• Workforce Development Strategy Annual Update Report (In Committee)	Bev Searle