

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 19 June 2019
starting at 10.30 am
At Easthampstead Baptist Church, South Hill Road, Bracknell

There will be a governor pre-meeting at 9.50am which is open to all governors

AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	Welcome & introductions	Martin Earwicker, Chair	2
2.	Apologies for Absence	Julie Hill, Company Secretary	1
3.	Declarations of Interest	All	1
4.1	Minutes of Last Formal Meeting of the Council of Governors – 20 March 2019	Martin Earwicker, Chair	2
4.2.	Matters Arising	Chair	5
5.	Patient Experience Report	Heidi Ilsley, Deputy Director of Nursing	10
6.	Election Report	Julie Hill, Company Secretary	2
7.	Bitesize Learning – Health and Social Care – Who Does What	Alex Gild, Deputy Chief Executive and Chief Financial Officer	15
8.	Quality Improvement Programme: New Performance Management System	Alex Gild, Deputy Chief Executive and Chief Financial Officer	15
9.	Executive Reports from the Trust 1. Performance Report (<i>Enclosure</i>) 2. Staff Survey Report	Julian Emms, Chief Executive	20
10.	Council of Governors' Appointments and Remuneration Committee Report	Martin Earwicker, Chair	10
11.	Committee/Steering Groups Reports: a. Living Life to the Full (<i>Enclosure</i>) b. Membership & Public Engagement (<i>Enclosure</i>) c. Quality Assurance meeting (<i>Enclosure</i>)	Committee Group Chairs and Members	10

12.	Council of Governors Annual Review of Effectiveness	Julie Hill, Company Secretary	10
13.	Governor Feedback Session <i>This is an opportunity for governors to feedback relevant information form any external meetings/events they have attended</i>	Martin Earwicker, Chair	5
14.	Annual Governors Work Programme	Chair	1
15.	Any Other Business	Martin Earwicker, Chair	5
16.	Dates of Next Meetings <i>23 July 2019 – Non-Executive Directors and Council of Governors meeting</i> <i>19 September 2019- Council meeting, followed by the Annual Members’ Meeting</i> <i>(Meetings held at Easthampstead Baptist Church)</i>	Martin Earwicker, Chair	2

Council of Governors

Wednesday 20 March 2019

Minutes

Public Governors

John Barrett
Amrik Bansal
Ray Fox
Tom Lake
Paul Myerscough
Ruffat Ali-Noor
Verity Murriceane
Amrik Banse
Nigel Oliver
Tom O'Kane
Krupa Patel
Pat Rodgers
Andrew Horne
Jenny Cheng

Staff Governors

Julia Prince
Guy Dakin
Natasha Berthollier

Appointed Governors

Isabel Mattick
Adrian Edwards
Suzanna Rose

In attendance

Martin Earwicker, Chair
Julian Emms, Chief Executive
Gerry Crawford, Regional Director for West Berkshire
Julie Hill, Company Secretary
Jenni Knowles, Office Manager and Assistant Company Secretary

Apologies:

June Carmichael
Tom O'Kane
Gary Stevens
Paul Sahota
Marion Child
Linda Berry
Marion Child
Susanna Carvalho

1. Welcome & Introductions

Martin Earwicker, Chair welcomed all Governors and staff to the meeting. The Chair particularly welcomed, Gerry Crawford, Regional Director West who was present to discuss Item 5.0 'The Community Mental Health Team'.

2. Apologies for Absence

Apologies for absence were received and noted above.

3. Declarations of Interest

1. Amendments to the Register – None to note.
2. Agenda items – None to note.

The Declarations were noted.

4.1 Minutes of the previous meeting – 12 December 2018

The minutes of the meeting held on 12 December 2018 were approved after a correction had been made to item 6 (CRHTT Presentation), it was Debbie Simmonds who visited PPH, not Tom Lake.

4.2 Matters Arising

There were no matters arising.

Tom Lake asked whether there would be any updates on past presentations, such as the CRHTT service. The Chair explained that a list of topics is covered rolling throughout the annual year, but it would be possible to take additional requests from Governors as well. It was agreed that an update would be included in approximately 6 months on the CRHTT service, to allow for the service to progress through their improvement plans.

5. Community Mental Health Team Presentation

The Chair formally welcomed Gerry Crawford, Regional Director for West, to the meeting and invited him to give a presentation on the Community Mental Health Team (CMHT). A presentation was tabled for reference and attached to the minutes.

Gerry Crawford explained that the primary purpose of the CMHT is to provide care for those patients being treated in the community. It is now a combined service, integrating Health and Social Care to make it a fully functional multi-disciplinary team. The teams are able to communicate directly with one another to discuss patient care plans and to ensure that the complex patients receive the best care possible.

In West of Berkshire, there are still differences with how they are set up. Gerry Crawford noted the following:

- Wokingham – Integrated teams have jointly funded managements posts
- West Berks – There is only one Health team with some co-location with Social Care
- Reading – There is only one Health team with no co-location with Social Care

The Multi-Disciplinary Teams can include; psychiatrists, psychologists, community psychiatric nurses, social workers, and occupational therapists.

There have been many changes within the locations of CMHT and link directly with the Mental Health Pathway. They can also link with;

- Common Point of Entry
- Crisis Response and Home Treatment Team
- Psychological Medicine Service (Acute MH Liaison)
- Early Intervention
- Perinatal
- Inpatient Services

Gerry Crawford reported that there had not been a significant financial investment into CMHT, but the demand continues to increase. There is a lack of clarity of existing CMHT provision and its ability to consistently deliver evidence-based care and understand its effectiveness; there is poor patient flow through the system, high staff turnover and vacancies and variable patient experience, which contributes to Berkshire Healthcare being an outlier in caseload size.

Some additional funding was received a few years ago and the following improvements had been made;

- Additional resources available
- Recruit a project Manager for a one-year contract, starting March 2019
- Review of skill mix in teams
- The project will give opportunity to influence standardisation of the CMHT Offer

There has been a Project Board created, where the membership was extremely selective, including only key critical attendees. There has been an A3 session completed with the Project Board and included staff from CMHT, psychology and psychiatry teams present too. The outcome vision of the A3 vision was: “Staff are empowered to deliver a consistent, evidence-based, outcome-measured community mental health service across Berkshire to enable people to function independently in the world.”

Gerry Crawford explained that a model would be trialled in one locality initially and then implemented across the rest of West Berkshire if successful. This process is likely to take more than 6 months to embed and evaluate.

John Barrett referred to the presentation that Chris Allen shared at the recent Living Life to the Full sub-committee and said that PINC are linking well with CMHT services. Gerry Crawford agreed and added that the team are also implementing the Mental Health Pathways, ensuring Berkshire Healthcare only provide support for those on pathways between 4 – 7. The PINC improvements are working in tandem with CMHT.

Andrew Horne questioned whether CMHT would be considering to use simple cognitive behavioural techniques (CBT) to support the service improvements. Gerry Crawford shared that CBT would be used within CRHTT more so, but therapeutic thinking with all mental health patients could be considered as beneficial.

Paul Myerscough asked for clarification around those services linked with CMHT and whether there would be referrals or sign posting to those services more frequently in future. Gerry Crawford confirmed there would be a more joined up working ethic, ensuring all banded staff would have knowledge of those services.

Paul Myerscough asked whether the team could review benchmarked data in this area. Gerry Crawford confirmed that there is Benchmarking data available, however explained that Berkshire Healthcare have less staff compared to other Trusts due to a low level of financial investment from the Local CCGs. The team is looking at how to re-configure the service to be more effective before requesting additional monies from the CCGs.

Verity Murrice questioned what the team is pro-actively doing to engage with service users through the improvements. Gerry Crawford confirmed that patient engagement has been included within the second phase of the plan, after initial reviews are completed. It would be a meaningful discussion to have in the future, but management require oversight initially. Verity Murrice requested that consideration of which service are asked to be involved is given to ensure the focus groups are providing a full view of patient opinions. The Chair supported the comment around service users and highlighted the importance of patient feedback.

Gerry Crawford added that if the CMHT service can function at a positive 80% across the county, then the rest of the pathway would be impacted significantly. The aim is to pilot improvements in September 2019 and embed the project fully, across all localities by March 2020.

6. Executive Reports from the Trust

a) Patient Experience Quarter 3 Report

The Patient Experience Quarter 3 report was taken as read.

Julian Emms highlighted the following three items from the report:

- There has been an increased culture of teams trying to increase FFT responses
- The current complaint process has achieved 100% response rate within deadlines and the subjects of complaints had not changed in quarter 3
- There had been variability of feedback received from carers across teams, some focussing on it more than others. The aim is to create a more consistent use of feedback to drive improvements in teams.

Suzanna Rose asked how the increase in Westcall complaints is being monitored. Julian Emms explained the majority of Westcall complaints refer to high risk children patients and waiting times with GPs and ambulance services. Some complaints also relate to mis-diagnosis to those with complex diagnosis. The team is monitoring the complaint trend, but currently it does not reflect negatively on the service procedures or processes.

Isabel Mattick referred to the podiatry service, explaining that the majority of patients require an appointment 6-weekly, however appointments can only be booked up to 4 weeks in advance. Julian Emms explained that this issue had already been reviewed and the booking process in place was to minimise the number of DNA rates in the service. Since changing the booking times, this has improved significantly.

Paul Myerscough asked whether Governors are supposed to be part of 15 step visits. It was agreed that Julie Hill would investigate offline and report back to Governors.

John Barrett asked for clarification on Table 4, page 35 of the report, asking whether 'Prospect Park Hospital' was meant to represent 'Sorrell Ward'. Julie Hill agreed to clarify this query with Nathalie Zacharius and feedback offline.

b) Performance Report

The report was taken as read.

Guy Dakin referred to Risk 7, regarding demand for community and mental health services and asked how the Trust is mitigating this. Julian Emms explained that there is prioritisation of risks in place, ensuring the highest patients at risk are seen by the team first. There are also now exchange huddles in place and internal processes reviewing how demand is increasing above population growth.

Paul Myerscough requested for the graph titles to be reviewed as they are not all clear as to what they are showing.

John Barrett asked whether it was possible that some patient information was sent to the wrong address. Julian Emms reassured the group that this would only happen if the patient did not update their own address.

Verity Murrice asked whether the targets used within the report could be set to zero tolerance when it relates to staff or patient harm. Julian Emms agreed that the vision is zero assaults, however the targets need to be in place and achievable for the services as they improve.

John Barrett referred to Risk 1, Recruitment and Retention of staff, and asked what support has been put into place to help improve this risk. Julian Emms gave an explanation around the HR team improvements and suggested that Carol Carpenter (Head of People) could visit a Council meeting to share what is happening in detail. There has been a lot of internal promotion happening across services, but this is creating gaps. The Trust's culture is solely improving, where the quality of team meetings and 1:1's are key in retaining quality staff. The root cause of staff absence and leaving is still being reported as stress. Julian Emms noted that this is a National issue and not only affecting Berkshire Healthcare.

c) Annual Plan on a Page

Julian Emms informed the Governors of the four main areas required to directly impact on staff, these are:

- Harm free care
- Supporting our staff
- Good Patient Experience
- Money Matters

These are consistent to previous years and align with the True North Goals. Julian Emms noted that each service will interpret these areas slightly differently and adapt them to relate to their service.

John Barrett asked whether carers would be included within the 'Patient Experience' section and classed as a partner. The Chair confirmed that carers would be included, but not identified as a separate identity as there would be too many other partners to add.

Paul Myerscough referred to the staff engagement rate of 51% and questioned whether staff could be incentivised in future to respond. Julian Emms shared that there planned improvements in the pipeline and in future it would be important for staff to be made aware of the improvements being made.

7. Committee Steering Groups

a) Living Life to the Full

The report was taken as read.

John Barrett highlighted the 2 presentations within the February meeting, noting the two main speakers; Sophie Shilton-Brown (OPMH) and Chris Allen (Psychology Interventions in Nursing and Community Services).

John Barrett urged Governors to consider attending future sub-committee meetings as there are always topics covered in detail that may not be discussed in Formal Council meetings.

Julian Emms noted his concern about the number of senior Trust staff attending sub-committee meetings, with minimal Governors present. It was suggested that due to workforce pressures, when reviewing presentation topics, it is considered whether it would be more suitable for the full Council and Julie Hill has oversight in future.

b) Membership & Public Engagement Group

The report was taken as read.

Tom Lake informed the group that the number of Trust Members are still above target. Governors were encouraged to take new Membership forms at the end of the meeting and attempt to recruit more members when out in the community.

Tom Lake formally thanked Isabel Mattick for temporarily attending the group to ensure there is Bracknell representative at the meeting but asked whether there

would be any Bracknell Locality Governors who would be interested in joining on a more permanent basis.

C) Quality Assurance Group

The report was taken as read.

Paul Myerscough explained that the Quality Report had been circulated to all Governors, with a request for feedback. Paul reminded the Governors that the feedback is important and will be summarised and sent back to the Quality Team early April 2019 for consideration in the final version.

It was agreed that during Quality Assurance Visits, the Governors would speak to staff about IT systems to gain additional feedback in the area. RiO was noted to be a recent area of concern for staff and this has been fed back through the appropriate channels.

8. Any Other Business

Verity Murracane noted that there was an action taken at the last Membership and Engagement Meeting for Verity to investigate about NHS Discounts for staff, volunteers and Governors. The following was provided by Verity, for Governors information:



NHS Discounts.pdf

Paul Myerscough asked whether the NHS discounts are also available to Members of the Trust. Verity Murracane explained that this had not been looked into, but it was unlikely.

The Chair asked for more information on this work is looked at by a staff member in the Trust and circulated to the Governors for information.

John Barrett read out an extraction from British Psychology society about reducing stress if colleagues sing whilst at work.

Julie Hill reminded the Governors that all expenses are to be claimed by the end of the financial year where possible and confirmed that the 3-month deadline will continue for 2019/20.

9. Dates of next Council meetings

- 08 May 2019 – Joint Board and Council of Governor Meeting
- 19 June 2019 – Formal Council of Governor Meeting

I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the meeting of the Council held on 20 March 2018.

Signed:.....

(Martin Earwicker, Chair)

Date: 19 June 2019

DRAFT

Report by Verity Murrice

NHS discounts

Three questions-

What discounts are there for NHS staff, and how do you get them

Are they available to volunteers, including governors

How well advertised are they- do staff know about them

First, a BHFT ID badge gives discounts at hospital restaurants, including volunteers and governors, for example at Royal Berks and Newbury Community Hospital

Then there are a range of discounts, either offered by businesses as standalones, or through discount portals

For example Iceland give 10% discount, the website healthservicediscounts.com offers access to a whole range of discounts, these are often small, 3 or 5%, but can be substantial.

Some including bluelightcard.co.uk are for staff only, though this does also include a range of emergency services volunteers, such as first responders, while others include volunteers. There is no mention on any of these schemes about members of trusts.

So far I have found these, plus many other companies do standalone discounts, and in addition may have time limited offers.

Name	For staff only	For staff and volunteers
Psidiscounts.com	X	
Healthservicediscounts.com		X
Bluelightcard.co.uk	x	Emergency service volunteers only
Iceland	x	
Healthcarestaffbenefits.org	x	

How well known are they? Could the trust and us as governors do more to make people aware? What would be appropriate?

Community Mental Health Team

Gerry Crawford | Regional Director (West)

Council of Governors | 20 March 2019

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In Berkshire

Six Localities with a mixed picture

East

Integrated teams with jointly funding management posts

- Slough
- Windsor, Ascot & Maidenhead
- Bracknell

West

- Wokingham – Integrated teams with jointly funded managements posts
- West Berks – Health only team with some co-location with Social Care
- Reading – Health only team with no co-location with Social Care

Multi Disciplinary Team Support

- These can include psychiatrists, psychologists, community psychiatric nurses, social workers, and occupational therapists.
- They work with you to help you improve your mental health.
- You might get help from the team as a whole, or from just one or two professionals.
- You usually get referred to the **CMHT** by your GP.

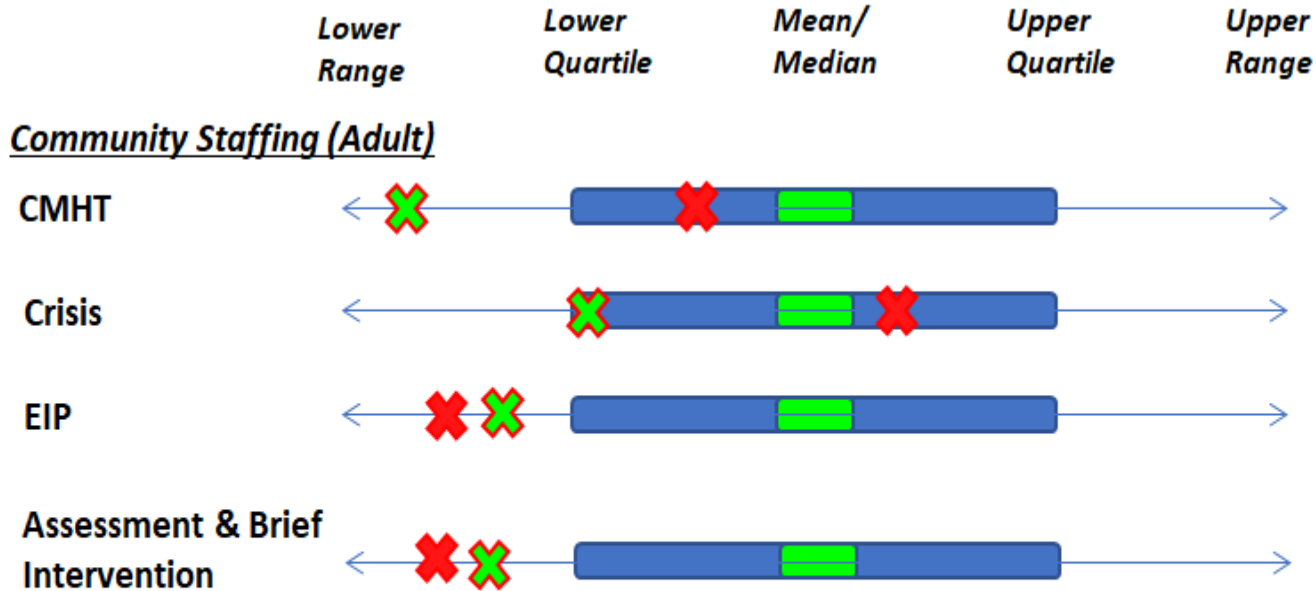
Links with

Mental Health Pathway

- Common Point of Entry
- Crisis Response and Home Treatment Team
- Psychological Medicine Service (Acute MH Liaison)
- Early Intervention
- Perinatal
- Inpatient Services

Adult Services

Staffing



Highlights

Staffing levels for Adult Community Services are below the mean and median nationally and regionally. This position has worsened from 2016/17 at 27.0 to 24.1 in 2017/18 per 100k weighted population.

Crisis services appear to be the exception, where the Trust are above the mean nationally and are at the mean and median regionally but activity levels are very high for this service (See slide 7).

'Assessment and brief intervention' refers to our Common Point of Entry and it shows staffing is below the mean and in the lower quartile.

All staff	L Quartile	Mean	Median	Upper Q	BHFT	L Quartile	Mean	Median	Upper Q
Generic CMHT per 100k weighted popn	23.1	31.7	30.7	38.4	24.1	32.1	34.5	35	37.3
Crisis per 100k popn	9.4	13.4	12.9	16.4	17	16.6	17	17	17.4
EIP per 100k weighted popn	4.5	7	6.2	7.7	4.4	3.7	4.5	4.1	4.9
Assessment and Brief Intervention per 100k weighted popn	3.5	10.9	7	16.5	3.3	4.9	6.5	6.5	8.1

X National Comparison

X Regional Comparison

And so what shall we do about the issues raised?

Using QI we decided to identify the issue we were trying to fix and developed this problem statement:

There is a lack of clarity of our existing CMHT provision and its ability to consistently deliver evidence-based care and understand its effectiveness; we have poor patient flow through the system, high staff turnover and vacancies and variable patient experience, which contributes to BHFT being an outlier in caseload size

Health Education England and Funding

- Have some resources available to support organisations with workforce planning
- Managed to recruit a project manager March 2019 - March 2020 to support the development of the function of the CMHT
- Review of skill mix (what staff are required to fulfil this function)
- Agreed though Business & Strategy Executive that this project will give us the opportunity to influence standardisation of the CMHT offer

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CMHT Function & Workforce Project

Project Board Membership:

Gerry Crawford

Elaine Williams

Gwen Bonner

Neil Murton/Karen Watkins

Vicki Matthews

Bridget Gemal

Ian Mundy

Susanna Yeoman

Theresa Wyles

Martin Gill

Debra Marsden

Sharif Ghali

Julie Bennetts

SRO (Chair)

Project Manager

Clinical Director

Programme Management office

Clinical Director MH East

Professional Head of Psychological Therapies

Divisional Director Mental Health (West)

Divisional Director Mental Health (East)

Mental Health Urgent Care Manager

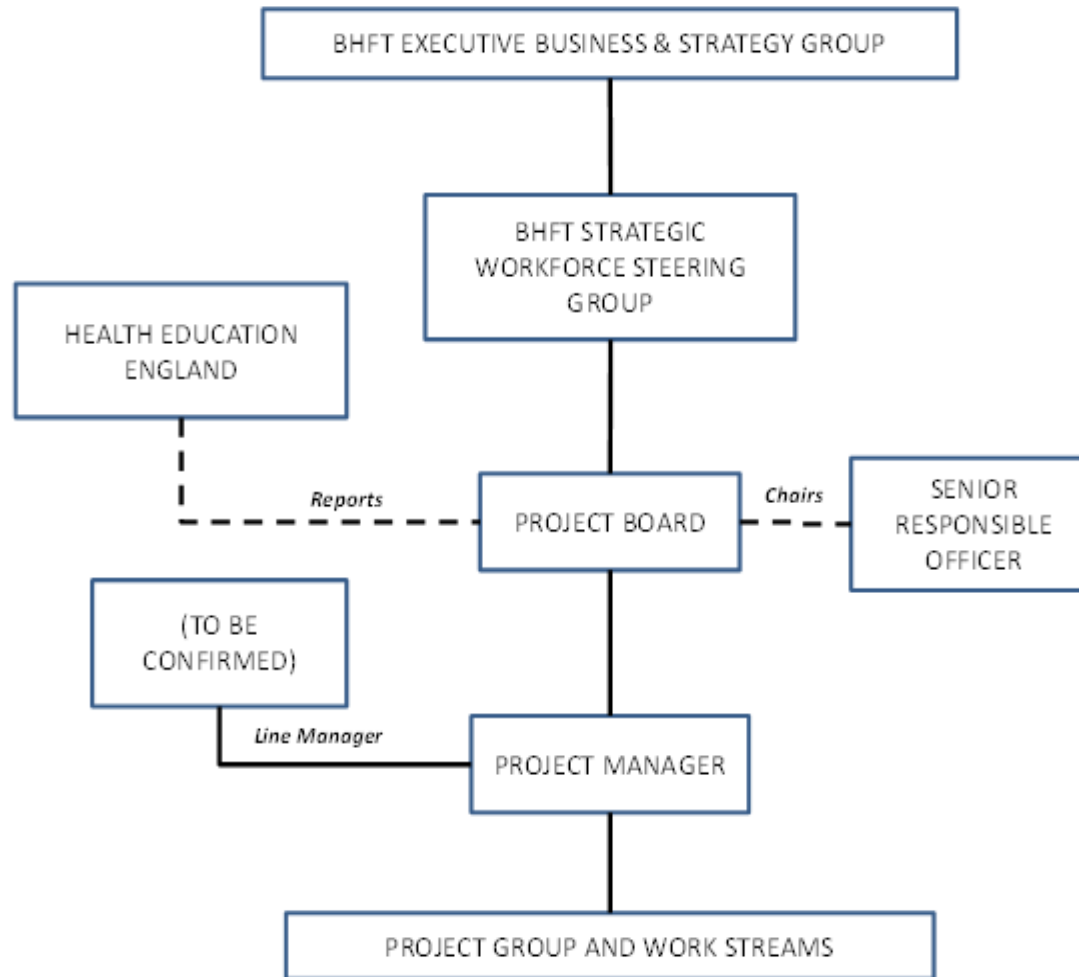
Service Manager Reading

Service Manager Bracknell

Consultant Psychiatrist

Workforce Development Lead

CMHT Workforce Project – Proposed Governance Structure



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Outcome

Vision:

Staff are empowered to deliver a consistent, evidence-based, outcome-measured community mental health service across Berkshire to enable people to function independently in the world.



Berkshire Healthcare
NHS Foundation Trust

Patient Experience

Quarter Four 2018-19 Report

Presented by: Julian Emms, Chief Executive

Quarter Four – Patient Experience Report (Jan – March 2019)

1. 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 four patient experience report. In my overview I have considered elements of the feedback received by the organisation and information available from other areas.

The Board is required to consider detailed patient feedback because it provides insight into how patients, families and carers experience our services. There are many ways in which patient feedback is gathered, this report references over 18,000 pieces of feedback received into the organisation this quarter.

Our 2018 staff survey results demonstrate that 61% of our staff believe that feedback from patients/service users is used to inform decisions within their directorates and departments; whilst this is better than the average within our peer group (mental health, learning disability and community combined trusts) which is 54%, it is below the best scores achieved of 71%. The 2019/20 plan on a page encourages all services to focus on use of available patient feedback information to inform decisions around patient care/ treatment as well as service changes.

During Q4 our Friends and Family response rate continued to improve with 22% (almost 12,000 responses) achieved for the quarter and for the first time over 20% achieved for each of the months in the quarter. A response rate of at least 15% is considered to provide increased validity. The introduction of SMS texting has assisted in achieving greater response rates. Our overall Trust recommendation rate for the quarter was 93%. One of the True North metrics for the coming year is achievement of 95% recommendation rate.

The number of Carers Friends and Family Test responses has reduced slightly from Q3 but remains higher than any of the other quarters in last 2 years; the responses demonstrated a 95% satisfaction rate.

Collection of ethnicity data associated with complaints commenced in Q2 and has risen from 48% in that quarter to 84% this quarter. Gender and age is also being recorded with 100% recording achieved for the quarter.

In Q4, the Trust received 50 complaints across a range of services. The number of complaints received has reduced again this quarter and is lower than any previous quarters of this year. The reporting process has been altered to be service based as opposed to locality based so that trends and themes can be more easily identified.

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 during 2017/18; they have also seen a reduction in MP enquiries with only 1 received. Themes from the complaints closed 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 6 complaints; this is a decrease on the 8 received in Q3 and brings the number back more in line with Q1 and Q2 of this year. These services also received the highest number of MP enquiries (5) and are the source of approximately 12% of all contacts into PALS. The main themes of all contact around patient experience is in relation to access to services / wait times and the care and treatment received. This is also reflected in the 5 CAMHS complaints closed that were upheld or partially upheld in Q4 which related to access

and wait times (2), attitude of staff (1) and care / treatment (2). 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.

- Acute Mental Health Inpatients has continued to see a reduction in the number of complaints received with 3 formal received this quarter, this is lowest number received in any quarter over last 2 years. 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 only 1 complaint. This is a significant decrease on Q3 where 7 were received and the lowest number seen in any quarter over the last 2 years. This service is identified as the CQC have rated it as requires improvement because of poor underpinning systems and processes to deliver good care.
- District nursing services are currently under significant pressure due to vacancy and caseload; work is in progress with commissioners to define the District Nursing offer; the service receives the highest number of locally resolved concerns; however formal concerns are low with 3 this quarter and the service receives one of the highest numbers of compliments.

Staff directly involved in the complaint are asked to reflect on the issues raised and consider how they will change their practice.

During the quarter the Trust continued to sustain a complaint response rate of 100%. 51% (24) of the 47 complaints closed during the quarter were upheld or partially upheld, these were spread across a number of differing services and there were no particular themes from any particular service; however 5 were related to attitude of staff, 4 to access to services and 12 to care and treatment provided.

The report compares 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

4707 patients/carers responded to our internal patient survey in Q4, this asks patients how they rate their experience, by asking 5 questions; 86% reported the service they received as good or better. The response rate is significantly higher than in Q3 where just under 3000 responses were received; the increase in responses received is mainly due to children's services (School Nursing who are now using their smart phones to capture feedback, Health Visiting and Immunisation service). 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 services also registered 1,409 compliments during this quarter.

Conclusion

Patient experience is an important indicator of quality and it is important that services take steps to prevent similar concerns highlighted occurring and learn from all feedback received. Whilst each service takes complaints seriously we also need to be able to more easily demonstrate how we have used patient and service user feedback to change service delivery as well as how learning is shared across the organisation. This continues to be work in progress.

Debbie Fulton, Acting Director of Nursing and Governance

2. Complaints received

2.1 All formal complaints received

Table 1 below shows the number of formal complaints received into Berkshire Healthcare for years 2017-18 and 2018-19 by service. During Quarter four 2018/19 there were 50 complaints received, this is a decrease compared to all other quarters this year.

Table 1 – Formal complaints received

Service	2018/19							2017/18					
	Q4	% Comparison to Q3	Q3	Q2	Q1	Total	% of Total	Q4	Q3	Q2	Q1	Total	% of Total
CMHT/Care Pathways	9	↓	10	11	16	46	20.00	10	12	11	11	44	22.08
CAMHS - Child and Adolescent Mental Health Services	6	↓	8	6	5	25	10.87	4	6	9	7	26	14.29
Crisis Resolution & Home Treatment Team (CRHTT)	4	↑	3	5	2	14	6.09	6	4	6	4	20	9.09
Acute Inpatient Admissions – Prospect Park Hospital	3	↓	8	12	9	32	13.91	6	4	9	4	23	11.04
Community Nursing	3	no change	3	1	1	8	3.48	3	1	4	4	12	5.84
Community Hospital Inpatient	3	↑	1	7	6	17	7.39	6	1	1	3	11	3.25
Common Point of Entry	4	↑	2	3	3	12	5.22	2	1	-	2	5	1.95
Out of Hours GP Services	1	↓	7	5	4	17	6.96	2	3	2	2	9	4.55
PICU - Psychiatric Intensive Care Unit	0	no change	0	0	0	0	0.00	-	-	-	-	0	-
Minor Injuries Unit (MIU)	0	↓	2	1	1	4	1.74	2	1	2	-	5	1.95
Older Adults Community Mental Health Team	1	↑	0	1	1	3	1.30	3	1	1	0	5	2.39
13 other services in Q4	16	↑	13	11	12	52	22.60	11	19	14	5	49	23.44
Grand Total	50		57	63	60	230	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 four and where the service is based.

2.2 Adult mental health service complaints received in Q4

27 of the 50 (54%) of the complaints received during Q4 were related to mental health service provision.

Table 2: Adult mental health service complaints received

Service	Locality of Service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Adult Acute Admissions		3					3
CMHT/Care Pathways	5	2		2			9
CMHTOA/COAMHS - Older Adults Community Mental Health Team						1	1
Common Point of Entry	2					2	4
Criminal Justice Liaison and Diversion Service	1						1
Crisis Resolution & Home Treatment Team (CRHTT)		2	1			1	4
Neuropsychology		2					2
Older Peoples Mental Health (Ward Based)		2			1		3
Grand Total	8	11	1	2	1	4	27

2.2.1 Number and type of complaints made about a CMHT

9 of the total 50 complaints (18%) received during Q4 related to CMHT service provision. This is a reduction on numbers compared with Q1 (16), Q2 (11) and Q3 (10); however this accounted for the same percentage of complaints as in Q3.

Table 3: CMHT complaints

Main subject of complaint	Locality of Service			Grand Total
	Bracknell	Reading	West Berks	
Attitude of Staff		1		1
Care and Treatment	3		2	5
Communication	1			1
Medical Records	1			1
Medication		1		1
Grand Total	5	2	2	9

Care and treatment (5) was the main subject for formal complaints received about CMHT, although the reasons for the concerns varied from people not being happy with their diagnosis to lack of perceived support, dissatisfaction with changes in medication and being discharged.

During Q4 Bracknell received the highest number of complaints with 5, this is a significant increase for Bracknell who had only received 1 other complaint during 2018/19. CMHT based in Windsor, Ascot and Maidenhead and Slough did not receive complaints during this quarter.

2.2.2 Number and type of complaints made about Mental Health Inpatient Services

During Quarter four, 5 of the total 50 complaints (10%) related to Inpatient mental health wards (3 to acute wards, 2 to older adults wards) this is a continued reduction on the number received in previous quarters which were Q1 (9), Q2 (12) and Q3 (8).

Table 4: Mental Health Inpatient Complaints

Main subject of complaint	Ward/Area				Grand Total
	Daisy Ward	New Orchid Ward	Prospect Park Hospital	Snowdrop Ward	
Care and Treatment		2	1		3
Communication				1	1
Discharge Arrangements	1				1
Grand Total	1	2	1	1	5

2.2.3 Number and type of complaints made about Crisis Resolution/ Home Treatment Team (CRHTT)

In Quarter four, 4 of the total 50 complaints (8%) were related to CRHTT, this is similar to the number received in previous quarters; as in all previous quarters west services received a higher number of the complaints than the East services. There are no particular themes identified in the complaints received for CRHTT.

Table 5: CRHTT complaints

Main subject of complaint	Locality of Service				Grand Total
	Reading	Slough	Windsor, Ascot and Maidenhead	Wokingham	
Attitude of Staff	1	1			2
Care and Treatment	1				1
Medical Records				1	1
Grand Total	2	1	0	1	4

2.3 Community Health Service Complaints received in Q4

During Quarter four, 14 of the total 50 complaints (28%) related to community health service provision.

Table 6: Community Health service complaints received

Service	Locality of Service					Grand Total
	Bracknell	Slough	West Berks	Windsor, Ascot and Maidenhead	Reading	
Assessment and Rehabilitation Centre		1				1
Integrated Pain and Spinal Service			1			1
Multiple Sclerosis				1		1
Outpatients	1					1
Physiotherapy (Adult)			1			1
Physiotherapy Musculoskeletal	1					1
Sexual Health		2				2
Community Nursing				1	2	3
Community Inpatient wards			2	1		3
Grand Total	2	3	4	3	2	14

During Q4 the services receiving the most complaints was community nursing and the community wards both received 3 complaints each.

2.3.1 Community Health Inpatient wards Complaints

During Quarter four, 3 of the total 50 complaints (6%) received related to inpatient wards; this is a reduction from 6 in Q1 and 7 in Q2 and increase from 1 in Q3. Both of the complaints related to West Berkshire Community Hospital were in relation to end of life care.

Table 7: Community Inpatient complaints

Main subject of complaint	Ward		Grand Total
	Henry Tudor Ward	West Berkshire	
Attitude of Staff		1	1
Care and Treatment	1	1	2
Grand Total	1	2	3

2.3.2 Community Nursing Service Complaints

In Quarter four, 3 of the 50 complaints (6%) were related to community nursing service provision, all regarding care and treatment. This is an increase from 1 received in both Q1 and Q2 and the same as the number 3 received in Q3.

Table 8: Community Nursing complaints

Main subject of complaint	Locality of service			Grand Total
	Reading	West Berkshire	Windsor, Ascot and Maidenhead	
Care and Treatment	1	1	1	3
Grand Total	1	1	1	3

2 of the complaints related to care/ treatment and communication around end of life care.

Of the 14 complaints received by community services 4 related to care/ treatment and communication around end of life care, these will all be considered as part of the Trust mortality review processes.

2.3.3 GP Out of Hours Service, WestCall Complaints

During quarter four, 1 (2%) of the 50 complaints related to out of hours service provision, compared to 4 in Q1, 5 in Q2 and 7 in Q3.

Table 9: GP Out of Hours (Westcall) complaints

Main subject of complaint	Locality of Service	
	Reading	Grand Total
Care and treatment	1	1
Grand Total	1	1

2.4 Children, Young People and Family service Complaints received in Q4

2.4.1 Physical Health services for children complaints

During Quarter four, 1 of a total 50 complaints (2%) related to children's physical health services.

Table10: Children and Young People physical health service complaints

Service	Locality of Service	
	West Berks	Grand Total
Children's Physiotherapy - CYPIT	1	1
Grand Total	1	1

2.4.2 CAMHS complaints

During Quarter four, 6 of the 50 complaints (12%) were about CAMHS services; compared to 5 in Q1 6 in Q2, and 8 in Q3. Previously the majority of these were about care and treatment; in Q4 access to the services received the highest number of complaints.

Table11: CAMHS Complaints

Main subject of complaint	Locality of Service					Grand Total
	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Access to Services			1	1	1	3
Care and Treatment	1	1				2
Waiting Times for Treatment	1					1
Grand Total	2	1	1	1	1	6

2.5 Learning Disabilities

There have been no complaints for Learning Disabilities services; community or hospital based during quarter four.

3. 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	Q3
Mental Health complaints - nationally reported	3,461	3,790	3,451	3,653	3,598	3651	3391
2Gether NHS Foundation Trust	14	19	15	15	17	14	21
Avon and Wiltshire Mental Health Partnership NHS Trust	81	75	63	67	78	72	77
Berkshire Healthcare NHS Foundation Trust	40	58	56	59	49	45	38
Cornwall Partnership NHS Foundation Trust	26	28	32	34	31	28	20
Devon Partnership NHS Trust	60	47	43	49	44	56	33
Dorset Healthcare University NHS Foundation Trust	82	84	74	79	91	90	92
Kent and Medway NHS and Social Care Partnership Trust	78	72	88	86	87	115	121
Oxford Health NHS Foundation Trust	62	56	49	70	50	56	58
Somerset Partnership NHS Foundation Trust	25	20	15	14	17	14	24
Southern Health NHS Foundation Trust	73	114	79	96	91	95	82
Surrey and Borders Partnership NHS Foundation Trust	14	28	21	26	26	36	16
Sussex Partnership NHS Foundation Trust	188	166	169	221	209	192	181

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.

4. 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). During Q4 there were 47 complaints closed.

4.1 Outcome of closed formal complaints

Table 13: Outcome of formal complaints closed

Outcome	2018-19							2017-18					
	Q4	Comparison to Q4	Q3	Q2	Q1	Total	% of Total	Q4	Q3	Q2	Q1	Total	% 17/18
Case not pursued by complainant	2	no change	2	0	0	4	1.67	1	1	1	1	4	1.95
Consent not granted	2	↓	3	2	2	9	3.75	4	0	1	0	5	2.44
Local Resolution	3	↓	10	5	0	18	7.50	2	6	3	3	14	6.83
Managed through SI process	1	↑	0	2	0	3	1.25	4	Reported from Q4			4	1.95
Referred to other organisation	0	no change	0	0	0	0	0.00	1	0	1	0	2	0.98
No further action	0	no change	0	0	1	1	0.42	1	2	0	0	3	1.46
Not Upheld	15	↓	16	11	13	55	22.92	7	7	20	6	40	19.51
Partially Upheld	19	↓	36	26	25	106	44.17	28	22	19	18	87	42.44
Upheld	5	↓	12	15	12	44	18.33	10	10	18	8	46	22.44
Grand Total	47		79	61	53	240	100	58	48	63	36	205	

The 24 complaints closed and either partly or fully upheld in the quarter were spread across a number of differing services and there were no particular themes from any particular service; however 5 were related to attitude of staff, 4 to access to services and 12 to care and treatment provided.

4.2 Response Rate

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

5. Demographic data

5.1 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.

The tables below show the characteristics of patients who have had complaints raised about their care between January and March 2019.

Table 15 – Ethnicity of patients; January to March 2019

Ethnicity	Number of patients	%	Census data
Mixed - White & Asian	1	2.00%	2.1 %
Not stated	7	14.00%	-
Other Asian	1	2.00%	13%
Other Black	1	2.00%	3.5%
Other ethnic category	1	2.00%	1%
White - British	39	78.00%	80%
Grand Total	50	100.00%	100%

5.2 Gender

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

Table 16: Gender

Gender	Number of patients	%	Census data
Female	24	48.00%	50.9%
Male	26	52.00%	49.1%
Grand Total	50	100.00%	100%

5.3 Age

Table 17 – Age of patients

Age Group	Number of patients	%	Census data
Under 12 years old	3	6.00%	↓
12-17 years old	5	10.00%	↓
18 - 24 years old	3	6.00%	31.6%
25 - 34 years old	6	12.00%	14.9%
35 - 44 years old	8	16.00%	15.4%
45 - 54 years old	5	10.00%	19.3%
55 - 64 years old	4	8.00%	↓
65 - 74 years old	9	18.00%	↓
75 years or older	7	14.00%	18.7%
Grand Total	50	100.00%	100%

6. Parliamentary and Health Service Ombudsman

6.1 The Parliamentary and Health Service Ombudsman (PHSO) activity related to the Trust

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 relating to the Trust that were escalated to the PHSO were not upheld. There was no activity during Q4.

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 requested – no further action
Mar-18	Older Adults Community Mental Health Team	Oct-18	Not Upheld
Mar-18	Admin teams & office based staff	Mar-18	No further action
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

6.2 PHSO activity in England October – December 2018

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

The PHSO reported in Q3 that overall they assessed 1,661 cases, of which 399 progressed to investigation.

In the same quarter the Trust had three complaints against them referred to the PHSO, of which two progressed to investigation. This is comparable with Q2 where 3 complaints were referred to PHSO.

399 were accepted in principle for investigation involving 431 health organisations

464 investigations were closed involving 533 health organisations.

Of the cases that were investigated:

- 190 (41%) of the total closed cases were either fully upheld (36 or 8%) or partly upheld (154 or 33%)
- 2 (0.4%) were resolved before the investigation was concluded
- 236 (51%) of the complaints were not upheld
- 36 (8%) 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:

- 115 formal apologies
- 80 payments to make up for financial loss or to recognise the impact of what went wrong.

- This totalled £67,714.51.
- 102 service improvements, such as changing procedures or training staff.
- 33 other actions to put things right. For example, asking a GP practice to correct errors in medical records

During the same period Berkshire Healthcare had:

- 3 cases opened by PHSO – one is not being progressed by PHSO, and the investigations are underway with two

7. 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 6 complaints led by other organisations during quarter four.

Table 19 – Formal complaints led by other organisations

Lead organisation	Service area of complaint
East Berkshire CCG	District Nursing complaint regarding the pressure of a mattress not being set properly and not being adequately managed
Frimley Health NHS Foundation Trust	Mental Health Liaison Service and waiting time for a young person to be seen
NHS England	CMHTOA/COAMHS - Older Adults Community Mental Health Team and explanation around appointments stopping
Oxford Health	Criminal Justice Liaison and Diversion Service and repeated MHA assessments and the patient not being admitted to a psychiatric hospital
Royal Berkshire Hospital	Concerns about psychiatric medication being withdrawn during admission to the acute trust and lack of oversight/communication with mental health services
SCAS	Out of Hours GP Services and potential misdiagnosis

8. MP enquiries, locally resolved complaints and PALS

8.1 MP enquiries

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

Table 20 – Enquiries from MP Offices

Service	Number of enquiries
Assessment and Rehabilitation Centre	1
CAMHS - Child and Adolescent Mental Health Services	5
CMHT/Care Pathways	1
Common Point of Entry	1
Neuropsychology	1
Grand Total	9

There were 9 MP enquiries raised in quarter four compared with 10 in quarter three and 3 in quarter two.

The 5 CAMHS enquiries related to access to treatment (4) and care and treatment (1).

8.2 Local resolution complaints

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
District Nursing	6
Health Visiting	5
Adolescent Mental Health Inpatients	3
Community Hospital Inpatient	2
Podiatry	2
Children's Speech & Language Therapy - CYPIT	2
CMHTOA/COAMHS - Older Adults Community Mental Health Team	2
Community Matron	2
Mobility Service	1
Adult Acute Admissions	1
Community Dietetics	1
Admin teams & office based staff	1
Minor Injuries Unit	1
Continence	1
Physiotherapy Musculoskeletal	1
Diabetes	1
Sexual Health	1
CMHT/Care Pathways	1
Children's Services Other	1
Grand Total	35

8.3 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.

Table 22 – Informal complaints received

Service	Number of Informal Complaints
Adult Acute Admissions	1
CAMHS - Child and Adolescent Mental Health Services	2
CMHT/Care Pathways	1
Rapid Assessment Community Clinic	1
Grand Total	5

The two informal complaints about CAMHS were around information sharing and medication concerns.

8.4 NHS Choices

There were 9 postings during Quarter four; 4 were positive, 4 were negative and 1 provided positive feedback and areas for improvement.

Service	number postings	Positive Posting	Negative Posting
MIU	3	<p>The staff in the minor injuries department were exceptional at looking after my husband and I. Once we arrived they saw my husband immediately, supported us both emotionally and looked after my husband's deteriorating physical health.</p> <p>We saw a wonderful nurse who looked after my little one very well. The staff were so helpful and gave great advice. Much nicer than sitting in a busy A&E waiting room and felt very well cared for.</p>	<p>Notices on the "night" door very confusing. A War film was showing on the wall TV in the MIU. It was very violent and not at all suitable for an audience that included a 5 year old boy.</p>
Hearing and Balance	2	<p>Absolutely delighted with the care and respect that was shown to my mother - lovely staff, professional, courteous and an outstanding service</p> <p>Kind Staff</p>	<p>Lack of information on website No system for re-calling patients - only discovered that my hearing should have been checked 2 years earlier when I went to a drop in clinic to have my hearing aid volume increased</p>
Mobility	1		<p>My son is 10 years old & has severe mental & physical disabilities the wheelchair service has struck him off their books because they say he can "walk" which is utter nonsense</p>
Wokingham CMHT	1		<p>My experiences with The Old Forge and its staff have been long, drawn out and consistently awful in my time dealing with them.</p>
CRHTT (Newbury)	1	<p>Excellent emergency care; my son was visited on a daily basis by the team when he became suicidal. They were diligent and persistent, even when he was reluctant to engage, and when he needed to see the team psychiatrists the appointments were given promptly and he was seen on time.</p>	
Podiatry (Upton)	1		<p>The 2 ladies that were at the podiatry 'reception' were extremely rude and told them to go to the main reception when there were clearly seats for patients to sit on</p>

8.5 PALS Activity

There were 364 PALS contacts during Quarter four; in addition there were 77 contacts that were about non-Trust services. This is consistent with volume of enquires received in Q3 and lower than number in Q1 and Q2.

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

Contact around choice and flexibility of access to services included:

- Information and access to CAMHS clinics and training sessions
- Trying to make an appointment with the Podiatry service, or no longer eligible to receive the service
- Access to hearing aid batteries/tubing and ear syringing with the Hearing and Balance Service
- Trying to cancel appointments with or unhappy with the access to Talking Therapies

Contact around concerns about clinical care received included:

- Referrals being passed between CAMHS and other services
- Care at Prospect Park Hospital
- Concerns about medication prescribed by a Psychiatrist

9. 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. The results of the NHS England national review of the FFT are due to be published in Q1 2019/20.

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.

9.1 Friends and Family test responses

9.1.1 Overall responses

Our Trust overall recommendation rates to a friend was 93% for 2018/19; for community Hospital inpatients recommendation rate was 96% whilst for Mental health Inpatients this was 70%. Combined physical and mental health community services have a recommendation rate of 93%.

Based on the number of discharges from our services, there were 54,179 patients eligible to complete the FFT during quarter four. During Q4, the response rates were;

January: 21%
 February: 25%
 March: 21%

There has been a significant increase in the response rate for mental health services. A group specifically focussed on collecting and understanding feedback for patients at Prospect Park Hospital has been setup which monitors the response rates of the FFT at a local level. Champions to support promotion of patient feedback are being used to good effect in children's services.

Data shows that introducing SMS as a way of providing FFT has proved very popular with approximately half of all responses being received via this method.

Table 23 – Quarterly number of Friends and Family Test responses

		Number of responses	Response Rate
2018/19	Q4	11,919	22%
	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%

9.1.2 Inpatient ward recommendation rates

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

Ward	Ward type	2018/19				2017/18			
		Q4%	Q3%	Q2%	Q1%	Q4%	Q3%	Q2%	Q1 %
Oakwood Ward	Community Inpatient Ward	95.83	100	100	95.83	100	72.97	93.75	100
Highclere Ward		97.50	94.12	97.37	93.98	94.64	96.7	100	100
Donnington Ward									
Henry Tudor Ward		90.91	93.48	89.80	97.78	97.59	42.86	98.86	93.5
Windsor Ward		100	100	96.67	88.00	95.24	94.44	100	100
Ascot Ward		100	94.12	93.75	100.00	100	100	100	100
Jubilee Ward		92.86	100	94.92	97.50	97.83	100	100	100
Bluebell Ward	Mental Health Inpatient Ward	80	72.73	50	-	-	-	100	40
Daisy Ward		62.79	78.95	50	100.00	33.33	-	66.67	50
Snowdrop Ward		76.74	70.59	70.73	70.59	100	85.71	76.19	60
Orchid Ward		75	69.44	50	100.00	-	-	100	-
Rose Ward		45.95	62.50	0	100.00	33.33	100	50	100
Rowan Ward		100	83.33	-	-	-	-	-	100
Sorrel Ward		100	100	-	-	-	-	-	-

- = no responses received

9.1.3 Learning Disabilities

There were no surveys received for the Learning Disability Inpatient Unit, Champion Unit. The inpatient survey, incorporating the FFT is currently being updated. There were 65 responses received from patients seen by the community teams for people with a learning disability.

The recommendation rate for quarter four was 86% compared with 71% in quarter three.

9.1.4 Carer FFT

In Q4, 95% of carers would recommend the Trust to friends or family.

Table 25 - Carer FFT Responses

Number of responses			
2018/19		2017/18	
Q1	67	Q1	111
Q2	201	Q2	32
Q3	314	Q3	39
Q4	258	Q4	86

9.1.5 Friends and Family Test comparison information available from NHS England

Each month health services (both NHS and independent providing NHS services) submit a report to the Department of Health and Social Care 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 February 2019.

Berkshire Healthcare has maintained a significantly higher response rate compared to other local Trusts, this is positive and means that the results achieved are more valid; for Feb 2019 the Trust recommendation rate dipped below 95% to 94%, this will continue to be monitored.

In January 2019, Berkshire Healthcare had the highest response rates nationally across both community and mental health Trusts.

Table 26 - Community Health services FFT data; February 2019

Trust Name	Feb-19		Nov-18		Jul-18		May-18		Feb-18		Nov-17	
	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR
Berkshire Healthcare	17%	94%	9%	96%	11%	98%	14%	97%	9%	97%	6%	99%
Solent NHS Trust	7%	98%	5%	97%	4%	97%	5%	96%	5%	96%	4%	97%
Southern Health NHS FT	5%	95%	5%	97%	5%	98%	9%	97%	12%	94%	7%	97%
Oxford Health NHS FT	4%	93%	4%	97%	3%	96%	4%	97%	5%	97%	4%	97%

%RR – Recommendation rate for table 26 and 27

Table 27 - Mental Health services FFT data; February 2019

Trust Name	Feb-19		Nov-18		Jul-18		May-18		Feb-18		Nov-17	
	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR
Berkshire Healthcare	21%	86%	37%	83%	5%	87%	8%	92%	8%	88%	6%	87%
Solent NHS Trust	13%	92%	11%	94%	9%	87%	8%	83%	8%	93%	12%	93%
Southern Health NHS FT	2%	93%	2%	92%	3%	92%	4%	89%	2%	91%	3%	89%
Avon and Wiltshire MH Partnership	14%	90%	16%	89%	13%	91%	15%	90%	14%	89%	13%	88%
Oxford Health NHS FT	9%	93%	9%	93%	9%	91%	10%	90%	10%	91%	9%	92%

10. Our internal patient survey

At the end of the quarter we have received feedback from 4707 patients or carers compared to 2974 in the last quarter.

This quarter there has been remarkable increases in responses from School Nursing who are now using their smart phones to capture feedback, Health Visiting and Immunisation service. The Immunisation service has recently had a new survey and all have allocated PPI Champions. We are constantly working with services to improve their response rates.

The highlights are:

- 86% reported the service they received as good or better
- 9 services carrying out the internal patient survey were rated 100% for good or better with a further 13 services rating 85% or above
- Out of the 63 services who routinely report patient survey results, 28 services did not log any responses during the quarter
- Of the 160 services in the Trust, 107 services received responses on their internal survey in Q4

11. Learning Disabilities survey

There were 26 survey responses by people seen by our Community Team for people with a Learning Disability during quarter four. A selection of the results is in the table below;

Table 28 – 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	0	0
Not much	0	0	Not much	4.17	1
A little	8.33	2	A little	4.17	1
Quite a bit	0	0	Quite a bit	0	0
A lot	87.5	21	A lot	87.5	21
Question not answered	4.17	1	Question not answered	4.17	1
You were polite and friendly to me	%	Number	You listened to me	%	Number
Not at all	0	0	Not at all	0	0
Not much	0	0	Not much	0	0
A little	4.17	1	A little	4.17	1
Quite a bit	0	0	Quite a bit	0	0
A lot	91.67	22	A lot	91.67	22
Question not answered	4.17	1	Question not answered	4.17	1

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

The Always Events programme has been embedded within the WestCall service. The operational team are being supported by the Patient Experience Team with this project, a number of service led observations and visits have taken place within the quarter.

PPI Champions are fully established and embedded within the Children, Young People and Families locality. Participation representatives from the services act as champions for service user feedback and participation. The champion role provides opportunities for passionate and enthusiastic staff, at all levels, to play an active role in generating a positive focus towards the progression of service user feedback and participation, with direct support from both their peers and corporate services. Services with a Champion are seeing an increase in the response rates for the FFT and wider participation. There are plans to implement the PPI Champions across the Mental Health West and Community Health West localities in 2019/20.

Appendix Two contains the 15 Steps report for quarter four. There were 5 visits during this period; all across physical health community based services and inpatient wards.

13. Compliments

There were 1,409 compliments reported during quarter four. The services with the highest number of compliments are in the table below.

Table 29 – Compliments

Service	Number of compliments
Talking Therapies	646
ASSIST	88
Cardiac Rehab	66
Community Hospital Inpatient	65
District Nursing	62
Diabetes	44
Traumatic Stress Service	39
Community Respiratory Service	35
CMHTOA/COAMHS - Older Adults Community Mental Health Team	32
Adult Acute Admissions	31

Table 30 - Compliments, comparison by quarter

	2018/19				2017/18				17/18	16/17
	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1		
Total Compliments	1,409	1670	1878	1008	968	1163	1165	1488	4784	5950

Elizabeth Chapman

Head of Service Engagement and Experience



Formal Complaints received during quarter four 2018/19

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Windsor, Ascot and Maidenhead	Multiple Sclerosis	Low	Pt unhappy with the attitude of the staff member and feels the Trust is no longer patient oriented	Referred to other organisation	Not within our remit - moved to frimley in dec 2018
Reading	Adult Acute Admissions	Moderate	Son has raised many concerns following the coroner's inquest following his mother's death on Rowan Ward	Upheld	There were medication errors however these did not contribute to the patient's death. There was also a failure to perform CPR and activate the PIT alarms. There were care failings and there are processes taking place outside the complaints process. A Serious Incident Action Plan has previously been shared with the family.
Reading	Out of Hours GP Services	Minor	DECEASED PT: Spouse of pt feels the Dr who attended in January treated them badly and the complainant does not want this to happen again.	Investigation underway	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	Older Peoples Mental Health (Ward Based)	Moderate	Family have been unhappy with the pt care from admission to PPH. From discrepancies around urine tests being done, inaccuracy of record keeping data, lack of communication with the family, incorrect medication given, mixing up patient names. Incorrect equipment booked for the home, patient falls.	Upheld	Whilst there were some aspects of the complaint not upheld, overwhelmingly the complaint is upheld as miscommunication, medication error and poor documentation.
Reading	CMHT/Care Pathways	Low	Patient is complaining about historical care and treatment whilst at Fairmile Hospital - prescribed Lithium which they say they have not been physically monitored whilst taking and they are now having surgery due to the long term affects.	Local Resolution	Contact attempted three times with complainant. Historical issues which require a discussion.
Bracknell	Common Point of Entry	Low	<ol style="list-style-type: none"> 1. Inaccuracies in review 2. confusing statements around psychological therapy 3. inappropriate recommendations due to health problems 4. pt feels he is being discriminated against 5. His autonomy is not being respected 6. psychotherapists in appropriately assuming dental procedures to be a drain on the pt's resources <p>****New issue raised on 30th Jan, which is that the Trust does not afford Bracknell community psychodynamic psychotherapy.</p>	Investigation underway	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Bracknell	Outpatients	Low	Complaint about a request for a Psychiatrist opinion on a physical health concern not being actioned.	Investigation underway	
Bracknell	Admin teams & office based staff	Low	Complaint about access to NHS services as an asylum seeker. Care has previously been refused on this basis.	Investigation underway	
West Berks	Integrated Pain and Spinal Service	Moderate	following discharge from service pt sort a second opinion which concluded his neck was irreparably damaged and he will be unable to work for the rest of his life - pt feels he was therefore wrongly diagnosed	Partially Upheld	
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Minor	Brother called Crisis line for help with admission to hospital. Advised that a 'small' OD had been taken 24hrs ago but GP had not suggested pt attend A&E. Attitude of staff lacked compassion which has had a knock on effect for other family members.	Partially Upheld	practitioner gave appropriate advice, after consulting with senior colleagues. In view of distress of patient, it was appropriate to attend A&E. However, it is acknowledged that the call ended abruptly and she will reflect on this in supervision.
Slough	CAMHS - Child and Adolescent Mental Health Services	Low	Pt on wait list and parents want an update. Unhappy with key worker, Father also unhappy at being addressed as 'my dear'	Upheld	Upheld by IO. There was a failure in the process to call parents, due to staff shortages. Identified that receptionist did not know how to deal with call, therefore training offered.
West Berks	Physiotherapy (Adult)	Low	Pt believes he has not had the correct number of sessions of physio and has now been discharged also wants the documentation removed from his book back.	Investigation underway	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	CMHT/Care Pathways	Minor	Pt unhappy with the way they were treated in their appointment, Pt feels the clinician was not concerns about their MH	Not Upheld	Apology given for how the patient felt. The clinical decision making was made in discussion with the patient.
West Berks	Community Hospital Inpatient	Moderate	DECEASED PT - Family unhappy with the care received from the Rainbow Room want to know changes will be made	Investigation underway	
Windsor, Ascot and Maidenhead	District Nursing	Moderate	Patient with LD needed a sedative for a blood test. On one occasion the sedative had worn off by the time the nurse had arrived, on the second occasion, the nurse did not arrive at all.	Upheld	1.The phlebotomist has now left the organisation. The Phlebotomist did not prioritise their work on the day in question. 2.There was a communication error between the home and the DN service as the DN service turned up at the right time but a day late. The names of the Team Lead and Clinical Lead given to the home so that the home can liaise with Team to ensure that any sedated blood requests are prioritised and will happen on the day and time that the patient is sedated.
Slough	Crisis Resolution & Home Treatment Team (CRHTT)	Minor	Pt feels the member of staff lacks compassion making her feel worthless and not deserving of help	Investigation underway	
Reading	Older Peoples Mental Health (Ward Based)	Moderate	Wife of pt has sent in 16 points of concern following her review of the pts medical records	Investigation underway	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
West Berks	Children's Physiotherapy - CYPIT	Minor	Family unhappy with the physiotherapist who they feel has gone behind their backs making appts with reps to try out new equipment. Parents feel the pt's best interests are not being met.	Not Upheld	Whilst communication could have been improved, there is no evidence that the physiotherapist acted in an inappropriate way and shared information inappropriately.
Bracknell	Criminal Justice Liaison and Diversion Service	Low	Mother of patient has concerns as she feels important mental health assessments have been ignored. She has listed three specific questions to be answered	Investigation underway	
Bracknell	Common Point of Entry	Minor	Pt saw Dr who took him off the medication he has been on for 23 years which has left the patient very anxious. He has lost confidence in the consultant and wants a see a different one.	Case not pursued by complainant	Complaint withdrawn
Slough	Assessment and Rehabilitation Centre	Moderate	Family member believe that as the pts assessment paperwork from October 2018 was not sent to the GP until January 2019 the GP was unaware they had to monitor blood pressure which led to their unnecessary untimely death.	Serious Untoward Incident Investigation	Managed through ILR
Bracknell	CMHT/Care Pathways	Low	Pt sent a letter recorded delivery with copies of assessments made whilst on Rose ward that she disagrees with	Investigation underway	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	District Nursing	Moderate	DECEASED PT:- Complaint about community nursing care and communication between the service, hospital and GP. The family have asked for a meeting. They have previously met with the RBH and GP practice about their concerns.	Local Resolution	Meeting with family on 5 April 2019. They asked that their complaint be managed locally and no longer as a formal complaint, with any actions shared by the service. Complaints Office have asked that any further actions are uploaded into the complaint file.
Windsor, Ascot and Maidenhead	Older Peoples Mental Health (Ward Based)	Low	Family wish to fully understand how the pt was admitted to hospital without being under a section as they feel she is entitled to Sec 117 funding	Investigation underway	
Reading	Neuropsychology	Low	Patient disagrees with some elements of our response; such as inconsistencies around letters being sent/received.	Not Upheld	no inconsistencies were found from our handling of the original complaint
Reading	Neuropsychology	Low	Pt unhappy that the service did not respond to the email sent on the 19th July 2017	Not Upheld	Not upheld as we did respond previously via face to face meeting and letter
Reading	CAMHS - Child and Adolescent Mental Health Services	Moderate	Complaint about waiting time for ADHD clinic	Partially Upheld	<ul style="list-style-type: none"> •The on-going challenges regarding capacity and demand with the ADHD team, which are the consequence of referrals doubling over the past few years, have been raised with senior management •The IAPT Parenting workers will be reviewing the current ADHD waiting list and will contact parents and carers to offer IY parenting support whilst their children are waiting or an assessment.

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Bracknell	CMHT/Care Pathways	Moderate	Dr took pt off their medication the family as a direct consequence the pt became unwell and was admitted to hospital. Family do not want this to happen to anyone else	Consent Not Granted	Generic response sent
Wokingham	Crisis Resolution & Home Treatment Team (CRHTT)	Minor	Complaint about response from CRHTT staff on the telephone. Patient accessed discharge letter online (as not received) and says that this contains inaccurate diagnosis information. Has also asked for copies of medical notes and telephone transcripts.	Investigation underway	
Wokingham	CAMHS - Child and Adolescent Mental Health Services	Minor	Complaint about a lack of care from CAMHS following multiple referrals. Mum is also worried about being prosecuted about non attendance at school.	Investigation underway	
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Moderate	Pt not provided info on his rights, wasn't advised of advocacy, procedures for assessing and documenting consent were not followed, he did not receive a copy of his care plan thus no clarity of what he was prescribed.	Partially Upheld	Patient consented to CRHTT treatment however did not receive information on the MHA or advocacy services.
West Berks	CMHT/Care Pathways	Low	Discharged pt feels she needs regular support from services. Forwarded concerns in December but has asked they are now raised formally	Partially Upheld	Points 1 & 2 not upheld. Point 3 upheld

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Bracknell	CMHT/Care Pathways	Low	Pt feels she is not getting any support from CMHT and feels she needs a CPN	Investigation underway	
Bracknell	CMHT/Care Pathways	Minor	patient is unhappy with incorrect diagnosis, ineffective care and treatment, poor attitude and communication from Bracknell CMHT	Investigation underway	
Reading	Adult Acute Admissions	Low	<p>Further issues Brother has taken over as main complainant. Patient is unhappy with our response and has indicated where they want further information, an apology from the Dr and that id things got bad for her again, she would be allowed longer on the ward. They have contacted the PHSO who have said they need to come back to us in the first instance.</p> <p>Original complaint Pt unhappy that she was discharged from the ward, felt they should have waited till her brother was back from his holiday as she had no one to provide support. Pt said the Dr had not let her know she would be discharged at all</p>	Not Upheld	Discharge was appropriate and both patient and her broter had been included in discharge planning meetings.

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
West Berks	Community Hospital Inpatient	Moderate	Family unhappy at the perceived lack of support they were given by staff in the Rainbow Room. Pt belongings were given to the family but were not the pts. correspondence relating the DOD were incorrect.	Investigation underway	
Bracknell	CMHT/Care Pathways	Moderate	Patient has been informed that there is information on his patient records relating to a prison sentence that is not accurate.	Partially Upheld	it is upheld that records are incorrect but no evidence that this has impacted on patient's care.

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	Adult Acute Admissions	Moderate	<p>OOA pt admitted to PPH Snowdrop ward having been picked up by the police and admitted with an underlying physical infection, which the family feel may have a bearing on his MH. Family were told on the 4th Feb that his home town hospital would not accept him and he would be discharged the next day, which the family were not happy about and they felt that was a risk to him and the wider community.</p> <p>Following discharge the pt was picked up in London under a section and admitted to Newham MH Unit. Family question how a pt can go being lucid and no longer a risk to being in need of police intervention to ensure safety within 12 hours.</p> <p>Family feel there may be a more organic cause to his condition and feel his discharge was hasty, they believe PPH disregarded their duty of care and released an acutely unwell psychiatric patient to an unknown locality without means or mental capacity to ensure his own safety.</p>	Consent Not Granted	No consent received

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Wokingham	CMHTOA/COA MHS - Older Adults Community Mental Health Team	Low	Pt attended the memory clinic and family unhappy with the way the pt was treated. Family wish an apology for the treatment and a follow up apt with a more suitable Dr	Investigation underway	
Windsor, Ascot and Maidenhead	Community Hospital Inpatient	Moderate	Family feel the pt deteriorated whilst on the ward, they question the lack of rehab and communication, pt's mobility minimal on discharge. Family report that since discharge with private 1:1 physio the pt is almost back to original mobility and are therefore unhappy with the lack of rehab at St Marks	Investigation underway	
Reading	District Nursing	Moderate	Deceased pt: Family unhappy at the length of time taken to sort the medication drive at the pts home and the lack of equipment the nurses had when they visited to sort the issue. Family feel they made the end experience even more distressing by what they call sub-standard service.	Partially Upheld	Point one not upheld as DNs were not contacted to come any earlier Point two partially upheld as it was not routine for DNs to carry scissors to EOL visit, but now they will.
West Berks	CAMHS - Child and Adolescent Mental Health Services	Low	Complaints about lack of contact and flexibility of appointment for daughter. Also about medication being prescribed over the telephone.	Case not pursued by complainant	Family happy they are being supported by services now

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Slough	Sexual Health	Minor	Wrong blood pressure recorded with wrong advice being given to pt. Pt wants to know that this won't happen again.	Partially Upheld	Point one - Dr recognises she should have discussed her clinical rationale with patient Point 2 - noting to uphold Point 3 - no evidence of negligence by Dr point 4 - seeking reassurance and given in response
Wokingham	Common Point of Entry	Low	Patient feels as though CPE do not listen to him or consider his autism when he calls them.	Investigation underway	
Reading	CAMHS - Child and Adolescent Mental Health Services	Minor	Family of ADHD and Autism pt struggling with the length of time they have had to wait.	Not Upheld	No change. Referred to PHSO. Original Complaint: Apology sent for waiting time.
West Berks	CMHT/Care Pathways	Low	Pt with many concerns. Centred around Aspergers waiting times, help and support in the interim, staff attitude toward him, discharge from services without knowing where he is to go next and the need to know when his psychiatrist apt is. No's 2,6,9,12,13,15 do not relate to our trust	Investigation underway	
Slough	Sexual Health	Low	Patient had been trying to call Garden clinic for three weeks until he had to go into the clinic and then he says the receptionist was rude to him	Partially Upheld	Patient had poor experience in trying to access service

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Windsor, Ascot and Maidenhead	CAMHS - Child and Adolescent Mental Health Services	Minor	<p>Complaint received from both Mother of patient and Senior Social Worker from Slough Children's Services Trust.</p> <p>Concern about lack of follow up care by CAMHS after being discharged from London Hospital where the young person was admitted due to a suicide attempt.</p> <p>Two specific outcomes requested:</p> <p>Complete the YP's assessment asap Schedule appropriate therapy inline with the YP's needs</p>	Partially Upheld	Based on IO findings
Bracknell	Physiotherapy Musculo-skeletal	Low	<p>Pt unhappy with the response and wants it re-written and withdrawn from the Dr's</p> <p>ORIGINAL RESPONSE</p> <p>Pt unhappy with the attitude of the staff member, so distressed she said it resulting in her trying to take her own life</p>	Partially Upheld	clinical care was appropriate and the reasons for various tests have been explained. We have apologised that distress was caused at the appointment and that the discharge letter appeared compassionless. The team are planning to develop the skills of staff completing discharge letters to ensure content is understandable and well received.
Wokingham	Common Point of Entry	Minor	<p>Member of staff insisted pt look her in the eye during assessment and told her to get over her problems as she was 23 now.</p>	Partially Upheld	<p>Point one - IO found that reasonable adjustments were made to accommodate patient's selective mutism.</p> <p>Point two - upheld. IO acknowledges that an increased understanding is required and this will be addressed with staff</p> <p>Point three - We have apologised on this point</p>

15 Steps Challenge

Quarter 4 2018/19

There have been 5 visits during quarter 4 making a total of 20 visits during 2018/19. Staff continue to be engaged with the visits and appreciate the constructive feedback. Availability of volunteers continues to be an issue but two new volunteers have recently been recruited to the 15 Steps Challenge and it is hoped they will be able to support the 2019/20 visits.

Reoccurring Themes this visit

- Staff continue to show their dedication to their patients ensuring their needs are met and they are well cared for.
- All staff encountered were professional, friendly and welcoming and demonstrated good interaction with their colleagues and patients.
- Storage space for the services continues to be a challenge as does parking at all sites.
- A large amount of information is on display and available for patients and visitors, much is not pertinent and key messages are at risk of getting lost.

Bluebell

The good relationships between staff and patients was evident during this visit. The ward had a relaxed and supportive atmosphere and patients spoken to spoke highly of the care they were receiving.

Henry Tudor

The professional and caring attitude shown by the staff was evident in all areas observed and the ward had a warmth about it that was therapeutic and engaging. Lots of information that could be streamlined to highlight key messages.

Highclere

This friendly, well run ward and their dedicated staff was a pleasure to visit. The staff provide empathic professional care to all their patients in a calm environment.

MIU

A busy unit that appears to enjoy a good reputation in the community with efficient, friendly, helpful and professional staff who are dedicated to providing a good quality service.

Mobility

The staff were very welcoming, fully committed to providing excellent patient care in limited surroundings.

Friends and family team discussion:

All members of the 15 Steps Challenge teams felt that, should a family member or friend be referred to any of the services visited, they would be confident that they would receive professional high quality and therapeutic care.

Pam Mohamed-Hossen and Kate Mellor

Professional Development Nurses

March 2019

COUNCIL OF GOVERNORS

19 June 2019

Governor Election Report

Please note that in respect of the WAM constituency, the Governor elected in November 2018 did not take up his seat and therefore we had two vacancies so both candidates are elected to the Council.

For Noting

Author: Julie Hill, Company Secretary

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 05 JUNE 2019

CONTEST: Public: Bracknell

RESULT		2 to elect
BERRY, Linda	65	ELECTED
BARBER, Gerry	49	ELECTED
PIM, Michael	45	

Number of eligible voters		932
Votes cast by post:	79	
Votes cast online:	18	
Total number of votes cast:		97
Turnout:		10.4%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		97

CONTEST: Public: Slough

RESULT		2 to elect
OLIVER, Nigel	54	ELECTED
GOPAL, Jagjiwan Lal	23	ELECTED
ALI-NOOR, Ruffat	18	

Number of eligible voters		752
Votes cast by post:	49	
Votes cast online:	18	
Total number of votes cast:		67
Turnout:		8.9%
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		65

CONTEST: Public: Windsor, Ascot and Maidenhead

RESULT		1 to elect
MOHAMED, Gillian	42	ELECTED
O'KANE, Tom	36	

Number of eligible voters		665
Votes cast by post:	66	
Votes cast online:	13	
Total number of votes cast:		79
Turnout:		11.9%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		78

CONTEST: Public: Wokingham

RESULT		2 to elect
MOLES, Joan Rosalind	79	ELECTED
LLOYD-WILLIAMS, David	61	ELECTED
PATEL, Krupa	33	

Number of eligible voters		996
Votes cast by post:	81	
Votes cast online:	28	
Total number of votes cast:		109
Turnout:		10.9%
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		107

CONTEST: Staff: Clinical

RESULT		1 to elect
PRINCE, Julia	319	ELECTED
TAHIR, Ozma	134	
SEEBURN, Jay	120	

Number of eligible voters		3185
Votes cast by post:	290	
Votes cast online:	284	
Total number of votes cast:		574
Turnout:		18%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		573

Electoral Reform Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election: -

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and ERS is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.



Robina Mirza
Returning Officer
On behalf of Berkshire NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF NOMINATIONS: 5PM ON 24 APRIL 2019

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

Public: West Berkshire 1 to elect
The following candidate is elected unopposed: Verity Murrigane

Public: Rest of England 1 to elect
No valid nomination received <i>1 vacancy remains</i>

All term lengths are for 3 years unless specified differently above.



Robina Mirza
Returning Officer
On behalf of Berkshire Healthcare NHS Foundation Trust

ELECTORAL REFORM SERVICES.



Berkshire Healthcare NHS Foundation Trust

Performance Report to Council

June 2019

Chief Executive Highlights Report

Local

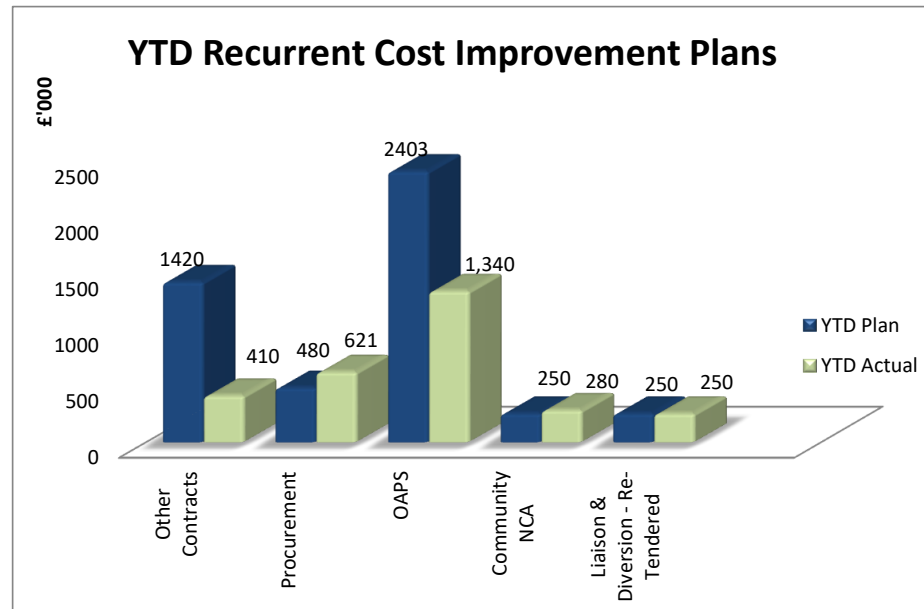
- The Trust delivered a year end surplus of £1.5m, £1.5m ahead of plan. After incorporating £2.9m of national Provider Sustainability Funding and donations and deducting £0.4m impairment charge, the reported surplus is £4.5m, £2.1m better than planned.
- The Trust's Global Digital Exemplar Programme with its 19 associated projects has attracted significant additional investment to improve our clinical and staff support systems.
- We have continued to optimise our use of estates, particularly in Reading where we have brought together dispersed services and offices into a hub on the University of Reading campus
- The Trust's Talking Therapies service are offering a new virtual reality therapy to support people overcome their fear of heights. The treatment involves wearing a virtual reality headset to explore a setting such as a shopping mall while a virtual therapist reassures and guides you along the way.
- Patients and visitors can now access the Trust's free, secure NHS Wi-Fi via a smartphone or tablet at all of the Trust's main sites (excluding Prospect Park Hospital which requires a more tailored solution which will be available by July 2019).
- Wexham Park's Emergency Department moved into the new emergency assessment centre at the front of the hospital site in April 2019.
- The Trust has launched a new service for armed forces veterans with complex mental health needs for the South and South West England. The Veterans Mental Health Complex Treatment Service is part of a wider NHS initiative that is increasingly recognising that the unique needs of veterans cannot always be resolved with what is currently available. Referrals to the service can be made via a GP, military charity or self-referral.
- The Trust's Immunisation Service team, whose innovative approach using the Slough Vaccination bus has featured in an article in Public Health England's vaccine update for May 2019

National

- NHS England and NHS Improvement came together to act as a single organisation from April 2019.
- A record number of GP surgeries closed in 2018. Over 500,000 patients were affected as a result of the closures.
- National Workforce Planning policy is to be devolved to regional integrated care systems as part of sweeping changes to the way the NHS manages its 1.3 million staff. Under the proposals set out in the interim NHS Workforce Plan published on 3 June 2019, integrated care systems will be expected to take on a greater role in workforce planning while organisations will be expected to improve working conditions for staff.
- The Interim NHS Workforce Plan states that there are around 40,000 reported vacancies in substantive nursing posts (with around 80% of these shifts currently covered by bank and agency staff) and there are further pressures in primary care.
- The Migration Advisory Committee has recommended that the Government relax the immigration rules so that all medical professionals be included on the shortage occupation list, alongside several clinical roles.

Performance Report to Council of Governors – Finance January to March 2019

CIP Achievement YTD (£K's)



As a public body, it is the trusts duty to look to be efficient in every £ that it spends. An efficiency factor is applied to the Trusts contract prices each year. In 2018/19 the efficiency requirement will be 2%. As part of this, ways of reducing costs are reviewed every year as part of Cost Improvement Plans. At the end of Q4 the Trust fell behind its cost improvement plan by £1.9m. This was mainly due to under achievement of OAPs cost improvements. Contract negotiations are ongoing in this area which are expected to mitigate costs in 19/20.

Performance Report to Council of Governors – Finance Jan to March 2019

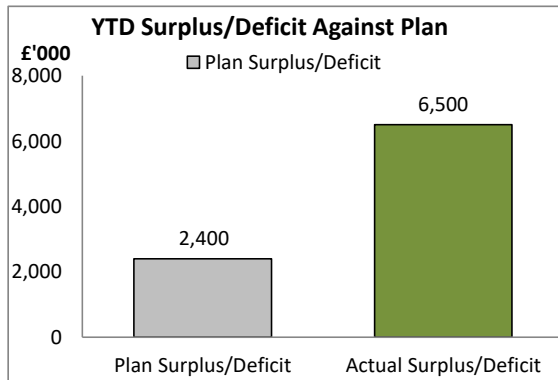
The Regulator View (NHSi) Use of Resources Risk Rating			
Metric	Explanation	Metric Score	Score
Capital Service Cover	Degree to which income covers financial obligations	2.5 times	1
Liquidity (Days)	Days of operating costs held in cash or cash-equivalent	14.5 days	1
I&E Margin	Surplus or Deficit / Total Revenue	2.3 %	1
Distance from Financial Plan	YTD Actual I&E margin vs YTD plan for Control Total	1.3 %	1
Agency Spend	Distance from Provider Agency Cap	-43.2 %	1
Overall Rating			1
<i>Please Note: Marked on a scale of 1 to 4 with 1 being the highest. The five metrics are equally weighted to give an overall score, rounded to the nearest whole number.</i>			

The thresholds (minimums) for each of the measures are as follows:-

Thresholds	1	2	3	4
Capital Service Capacity (times)	>2.5	1.75-2.5	1.25-1.75	<1.25
Liquidity (days)	>0	(7)-0	(14)-(7)	<(14)
I&E Margin (%)	<=-1%	-1%	0%	1%
I&E Margin Variance from plan (%)	>=0%	(1%)-0%	(2%) - (1%)	<=(2%)
Agency Spend (%)	<=0%	0% -25%	25%-50%	>50%

Marked on a scale of 1 to 4 with 1 being the lowest financial risk and 4 being the highest financial risk. NHSi use of resources score of 1 required to maintain low risk performance view.

YTD Surplus/Deficit Against Plan (£k's)



This surplus or deficit reflects the difference between the Trust spending and the income it receives.

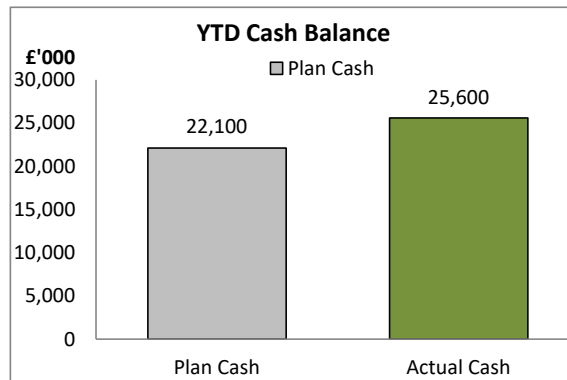
The Trust achieved its forecast control total of £1.5m surplus for the year. The trust also received additional PSF funding of £3m including a bonus for achieving its control.

This financial year Berkshire West ICS partners missed their Control Totals.

After accounting for additional £4.5m PSF, and recognising £0.5m of donated income, the Trust's statutory YTD surplus was £6.5m. This is £4.2m higher than planned.

The main cost pressures in 18/19 continue to be acute overspill beds (£1.1m) and Learning Disability (£0.9m) out of area placements due to higher than planned patient numbers. This was offset by non-pay underspends.

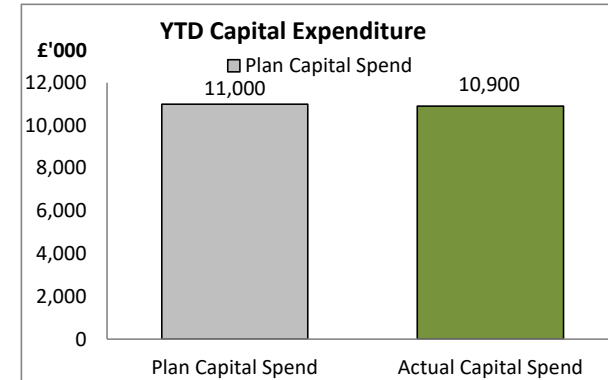
Latest Cash Position (£k's)



The cash surplus shown in the graph supports liquidity and capital expenditure.

The Trust ended Q4 with £3.5m more cash than planned due to receipt of cash in respect of GDE being brought forward from 19/20, improvement in working capital and higher year end surplus.

YTD Capital (£k's)



Capital Spend is cash spent on items that last longer than 1 year and have a value of over £5,000. Examples of this are buildings and networked IT. It is important that the trust re-invests in capital items to provide good facilities and equipment for patient care.

Capital spend was only by £0.1m behind plan due to slippage in capital projects.

Performance Report to Council of Governors – Performance January to March 2019

Friends and Family Test

Indicator	RAG Rating	Target
Recommendation Rate	92%	85%

The above number shows the proportion of patients who when surveyed would recommend the Trust services to their friends and family. In Quarter 4 this was 92%.

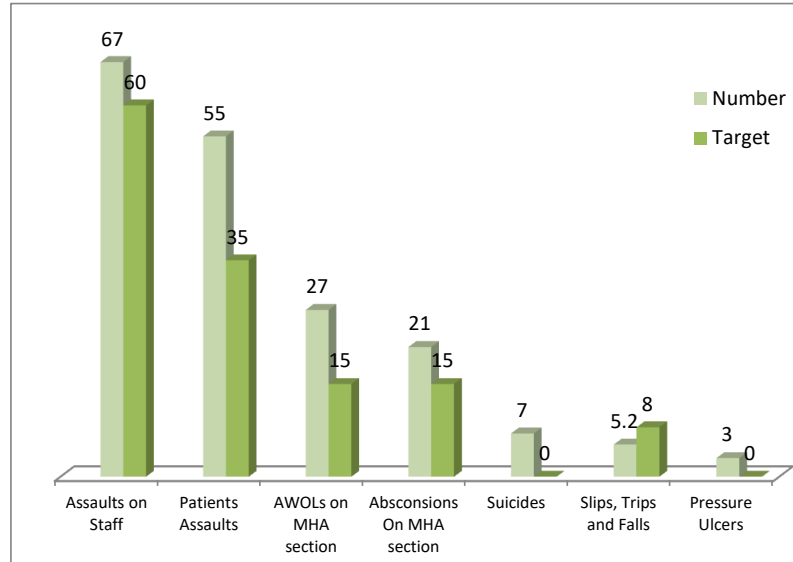
The response rate was 22.07% in Quarter 4 against a target of 15%.

Safer Staffing

Indicator	RAG Rating
Safe Staffing	

There is a shortage of registered nursing staff available in the Thames Valley area and therefore registered nursing vacancies are hard to fill and good registered temporary nursing staff are equally hard to find. While we continue to actively advertise and take steps to recruit into the registered nursing vacancies on the wards we are using good temporary care staff who are available and know the wards to fill shift gaps because it is safer for patients. Whilst filling shifts with care staff maintains patient safety, having more registered nursing staff once recruited will improve staff morale as there will be greater peer support, more supervision of care staff and ultimately improved patient care.

User Safety



The above chart is showing the March 2019 rolling quarter Actual Vs target. Please note that lower than the stated target means KPI has achieved its target. There has been a reduction on assaults on staff, and absconsions but an increase in absent without leave (AWOL) by patients detained under the mental health act, suicides and slips, trips and falls in comparison to the rolling quarter to December 2018. Pressure Ulcers due to lapse in care have been added. Assaults on staff and Slips Trips and Falls are breakthrough objectives for the Trust’s Quality Improvement programme.

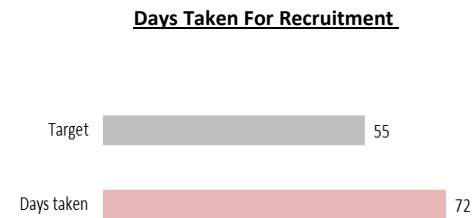
Performance Report to Council of Governors – People January to March 2019

<u>Staff Turnover</u>		<u>Agency Position</u>		<u>Sickness</u>	
<u>Target</u>	<u>Actual</u>	<u>Target</u>	<u>Actual</u>	<u>Target</u>	<u>Actual</u>
15.20%	17.30%	< 6%	3.7%	< 3.5%	4.74%

Note: lower than the stated target means KPI has achieved its target

<u>Appraisals</u>	
<u>Target</u>	<u>Completed %</u>
> 95%	84.89%

The target was achieved in July 2018.



Note: Equal or lower than the stated target means KPI has achieved its target

The Board Assurance Framework sets out the key risks to the Trust achieving its strategy.

Each risk has an action plan, key control and sources of assurance.

The risk summary sets out the risk description and key mitigations.

Risk Description	Mitigations
<p>Risk 1 Failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost could impact on our ability to meet our commitment to providing safe, compassionate, high quality care and a good patient experience for our service users</p>	<ul style="list-style-type: none"> • Recruitment and Resourcing Group has been established across Human Resources, Finance, Nursing and Governance functions to oversee workforce planning • Monthly recruitment and retention whole day workshops are in place to oversee the range of activities in place as part of the workforce strategy implementation • Diversification of apprenticeships has been achieved to include non-clinical staff, for example, estates and facilities, electrical, carpentry etc and leadership and management opportunities for all staff • The Trust has launched a Berkshire-wide recruitment advertising campaign with the hashtag “Greatplacetowork”
<p>Risk 2 Failure to achieve national efficiency benchmarks could impact on the Trust’s future sustainability and lead to increased regulatory scrutiny</p>	<ul style="list-style-type: none"> • Trust will incorporate specific opportunities for efficiencies into 2019/20 planning and NHS Improvement strategy submission financial projections in summer 2019. • The Trust is developing patient level costing.
<p>Risk 3 Failure of the Sustainability and Transformation Plans to deliver transformational change and required investment in mandated national priorities, including in the mental health five year forward view, could result in the local health economy not being able to safely keep pace with the rising costs and demand for services.</p>	<ul style="list-style-type: none"> • The Trust has contributed to the formulation of draft financial and narrative plans for Berkshire West and Frimley Health Integrated Care Systems as well as the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Sustainability and Transformation Partnership system plan
<p>Risk 4 There is a risk that other providers may acquire the Trust’s adult and children’s community services which would impact organisational sustainability and reduce the Trust’s scope to develop new models of out of hospital care</p>	<ul style="list-style-type: none"> • The Trust has robust business and development and horizon scanning processes in place. • The Trust has regular meetings with the Commissioners and plays an active role in the East and West Integrated Care Systems. • The Trust is undertaking work with Frimley Health to explore potential partnership models which could be established to facilitate a collaborative rather than competitive approach to tenders, focussing on the strengths of each organisation. Exploratory discussions have been held with senior members of the Frimley Health team with encouraging results regarding partnership work.
<p>Risk 5 Failure to develop collaborative working relationships with key strategic partners could result in the Trust losing influence in key decisions leading to less effective services for local people</p>	<ul style="list-style-type: none"> • Effective contribution to partnership forums for mental health, ensuring clarity of objectives, and actions required for their delivery and robust performance monitoring to regulators and within Berkshire Healthcare • The Executive Team are represented on key forums in Berkshire West and Frimley Health Integrated Care Systems as well as the Berkshire West Integration Delivery Group • Locality and Clinical Directors are engaged in specific Integrated Care System initiatives at local level. • The Stakeholder Satisfaction Survey will be repeated in the autumn and will provide feedback on how others regard the Trust as a partner organisation.

<p>Risk 6 Failure of other Providers and Commissioners to deliver their services to the required standard due to financial constraints could impact on the Trust's ability to deliver high quality services</p>	<ul style="list-style-type: none"> • The Trust is fully involved in the development Integrated Care Systems. • The Trust is also represented at a number of system wide meetings, for example, the Emergency Care Board and the Learning Disability Transformation Steering Group. • The Trust has met with the Berkshire West Commissioners and GP Alliance to discuss pressures within the community nursing team and have agreed a number of actions.
<p>Risk 7 There is a risk of demand for community and mental health services outstripping supply as a result of:</p> <ul style="list-style-type: none"> • demographic changes leading to increased patient need • scarcity of some professional groups • constrained commissioner, partner and/or Trust resources • rising public expectation regarding provision of NHS Services and waiting times <p>This is a particular risk for inpatient, community nursing and Child and Adolescent Mental Health services currently.</p>	<ul style="list-style-type: none"> • A key focus of the Bed Optimisation Programme is reducing patients' length of stay • A workshop with staff has been held to review progress and to plan the next phase of the Bed Optimisation Programme. • The Medical Director is leading the development of a new Emotionally Unstable Personality Pathway as part of the Quality Improvement Programme. Phase 1 of the programme has been rolled out and is progressing well. Planning for the next phases is underway.

Performance Report to Council of Governors – NHS Improvement Requirements Jan to March 2019

<u>KPI</u>	<u>Target</u>	<u>Actual</u>	<u>Definition</u>
7 day follow up	95%	97.41%	This is the percentage of Mental Health Patients discharged from our wards who were within 7 days.
DM01 Diagnostics Audiology - 6 weeks	99.00%	100.00%	This is the % of patients waiting 6 weeks or less for Audiology diagnostic tests.
A&E 4 Hour Waits	95.00%	99.87%	This is the percentage of patients waiting in the Trust's Minor Injury Unit to treat/discharge or transfer within 4 hours.
RTT Community: incomplete pathways	92.00%	99.73%	This is the percentage of patients waiting within 18 weeks for their first outpatient appointment in the Trust's Diabetes and Children's Community Paediatric teams.
Data Quality Maturity Index	95.00%	99.80%	This measures the Trust's completeness of Mental Health Services Data Set data in relation to the following fields: - Ethnic Category, GMC Practice Code, NHS Number, Organisation Code, NHS Number, Organisation Code, Gender, and Postcode. This is the latest score.

Early Intervention in Psychosis New Cases - 2 week wait	53%	82.60%	This is the percentage of patients who present with first episode psychosis, who are assessed and accepted onto a caseload and receive a NICE Concordant package of care.
Out of Area Placements occupied bed days - East CCGs	380	366	The number of occupied bed days for acute, older adult or PICU patients, from East CCGs who were sent out of area as there was no bed available within the Trust.
Out of Area Placements occupied bed days - West	396	106	The number of occupied bed days for acute, older adult or PICU patients, from West CCGs who were sent out of area as there was no bed available within the Trust.
Improving Access to Psychological Therapies - waiting times for:-	75%	99%	This measures the percentage of IAPT patients who were assessed within 6 weeks, started treatment within 18 weeks, and the percentage of those who have recovered.
Assessment	95%	100%	
Treatment and Recovery	50%	57.80%	
Clostridium Difficile due to Lapse In Care - Year to Date	6	1	This measures the number of cases of Clostridium Difficile which were caused by a lapse in care in our inpatient services.

Cardio Metabolic CQUIN assessment and treatment for people with psychosis in the following settings:-

Inpatient settings	90%	93%
Early Intervention in Psychosis Services	65%	100%
Community Mental Health Programmes on CPA	90%	86%

This CQUIN looks to improve health outcomes for those patients with psychosis by sampling a number of cases and calculating the percentage of clients who have received an assessment, and where risks are identified, intervention covering the following:

- . smoking status
- . lifestyle (including exercise, diet, alcohol and drug use)
- . body mass index
- . blood pressure
- . glucose regulation (HbA1c or fasting glucose or random glucose, as appropriate)
- . blood lipids.

This must be clearly recorded in the patients' records.



Berkshire Healthcare
NHS Foundation Trust

2018 NHS National Staff Survey

Council of Governors Briefing

Author: Carol Carpenter, Director of People

May 2019

Trust Board May 2019
NHS National Staff Survey 2018 (NSS)

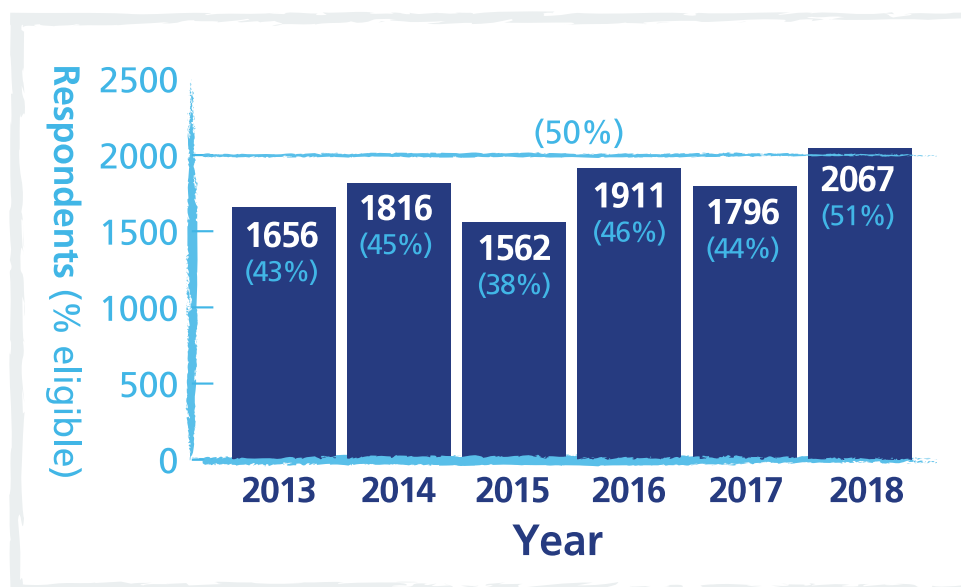
Purpose:

To update the Board on the results of the National Staff Survey 2018 (NSS), the key messages and the actions we plan to take.

Background:

The NSS has been running since 2013 and each year we have made improvements to how we deploy it and how we communicate key messages and the actions we take with our workforce.

The response rate improved by 7% this year to 51%. The table below sets out how many people and the percentage of staff who have responded each year. This year the average number of responses across Community and Mental Health Trusts was 45%. Staff need to be permanently employed as September 2018 to take part.



This year we asked band 1-5 staff working in Estates and Facilities and Prospect Park Hospital to complete the survey manually on paper. This provided managers in these teams with the opportunity to talk to staff in advance and provide time away from the 'day job' to complete the survey. Prospect Park Hospital managers and the Human Resources lead based on site walked the wards engaging with people about the reason for the survey and why their feedback was important.

Response rates:

Estates 33%

Prospect Park Hospital 59

Results:

Overall the results are positive and when benchmarked against the rest of the NHS we came 50th and when benchmarked against other similar Community and Mental Health Trusts we came third.

The scoring system has been amended and instead of scoring out of 5 the new system scores us out of 10. We achieved 7.3. NHS Employers have converted this into a score out of 5 so we can compare ourselves to last year. This demonstrates that we have increased our response rate and maintained the same score as last year, 3.93. The annual plan on a page sets an organisational ambition to achieve a score.

Annex 1 table 1 sets out the results of the questions which contribute to this score. Although 28 questions are asked of people these 16 questions calculate the score. The table compares our scores with other Trusts in the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership. We favour well in this cluster and we will work where appropriate to enhance scores together.

Overall the results highlight a number of areas where we have improved against last year and where we have done well in comparisons to the rest of the NHS. As an example, 'care of service users is my organisation's top priority' was agreed by 82% of the workforce, in comparison to an NHS average of 76%. Annex 1 contains an example of the positive responses.

We know that there is more work to be done and the areas we are focusing on are:

Wellbeing:

32% of the workforce said the organisation takes positive action on wellbeing. We have appointed a new Health, Wellbeing and Engagement lead and they will take forward this area of work. The Trust has invested in a new action plan for the next three years and we hope to see some really positive changes in how people feel and how we support each other.

Appraisal:

Only 24% of the workforce felt that their appraisal has a positive impact on how they do their role. We have improved the paperwork that staff and managers need to complete but this wasn't in place and used prior to the survey taking place. We have also improved the guidance and support for managers, and spoken to managers about the value of getting the conversations right.

Bullying, harassment and discrimination:

- 11% of the workforce report that they have received harassment, bullying and abuse from managers in the last 12 months.
- 16% of the workforce report that they have received harassment, bullying and abuse from their colleagues.
- We are reviewing what is meant by this and comparing with the data we hold on grievances and disciplinarys.
- We are also working with the staff networks to understand this data and will take actions accordingly.

Feeling empowered to make changes:

- 58% of the workforce report that they are involved in decisions that affect their work.
- 64% report that they are able to make improvements at work.
- Through the roll out of the QMIS project, we hope to be able to make significant improvements in these results. We want all staff to feel empowered to share ideas and make improvements and the A3, huddle board activity, QMIS training and

combination of better appraisals, we hope to make further improvements in these results.

Protected characteristics:

The feedback from staff who identify as black and minority ethnic, LBGT+ or have a disability, collectively report as feeling less engaged across most questions. In response to this we have shared the detailed results at the Diversity Steering Group. In addition each Executive lead has met with the Director of People, Head of Internal Communications and the staff network lead to discuss the results and to talk about any surprises, the key messaging and the actions to address the feedback. There are some issues that will require more analysis such as the statistical relevance of the difference between the ethnic groups, and what people mean by bullying, harassment and physical violence.

We have also concluded that we need to update some of the management training material to ensure this data and the actions required by managers are explicit. These sessions also identified that we need to take action to encourage staff to report their protected characteristics on the employee Human Resources system (ESR). As an example 4.8% of the workforce reports having a disability on the Human Resources system, but 8.8% reported a disability on the staff survey.

Services:

The staff survey feedback identifies three areas where we need to prioritise our efforts; Children and Young People Services, Mental Health In Patients and Estates and Facilities. The feedback correlates with other workforce metrics on turnover, vacancies rates and sickness. Human Resources are working on aligning support to these areas to support local managers and provide the training and confidence to tackle some issues such as the wellbeing agenda and retention. The Executive team have also invested in additional recruitment support for the Children and Young People team and this post is out to advert.

Equality and Inclusion:

Workforce race equality standard (WRES):

Below are the staff survey results which form part of the annual WRES reporting tool. Despite our investment over the last few years in the 'making it right' programme and management development, the feedback shows we still have more to do. As part of the Equality Strategy we have an action plan and work continues to ensure we address the concerns of the BAME network. We are working on the data linked to the career progression and recruitment and selection of BAME staff and we are continuing to invest in 'making it right'. Cohort three starts this month and we are about to pilot 'making it right for managers' with the senior leadership team.

	WRES 2016 NSS 2015	WRES 2017 NSS 2016	WRES 2018 NSS 2017	WRES 2019 NSS 2018
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BAME 32% White 21%	BAME 27% White 23%	BAME 27% White 22%	BAME 31% White 22%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BAME 23% White 19%	BAME 27% White 19%	BAME 21% White 18%	BAME 20% White 14%
Percentage believing that trust provides equal opportunities for career progression or promotion	BAME 76% White 88%	BAME 68% White 91%	BAME 74% White 89%	BAME 68% White 89%
In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / team leader or other colleagues	No data	BAME 17% White 5%	BAME 11% White 7%	BAME 17% White 7%

Workforce disability employment standard (WDES):

This year (August) the Trust will report on five questions as part of the WDES annual survey. This is a new requirement and further details will be reported to the Board. The Purple Network recently held a disability symposium and the actions from this event will lead to a number of changes especially in terms of reasonable adjustment knowledge and support, supporting people to be honest and share their disability in the workplace. We have started sharing stories on social media and through our internal briefing communications which have received positive feedback.

Other mechanisms for gathering staff feedback:

The national staff survey is just one mechanism for receiving feedback and we are comparing this data to the data on the People Dashboard, feedback from exit surveys, the Big Conversation and the Friends and Family Test.

We know that staff really want us to improve our recruitment activity and their ability to work flexibly. The free text section of the staff survey also provides feedback about IT support and hardware and the team are working hard to address these concerns and communicate all the positive changes taking place.

Role of Board:

- To recognise the mechanisms in place for gathering staff feedback and note that we are listening and taking action.
- When visiting services, talk about what you have heard and what action is being taken so we are all reinforcing the messages that we value the feedback, we do listen and we take action.
- To note the next steps listed below.

Next steps:

- Deliver the actions from the focus groups with the exec leads and staff network leads (disability, BAME and LGBT+)
- Prepare the communications for 'you said' and 'we did' to ensure staff know that we did listen and are responding
- Build a campaign to improve the data held on the HR system about each individual (noting that people share more when they believe there will be no impact) , using the Stonewall campaign 'do ask, do tell' to model what we need and why
- Develop the 'Great Place to Work for everyone' – which is a key feature of the recruitment and retention work streams
- Develop the line manager training to ensure managers understand their role in building engagement and improving retention and wellbeing. We have agreed to hold a one day event targeted at some line managers to focus on their people management responsibilities.
- Roll out the 'making it right for line managers'
- Deliver the 'Allies' training day to build support for staff with protected characteristics.

Annex 1

Table 1: BOB STP comparison data on all questions which compile the engagement rate:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
BOB STP NHS Staff Survey Results 2018														
			OUH		OH		Royal Berks		BHFT		Bucks		SCAS	
EI	Qs	Statement	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
Motivation	2a	Often/always look forward to going to work	59	59	60	61	62	65	65	63	61	62	57	58
	2b	Often/always enthusiastic about my job	73	77	73	74	74	77	78	78	73	75	72	72
	2c	Time often/always passes quickly when I am working	77	75	80	80	77	79	83	84	75	78	57	56
Advocacy	21a	Care of patients/service users is organisation's top priority	75	74	75	76	81	85	82	82	75	78	60	62
	21b	Organisation acts on concerns raised by patients/service users	70	68	61	62	79	80	81	80	71	74	51	55
	21c	Would recommend organisation as place to work	75	74	69	70	64	68	66	68	55	60	74	75
Involvement	4a	Opportunities to show initiative frequent in my role	73	72	76	74	74	74	76	78	74	74	65	65
	4b	Able to make suggestions to improve the work of my team/dept	74	73	80	77	75	75	81	81	77	77	59	59
	4d	Able to make improvements happen in my area of work	56	55	59	58	60	62	65	64	55	57	34	35
Response rate	%		38.8	48		52	42.7	46.3	44	51	49	51	61	63
Leaving?*	23a	I don't often think about leaving this organisation*	N/A	40			N/A	47	N/A	49	N/A	28	N/A	41
	23b	I am unlikely to look for a job at a new organisation in the next 12 months	N/A	49			N/A	54	N/A	54	N/A	20	N/A	47
	23c	I am not planning on leaving this organisation as soon as I find another job.	N/A	56			N/A	60	N/A	62	N/A	13	N/A	53
	21d	If friends or relatives needed treatment would be happy with the standard of care provided by organisation					77	80	75	73.1	66.5	69.9		

Areas to be positive about:

82% said that **'care of service users'** is the organisations top priority, which is well above the NHS average of 70%

80% of you said that **'my organisation acts on concerns raised by service users'**. the NHS average is 76%

94% of you said that you **had an appraisal** in the last 12 months, the NHS average 90%

76% of you said **training, learning or development** needs were identified during the appraisal (up 4% from last year)

60% of you said **your line manager supported you** to receive this training, learning or development (up from 55% last year)

COUNCIL OF GOVERNORS

Meeting – 19 June 2019

REPORT OF THE COUNCIL OF GOVERNORS' APPOINTMENTS AND REMUNERATION COMMITTEE HELD ON 20 MARCH 2019

This report covers the following issues:

- The recruitment and selection process for a new Non-Executive Director to replace Ruth Lysons whose term of office ends on 31 October 2019; and
- A proposal to re-appoint Mark Day, Non-Executive Director for a further term of three years

Membership of the Appointments and Remuneration Committee

- Martin Earwicker, Chair
- Paul Myerscough, Lead Governor
- Andrew Horne, Public Governor
- Julia Prince, Staff Governor
- Jenny Cheng, Appointed Governor

Recruitment and Selection Process for a New Non-Executive Director

Introduction

Ruth Lysons' current term of office as a Non-Executive Director will end on 31 October 2019. Ruth will have served six years when her term of office ends. Ruth is currently the Trust's Vice Chairman, Senior Independent Director and Chair of the Quality Assurance Committee and a member of the Finance, Investment and Performance Committee. Ruth has made a significant contribution to the work of the Trust.

Securing a strong field of suitable candidates and undertaking an initial long listing assessment process is a complex task and one that requires specialist expertise. For this reason, and on the basis of past performance, it was agreed that Gatenby Sanderson would fulfil this function. Melanie Shearer, Gatenby Sanderson attended the meeting and explained her role in encouraging suitable candidates to apply, long listing candidates; conducting initial interviews; drawing up a recommended shortlist and supporting the Committee during the interview stage.

The Chair reported that Dr David Buckle, currently a member of the Quality Assurance Committee had agreed to Chair the Committee when Ruth stood down. This would mean that a new Non-Executive Director would have an opportunity to join the Committee and get to grips with the work of the Trust before taking over the Chairmanship when Dr Buckle's term of office expired in May 2021.

The Chair also requested that the Committee needed to be mindful of the gender, diversity and skills and experience balance on the Board.

The Appointments and Remuneration Committee reviewed the skills matrix for the current individual members of the Trust Board. The Committee agreed that the new Non-Executive Director did not need to be medically qualified, but the ideal candidate needed to have an analytical and questioning mind and who demonstrated genuine empathy for the NHS and Berkshire Healthcare's Values.

The Appointments and Remuneration Committee also reviewed the gender balance and diversity of the Board. The Recruitment Consultant was asked to take steps to encourage applications from women and from people from Black and Asian Minority Ethnic groups.

The Appointments and Remuneration Committee agreed the timetable for the recruitment process with the aim of making a recommendation on the appointment of a new Non-Executive Director to the Council of Governors meeting on 18 September 2019.

Re-appointment of Mark Day, Non-Executive Director

Mark Day, Non-Executive Director's first term of office will end on 31 August 2019. Mark has confirmed his wish to continue as a Non-Executive Director. The Trust's Constitution recognises that Non-Executive Directors who have performed well and express a wish to continue in office can be re-appointed by the Council of Governors on the recommendation of the Appointments and Remuneration Committee.

The Constitution (Annex 9, Appendix 3) states:

"1.2.2where the Appointment Committee considers that the non-executive Director coming to the end of his term of office should be reappointed for a further term, the Appointment Committee shall make a recommendation to the Council of Governors to this effect."

Mark chairs the Trust Board's Appointments and Remuneration Committee and is a member of the Finance, Investment and Performance Committee as well as being a Mental Health Act Manager.

The Appointments and Remuneration Committee agreed to recommend to the Council of Governors that Mark Day, Non-Executive Director be re-appointed for a further three year term of office on the expiry of his current term. If approved, Mr Day's new term of office would start from 1 September 2019 and will end on 31 October 2022.

3. Recommendations

Appointments and Remuneration Committee recommends that the Council of Governors:

- a) Approves the recruitment and selection process for a new Non-Executive Director to replace Ruth Lyons, Non-Executive Director when her current term of office ends on 31 October 2019.
- b) Approves the re-appointment of Mark Day, Non-Executive Director for a further three year term of office upon the expiry of his current term of office on 31 August 2019 (the new term of office will start from 1 September 2019 to 31 October 2022).

Report of Living Life to the Full Group

Council of Governors meeting - Wednesday 19th June 2019

Report on last meeting – 3rd April 2019

1. Purpose of LLTTF Group & Terms of Reference

Chris Fisher, NED/Chair of Audit Committee & Ruth Lysons, NED/Chair of Quality Assurance Committee joined the LLTTF meeting.

One of the focus areas for 2019/20 for the LLTTF Group is Carers which is also a regular agenda item for the Quality Assurance Committee.

Chris Fisher asked about the purpose of the LLTTF group. The current Terms of Reference were discussed. Chris expressed an opinion that these needed “firming up” into more concrete actions that the group will do to carry out its responsibilities. This has been discussed at previous meetings.

As they are due for their bi-annual review in October 2019 it was agreed that John Barrett and Chris Fisher would get together and bring revised Terms of Reference back to the next meeting for discussion and approval.

2. Presentation by Marianne Hiley – Better Care Fund Programme Manager – East Berks CCG & RBWM

John Barrett welcomed Marianne to the meeting and thanked her for stepping in at very short notice after our planned speaker Angela Morris was unable to attend as interviews were taking place the same day for her successor as Director of Adult Social Services at RBWM.

John also thanked Karen Shukla, ex BHFT Mental Health First Aid Trainer from Slough CMHT, for her assistance in arranging Marianne's presentation in her current role as East Berks CCG, Communications & Engagement Manager, based at King Edward VII Hospital in Windsor.

The Better Care Fund is part of a Section 75 financial agreement. Budget of £150K annually covers staff only within the service.

Marianne Hiley explained that Social Prescribing is on the national agenda as being a good thing to do, but some areas are achieving targets more than others. It is different in each Locality and area.

Marianne tabled a document at the meeting to give context to her presentation. (Available from Louise Arnold if any Governors would like a copy).

In Windsor and Maidenhead (WAM) there is a proactive public health team providing well-being care and a very active volunteer sector locally. It was acknowledged that the third sector is an important part of the overall “Health and Well-being Strategy”.

The team continually evaluate the success and output of the work by the social prescribing team. Following a review of the feedback there was an unpopular decision to target specific patient groups; Risk of falling – Carers – Mild to Moderate frailty. By covering these three areas, the team cover both mental and physical health in the community. The main purpose of the team is to provide independence and self-power in their own health. Marianne highlighted the importance of GP

support with this work and explained that their referrals are key to targeting the right patients.

The social prescribing service has now been embedded successfully across all GP practices across WAM. Some GP practices refer a significantly higher number of patients than others, but this is due to a few of the surgeries being involved from the trial stage.

Tom Lake asked what professional background the social prescribers have within the team. Marianne explained that there were 4 full-time Band 6 staff, each working with a cluster of GP practices. Mixed background within the team, 2 Adult social care, ex Bracknell CCG and dementia specialist. All are still in post since team was formed 2 years ago. It was noted that by having a varied team, it encourages team working through finding solutions for complex patient needs.

Marianne said that the aim of social prescribing is to encourage patients to own their diagnosis and minimise the variety of patient care seen across different areas. There is a National validated tool that is being used within the service called 'R-Outcomes'. The link for this is: <https://r-outcomes.com/> the service uses this tool to identify how the patient is doing and whether the service support had been successful. There are also options for patient feedback and currently the service receives extremely positive credible feedback.

John Barrett commented that in her presentation at the last LLTTF meeting Sophie Shilton-Brown had talked about a transport grant secured from the Better Care Fund so that the local "People To Places" provides transport to enable the "CBT For Carers" sessions to be run in the evening by the WAM team.

Ruth Lysons asked how GPs are trained on what services are available through social prescribing. Marianne explained that incorrect referrals are bounced back to the GP, so they pick up quickly whether they are referring the right people. There is also a launch team (which included 3 GPs and Practice Managers) who have supported the initiative from the beginning, this has really supported the process.

There has now been funding agreed up to 2020/21 and within this time the service is due to grow even bigger, linking with primary care networks as well. It was noted that the cost savings this service can provide is huge, there will be a reduction in GP visits and medications/prescriptions. As the service grows, the more savings there will be to the Health service. If services and organisations are working in an integrated way, then there will be more success and positive outcomes for patients in the future.

2. Group Discussion on Carers and how BHFT interacts with them – Preparation for Lucy Cooke presentation at future CoG meeting

John Barrett introduced the subject title by asking whether group members thought Berkshire Healthcare interacts well with carers and if patient carers are aware of carer services available. There is a group that is run at PPH, but unfortunately there had recently been poor attendance by carers.

It was acknowledged that each locality interacts with carers in a variety of ways and some more so than others. There continues to be a stigma around mental health patient carers and it was agreed that there needs to be a culture change to improve the stigma in this area.

Chris Fisher suggested that Lucy Cooke shares the current position and the full plan to improve carers support in the future. It was also recommended that the presentation presumes that no one in the audience knows anything to ensure full understanding and clarity.

Ruth Lysons reassured the group that David Townsend is the responsible Director of this area and he continues to report regularly to the Board about carers. Ruth also suggested that the Living Life to the Full Group supports the carers strategy work that is already running within Berkshire Healthcare.

Verity Murrucane added that this could also link with the voluntary sector.

Tom Lake asked whether there is clear guidance on where to access help and support for carers in Berkshire. Chris Fisher said that there are different versions available across the localities and consistency is key to ensure they are supported the best way possible. It was agreed that the Marcomms team would need to be involved to support with the work.

Ruth Lysons questioned whether the group would be able to offer support when Lucy Cooke presents to the Governors, it would create a partnership between Berkshire Healthcare staff and Governors.

3. Berkshire Events and Services:

8Bells – Verity Murrucane

Verity Murrucane shared that 8Bells had secured funding for the next 3 years through the 'Greenham Common Trust'. Additional fundraising will still need to be done to support the charity, but the funding will pay for the core service. There are close to 200 members of the charity already and it continues to grow.

Mental Health Mates – Verity Murrucane

Verity Murrucane explained that the purpose of Mental Health Mates is to be a national umbrella organisation that supports independent local groups to meet and walk together. This is a very popular initiative and Verity noted that there is a concern around the coordinator of the voluntary group as numerous vulnerable individuals are leaning on her for support. Verity is linking the coordinator with appropriate support networks to ensure that the initiative can continue, but not to the detriment of those running it.

2019 LLTF MEETINGS: ALL GOVERNORS ARE WELCOME TO ATTEND-

All are on Wednesday mornings from 10.00 to 12.00 - Boardroom at Nicholson House.

3rd July: What happened during Carer's Week 10th to 16th June 2019.

2nd October: - Guest Speakers: BHFT Community Engagement Workers.

Cecily Mwaniki - West Berks and Marcella Brown - East Berks

This will be an interested opportunity to discuss and explore differences and similarities for interaction with the general public and the 3rd Sector Organisations within these two very different geographical parts of the county.

John Barrett - Chair, Living Life to the Full Group – 11th June 2019.

QA Group Report to Council of Governors June 2019

Meetings

Our last meeting took place on 23rd May.

All governors are welcome to attend without committing to join the group.

The programme of service visits carried out by members provides a real insight into the Trust operation at a grass roots level.

The next meeting dates is:- Thurs 12th September 2019

From our last meeting: Special Items

Debbie Fulton Acting Director of Nursing and Governance explained about the Datix system which is used by the Trust (and other NHS organisations) to report incidents. Debbie explained that Datix is a national NHS online form which is completed by a staff member who has witnessed harm or potential harm to either a patient or a staff member.

There is a target that 5% or less of Datix incidents recorded are about actual patient harm. Governors felt this is a strange target, possibly encouraging unnecessary reporting of non-harmful incidents in order to reach the target. The Trust however finds it valuable as a recording and short term analysis tool. Staff are encouraged to report about difficulties in their working environment and 'near misses'. Thus it becomes part of a learning and service improvement process.

Each incident is looked at on its own merit by a handler/senior person and taken for either specific learning, or to the Quality & Patient Safety Team meeting for further discussion. Results are published for staff to see in a Learning Guide, as well as sent out within the Trusts weekly bulletin "Team Brief".

There are national classifications to complete in order to compare organisations. The Trust can however add its own sub-categories in order to collect analytical data of interest.

We were interested if Datix could provide information about long-term trends in the services. The focus however is on more short-term initiatives – providing information which can be used to inform countermeasures to a particular problem.

Service Visits

Several service visits were reported.

Wokingham Health Visitors

We attended a team meeting with 30 or 40 health visitors and nursery nurses in April 2019. Around 2 hours was spent on information sharing – about administration and training matters, and including talks about Safeguarding and Domestic Abuse and on the Speech and Language service.

Although the primary aim is the health of the child this service is also a key player as public guardian for safety of younger children and staff need to be aware of potential issues and risks in dis-functional families.

The Speech and Language Service operates independently, but sees a significant surge of interest by parents after the 2 year check by the Health Visiting team. Better coordination and information sharing is valuable.

For difficult cases the service needs to maintain good communication with the Social team and sometimes the Police and be aware of the functioning of the Multi-Agency Safeguarding Hub (MASH).

The Speech and Language team provide a drop-in service at different locations around the Wokingham area. The speaker provided her 'top 5' tips that they give parents to support the child's language development. Number 4 is 'get rid of dummies and bottles', number 5 is 'get rid of phones and iPads'.

We spent some time with the manager Fiona Howell who explained that the service is commissioned by the Local Authority – which is guided by the government's 'Healthy Child Programme' on its operation. The services vary by area depending on the LA's interpretation. In Wokingham there is a distinct difference between 'targeted' services which focuses on families known to have problems and the 'universal service' offered to the rest.

Targeted children will normally have more home visits, whereas universal service clients have most activity at clinics. There are 5 statutory contact points up to the age of 2 ½ years, each of these has target set as a percentage of the population.

One of the clinics is Wokingham **Post Natal Clinic** which is delivered from several locations including Arborfield Community Centre which was visited on 23 April 2019. We saw one of the problems with peripatetic services – the Trust staff arrived at the centre and no-one could provide a key to the rooms to be used which were unlocked an hour later.

We learned that there has been a 28% increase in births across Wokingham, with a 69% increase in the area served by this clinic – this makes targets difficult to achieve. New births and Post Natal are on targets at 100% and 95% respectively, but the 6-8 week checks have fallen behind to 81% (73% last quarter) against a target of 95%. They are trying to tackle this by using additional venues and clinics.

We were impressed by the competence of the staff and their willingness to share information with governors.

Intermediate Care, West Berkshire Healthcare NHS Foundation Trust

We visited the West Berkshire Intermediate Care Service based at the West Berkshire Hospital site. The service has several overlapping offerings with 19 staff and includes the Joint Care Pathway (previously known as Community Re-enablement) operated jointly with the social care team, Doms (home base physiotherapy), Falls, and RAPIDS.

One focus of the team is those returning home from hospital. We were surprised to learn that much of the ongoing care in the community is delivered by external agencies. Typically a plan is made at discharge for several care visits a day by agency staff – to help with medication, or dressing, or meals. These tend to be daily repetitive tasks, sometimes out of normal working hours. The Trust staff supplement this with visits to make a 4-6 week rehabilitation plan with the client.

We attended two home visits with staff, to a man recently returned from hospital after a fall, and a lady with Parkinson's disease. In both cases the staff members showed skill in clinical and environment assessment and compassion and understanding when dealing with the patient and their families.

We understand that the service now operates well with fast response times, flexible professional boundaries, and waiting lists below two weeks.

Bracknell CMHT

We visited the Community Mental Health team operating from Church Hill House in Bracknell during February 2019. This team seems well integrated with local authority members, and it was not always obvious who employed those we were talking to.

We attended the CRISIS MDT meeting (not actually part of CMHT) and saw 6 or 7 staff exchange information about 12 active patients on their caseload. A number of these had ASD which the social team finds challenging to deal with – because of this a special session had been set up for the Social team.

We also attended the CMHT MDT. This weekly meeting had 19 attendees and covers a range of standard agenda items. Staff could bring cases to the meeting for discussion and consultation. We were impressed with this flexible approach and saw how the assessment of one patient was changed from low risk to high risk through taking account of others' experiences and opinions.

In the office we had a range of conversations with staff including AMHPs (Approved Mental Health Professionals) who are involved in sectioning patients. These are Local Authority staff members and so provide an external view of part of the Trust operation.

We learned that Berkshire has an inadequate provision for mental health support in the community, particularly at a crisis level. Some other trusts have provision of 'sanctuaries' in the community which are claimed to reduce demand on A&E, on mental health beds, and on police time. In Berkshire the only offer is Place of Safety, leading to admission at Prospect Park Hospital. The Crisis team is not equipped to deal with those who are not already BHFT clients.

We were advised to contact the Thames Valley Police team leader on Mental Health to understand the direct impact of mental health issues on their workforce. A follow-up meeting with the Deputy Chief Inspector in charge of this area provide some insight into their enlightened attitude, but failed to uncover the direct costs on their workforce that might be saved with a new community based provision for mental health support.

Governors are anxious to support the improvement of services in our communities but this can be complicated and requires funding. BHFT does not fund services!

Since reporting this visit we have been assured by Trust management that we continue to be engaged in addressing this area as far as our remit allows. In particular the police value our contribution to the Street Triage team which is operational 4 days a week.

“Throughout the past year we have been meeting with the CCG to review the crisis offer and have jointly commissioned up to 2 crisis/alternative to admission beds. These are based in Slough and CRHTT are the gatekeepers for these beds. We also have Police Street Triage (mental health practitioner working alongside the Police) 4 nights a week, and we are looking at data to see if there is a need for this to be extended to 7 nights a week. At WPH we have a 24/7 psychiatric liaison service and the CCG have invested in this area of crisis MH provision.

In the NHS long term plan there is an expectation that Crisis services are reviewed, and we are committed to working with partners and stakeholders to improve the crisis offer across Berkshire.”

West Berkshire Podiatry

Governors visited this service in March 2019.

This was found to be an impressive, flexible and lively service based at West Berkshire Hospital, but also operating out of several other community locations.

We were pleased to learn that the team is at full strength for the first time in 4 years despite continuing difficulties in recruitment and a shortage of trained staff.

The service is contracted on an AQP basis (Any Qualified Provider). Although there was no competition staff now work on piecework basis – where they have to account for each activity in order to receive payment from the commissioners. There are considerable differences from patient to patient however, and IT support is needed to analyse workload and get the best back-office support. To this end they will pilot KPMG’s QIBI (Quality Improvement Business Intelligence) system.

West Berkshire CYPIT Induction Training

We attended the CYPF staff induction in April 2019. The main emphasis was on Governance and showing staff members how patient safety is linked to quality and governance.

A ‘speed dating’ approach was used to accelerate familiarisation with the service and staff and management. Staff and the senior team members rotated every 5 minutes thereby giving them the chance to get to know the teams and their services and what they do. A very interesting method for networking and sharing knowledge.

Waiting Lists

We reviewed the waiting list information collected and summarised for us.

Complaints & Patient Experience Report

One of our regular agenda items is the review of the quarterly compliments and complaints report.

We reviewed the Quarter 4 report (January to March 2019). We were pleased to see a significant increase in the Friends and Family feedback response rate to almost 22% - although of questionable value in itself, this is a good demonstration of the capabilities of

the Trust staff to rise to a challenge. We now have among the highest response rates in the country.

We noted some anomalies in reporting for one community ward and one MH ward and have asked for further information about these.

We reviewed Quarterly reports on 15 Steps and CYPF Services (Children Young People and Families). Governors were pleased to see this information gathered in one place.

Complaints List

Some specific questions were raised against recorded complaints. In particular medication errors and a failure of staff to execute CPR when required were regarded as serious by governors but were generally recorded as moderate severity. We have asked for further information to explain the assignment of moderate severity in these cases.

Anonymised complaint

Each meeting we review the correspondence around a sample complaint. This gives us an insight into the whole process and often provides interesting discussions points.

This month we considered a complaint about a patient's record which included incorrect information about a criminal record. There was some concern about the apparent lack of sympathy in the Trust's response. We were also dismayed to learn that the Trust could not provide the client with a fixed date by which the record could be corrected. This seems to be in breach of Data Protection rules.

We understand that there was a requirement for the originator of the data to correct it, but as many staff move on and patient records exist over a number of years, then this is unworkable. We were told that the system has been changed so that more timely corrections can be made in future.



Council of Governors Review of Effectiveness 2019

1. Views of Governors

All Governors were invited to complete an electronic survey on the effectiveness of the Council of Governors. A total of 17 Governors completed the survey. The full results are attached at appendix 1.

2. Views of Executive Directors and Non-Executive Directors

The Company Secretary also asked Executive Directors and Non-Executive Directors for their views on the Council of Governors. A total of 8 members of the Board completed the survey. The full results are attached at appendix 2.

3. Recommendations

Governors are invited to consider how best to take forward a discussion about the results of the two surveys. This could include a session at the next Joint Council meeting or alternatively convening a small group of interested governors. In the meantime, it is proposed that the following practical changes be made:

a) Learning and Development

It is proposed that we include regular “bite size” learning sessions at Council meetings.

b) Induction of New Governors

In addition to the Chair’s induction session, new Governors will be invited to attend NHS Provider’s core skills governor induction course. This will ensure that governors have a better understanding of their roles and responsibilities from the outset.

c) Governor Feedback Slot on the Agenda

At the moment we do not provide an opportunity for Governors to feedback any views and/or comments about the Trust that they have received through the course of their involvement in other groups/external meetings etc. An agenda item has been added to the formal meeting.

d) Work Programme

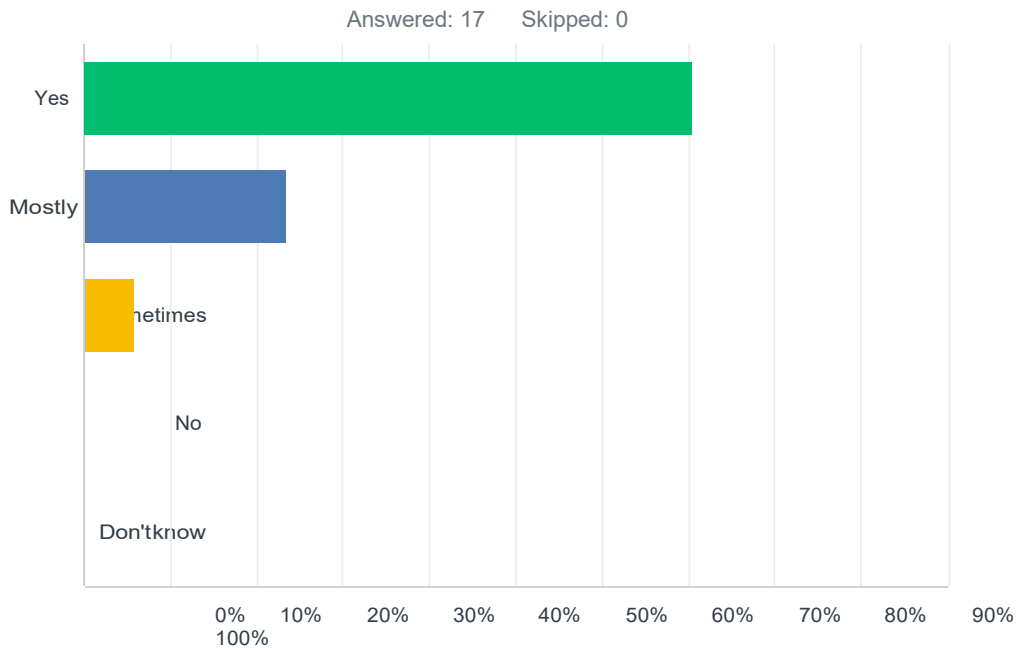
It is proposed that the Council of Governors has an annual work programme which can be reviewed at each meeting.

e) Action Log

Future agendas will include an action log in addition to the minutes. This will enable Governors to track actions and provide assurance when actions are completed.

Appendix 1

Q1 Do you have a clear understanding of the role of the Governors?



ANSWER CHOICES	RESPONSES
Yes	70.59%
Mostly	23.53%
Sometimes	5.88%
No	0.00%
Don't know	0.00%
TOTAL	

Comment 1 - I've sought clarification and got it from Paul and Martin and in other national Governor resources.

Comment 2 – Governor meetings are invariably positive and there is invariably searching questions directed at the Board.

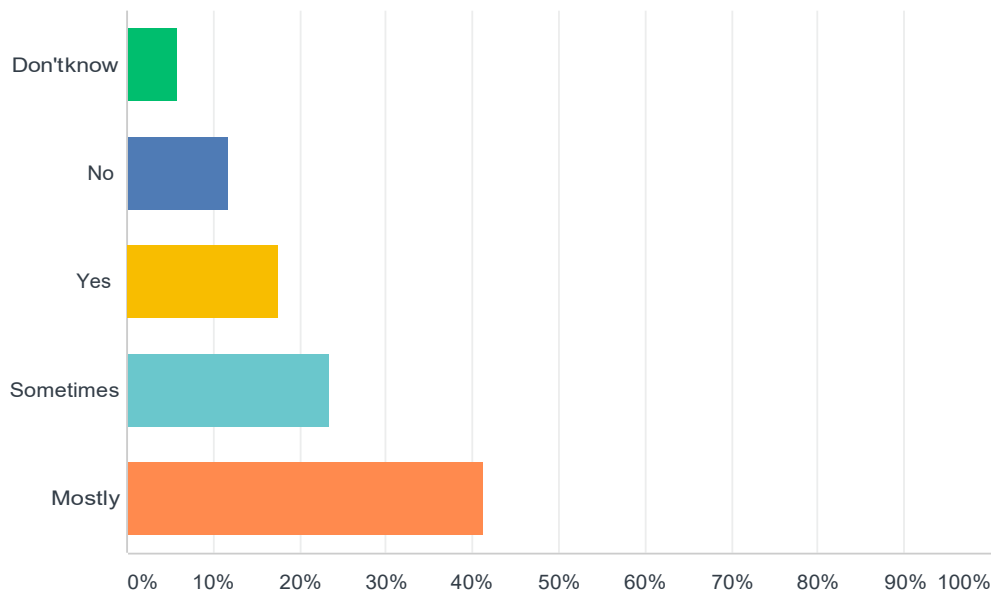
Comment 3 – Often think not everyone does in discussions.

Comment 4 – Mostly – however I do struggle about my role and contact with general public/members in the area I represent. There is no clarity or guideline how I can represent the members despite being an elected public governor.

Comment 5 – In my third term so have got the hang of it!

Q2 Do you feel that you are able to make a meaningful contribution to the Trust?

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
Don't know	5.88%	1
No	11.76%	2
Yes	17.65%	3
Sometimes	23.53%	4
Mostly	41.18%	7
TOTAL		17

Comment 1 – The Trust is well led which means there is less impact by Governor actions.

Comment 2 – As I am an Appointed Governor, I invariably have little time to go into too much detail as other Governors do.

Comment 3 – Part of this is in acting as a sounding board and community representative on the Trust Board.

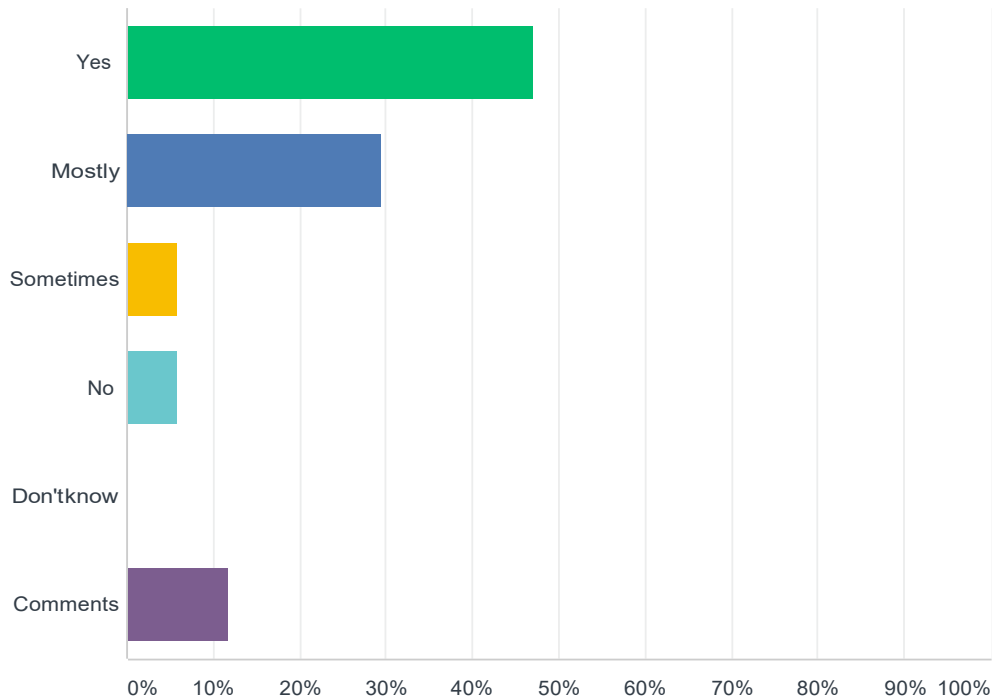
Comment 4 – I am able to make representation at meetings and encouraged to join groups and attend the Trust's events.

Comment 5 – The timing of meetings – at the same time and day during normal working hours has effectively prevented my participation.

Comment 6 – Sometimes frustrated by lack of clarity by some speakers at Council of Governors meetings.

Q3 Do you feel that the Trust supports you in your role of Governor?

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	47.06%	8
Mostly	29.41%	5
Sometimes	5.88%	1
No	5.88%	1
Don't know	0.00%	0
Comments	11.76%	2
TOTAL		17

Comment 1 – Excellent support from Louise Arnold to enquiries and requests. Company Secretary responds quickly to enquires.

Q4 How can the Trust support you better?

Answered: 12 Skipped: 5

Comment 1 – I'd really like some training on how to challenge issues and how to analyse and criticise reports.

Comment 2 - I can always contact someone for advice so no problem.

Comment 3 – The Trust are doing fine.

Comment 4 – By listening to what Governors need, for example, data on waiting times.

Comment 5 – IT support for Governors in increasing. A better understanding and management of public engagement by the Trust will enable Governors to play their part in it.

Comment 6 – I feel that I raise issues that need discussing but we don't discuss them, for example, we focus too much on mental health the majority of the time when we have other services we need to discuss as well.

Comment 7 – Better induction for new governors, more explanation of the Trust, what it does and does not do and the role governors play and crucially what they cannot do, better communication between the governors and staff.

Comment 8 – By having some variation in meeting times and particularly in the evenings so people who have work commitments during the day are more easily able to attend.

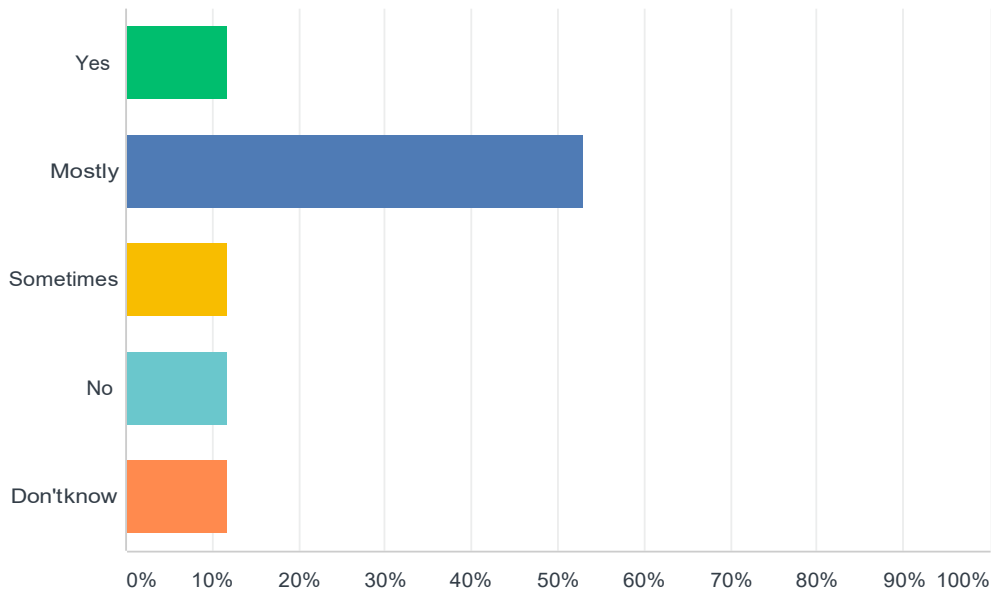
Comment 9 – Very happy with the information and support.

Comment 10 – More access to events where one can talk to staff.

Comment 11 – I do not get back filled time to complete this role, so it puts more pressure on my day job and so myself.

Q5 Is there sufficient time for the discussion of issues at Council meetings?

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	11.76%	2
Mostly	52.94%	9
Sometimes	11.76%	2
No	11.76%	2
Don't know	11.76%	2
TOTAL		17

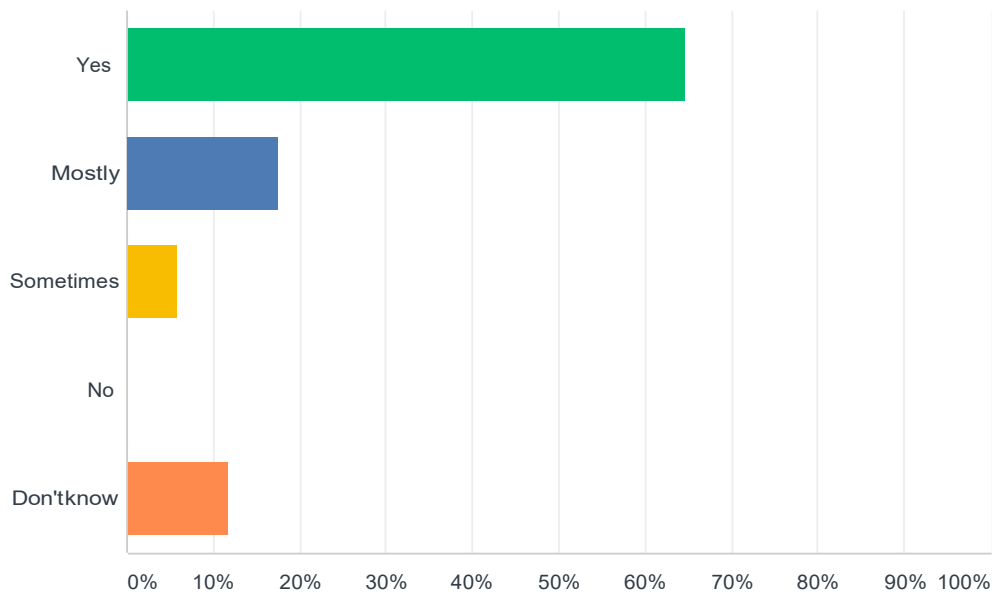
Comment 1 – Not when it's left to the end of the meeting when it can be rushed.

Comment 2 – No – this is difficult, I often feel discussion is cut short or superficial but I am also aware that there are time limits and longer or more meetings are hard for governors who work and often not productive. This is and always has been an insoluble problem.

Comment 3 – Do not approve of move of sub-group reports to end of CoG when there is often little time left.

Q6 Does the Chair ensure that everyone has an opportunity to contribute?

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	64.71%	11
Mostly	17.65%	3
Sometimes	5.88%	1
No	0.00%	0
Don't know	11.76%	2
TOTAL		17

Comment 1 – Everyone appears to have an equal opportunity to do so.

Comment 2 – Very inclusive.

Comment 3 – But the truth is that some don't contribute often or at all.

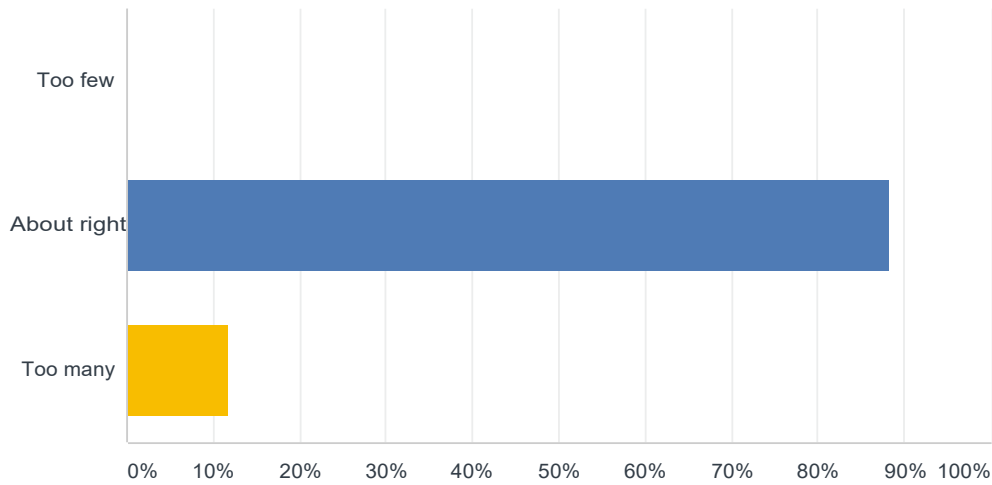
Comment 4 – We have a good strong Chair. I do believe that sometimes our Chief Executive skirts issues and does not directly answer.

Comment 5 – Sometimes allows Chief Executive to say too much!

Comment 6 – Very good chairing.

Q7 Do you consider that the number of meetings Governors are expected to attend is:

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
Too few	0.00%	0
About right	88.24%	15
Too many	11.76%	2
TOTAL		17

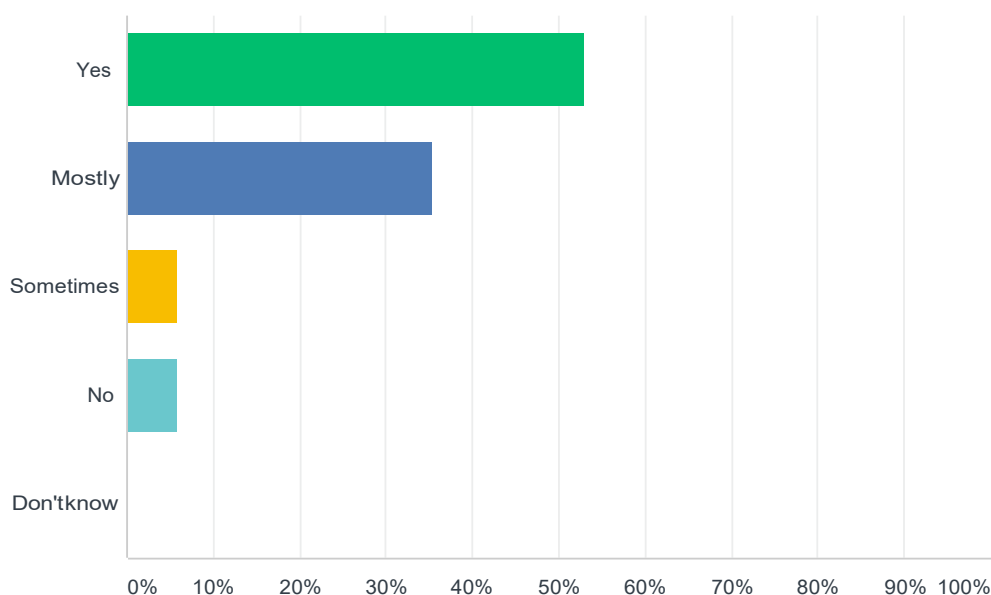
Comment 1 – Eight a year is ok especially for me as a staff governor who works nearby.

Comment 2 – It would be helpful in my view if Governors are able to meet specifically on their own to share their experiences.

Comment 3 – I work full time – one meeting per quarter would be better.

Q8 Do you receive the meeting papers in time to prepare for the meeting?

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	52.94%	9
Mostly	35.29%	6
Sometimes	5.88%	1
No	5.88%	1
Don't know	0.00%	0
TOTAL		17

Comment 1 – (Staff Governor) No I never receive them at home. Reception used to let me know when they are ready for me to collect but not anymore. So I usually end up asking for an electronic copy just ahead of the meeting and a hard copy when I get there.

Comment 2 – Sometimes I do get them later than usual.

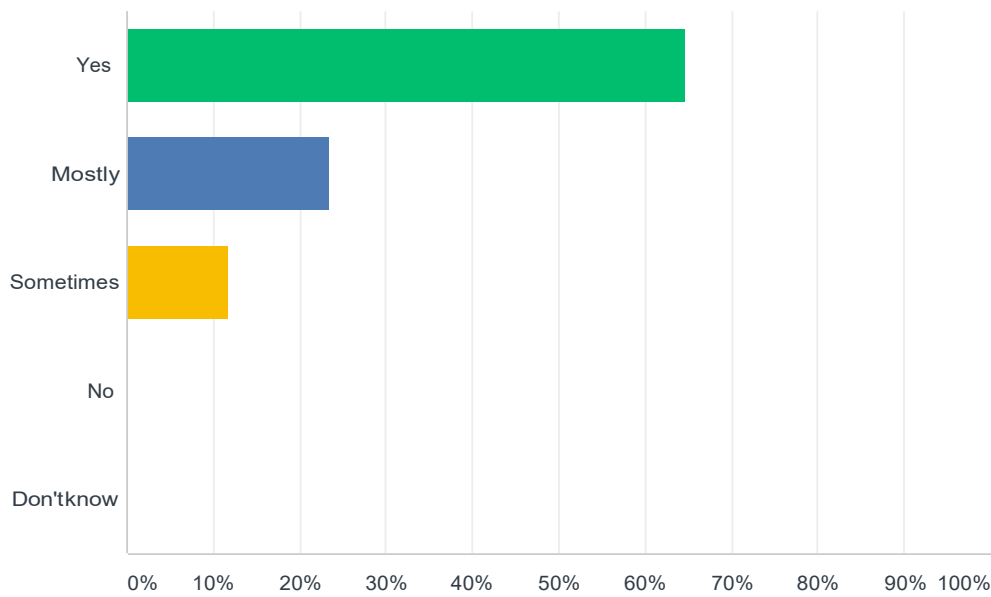
Comment 3 – Getting through large documents can be a bit of a scramble.

Comment 4 – Can be bit short of time if very large report to read in preparation.

Comment 5 – Documents can be very large and difficult to read in a week.

Q9 Do you find the contents of the meeting papers understandable?

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	64.71%	11
Mostly	23.53%	4
Sometimes	11.76%	2
No	0.00%	0
Don't know	0.00%	0
TOTAL		17

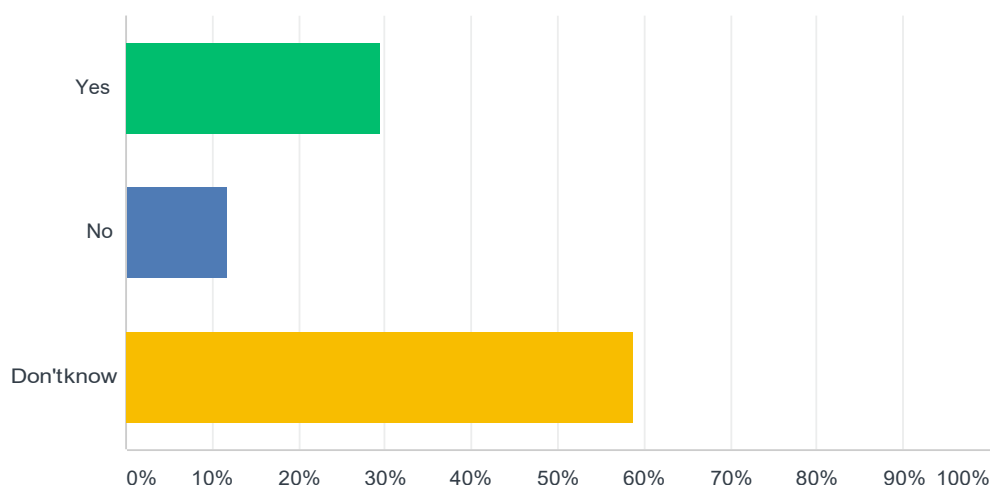
Comment 1 – I often find them too long and a lot of the content I do not always understand

Comment 2 – At times they are too detailed and full of jargon.

Comment 3 – A lot of NHS acronyms and gobbledeyook.

Q10 Do Governors actively seek views of members of the public and represent their interests?

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	29.41%	5
No	11.76%	2
Don't know	58.82%	10
TOTAL		17

Comment 1 – I do but normally though by West Berkshire Council work.

Comment 2 – I doubt it. Where to begin? The Trust's business is so varied and complex! And how to contact a sample of members of the public?

Comment 3 – This is two different questions in one. We definitely represent the interests of the public but may not actively seek their views as there is no forum for this. Perhaps there should be an organised forum where Governors and public meet.

Comment 4 – I would say that Governors use their contacts and networks, but that there is a great deal of difficulty in going beyond an opportunistic, impressionistic representation to anything more definite as the public do not engage spontaneously with Governors.

Comment 5 – This is an area which has always bothered me and there is no guideline and clarification. As an elected public governor, I believe this was my major responsibility but I have not been able to fulfill it to my own satisfaction as well as to the members of the public.

Comment 6 – We do our best, but the reality is that even the best connected governor only knows a fraction of the people in our constituency.

Comment 7 – I do.

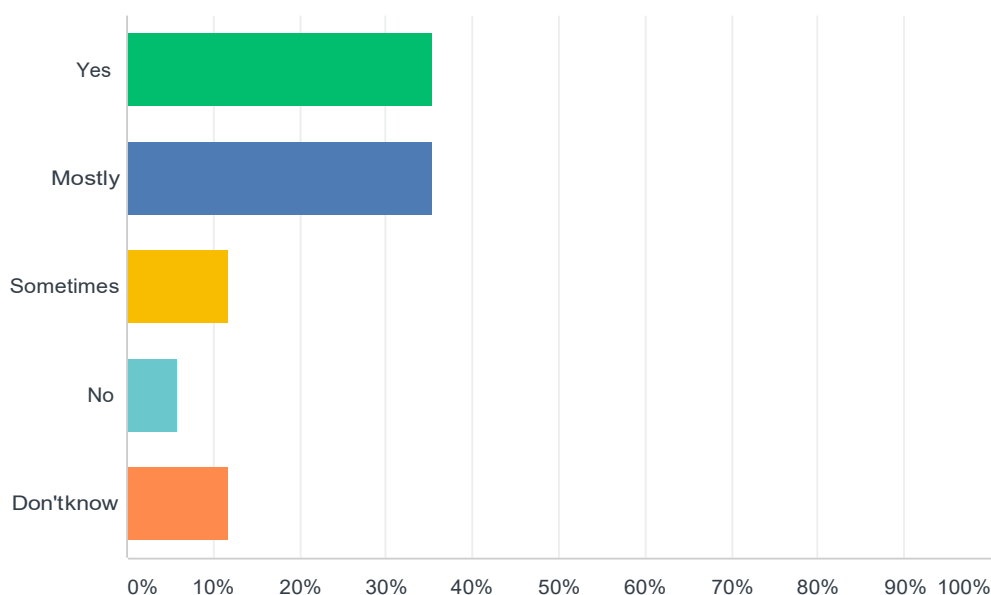
Comment 8 – I'd say they represent interests, but not sure about actively seeking views of members. Is that part of the role?

Comment 9 – Very difficult to do this – most have no idea what BHFT does.

Comment 10 – This is very difficult as ow do you access a wide range of people we represent.

Q11 Do you believe that the working groups make an effective contribution to the work of the Governors?

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	35.29%	6
Mostly	35.29%	6
Sometimes	11.76%	2
No	5.88%	1
Don't know	11.76%	2
TOTAL		17

Comment 1 – I can never really see the point of them eg there appears to be sufficient assurance mechanisms in place by the Non-Executive Directors. The only one which seems necessary is the Appointments and Remuneration Committee.

Comment 2 – They are also a very important way for Governors to learn about what goes on in the Trust.

Comment 3 – Depends on the working group.

Comment 4 – Difficult to understand why more members do not attend Quality Assurance Group in particular.

Comment 5 – I don't believe that enough Governors contribute to working groups which puts a strain on the few that do.

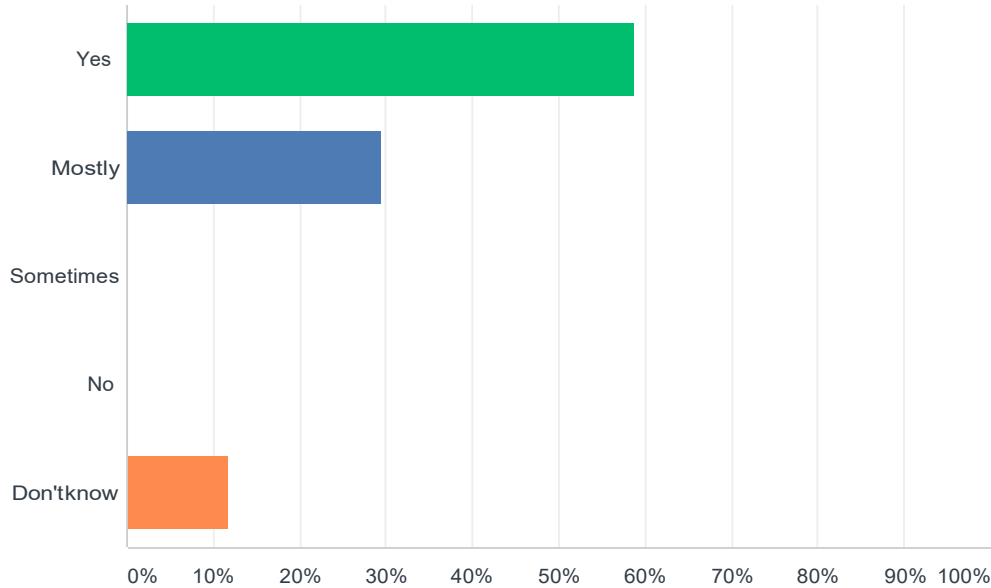
Comment 6 – I am not too sure as it is difficult to judge and know.

Comment 7 – The working groups are vital, being smaller and more focussed they can achieve more than at the Council of Governor meetings. The only issue is then feeding back matters of interest to the rest of the governors.

Comment 8 – Depends on what the groups are and how they carry out their role in the public ..(incomplete response)

Q12 Do the informal joint meetings with the Board provide sufficient opportunity for contact and good communications with the Non-Executive Directors?

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	58.82%	10
Mostly	29.41%	5
Sometimes	0.00%	0
No	0.00%	0
Don't know	11.76%	2
TOTAL		17

Comment 1 – I always find these meetings very useful.

Comment 2 – The Non-Executive Directors always seem to be well informed when you speak to them in this forum.

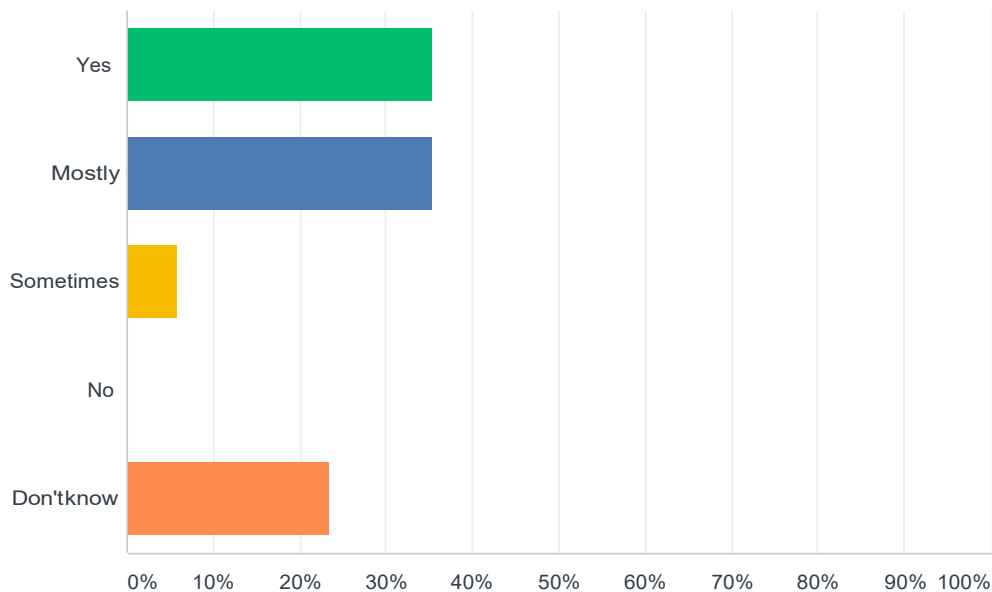
Comment 3 – I have had some good discussions in the small groups with Non-Executive Directors.

Comment 4 – Need more time with the Non-Executive Directors. I also do not know what they are doing. They need to inform us.

Comment 5 – Good to have more discussions with NEDs.

Q13 Do you feel that the four informal joint meetings make an effective contribution to the work of the Governors?

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	35.29%	6
Mostly	35.29%	6
Sometimes	5.88%	1
No	0.00%	0
Don't know	23.53%	4
TOTAL		17

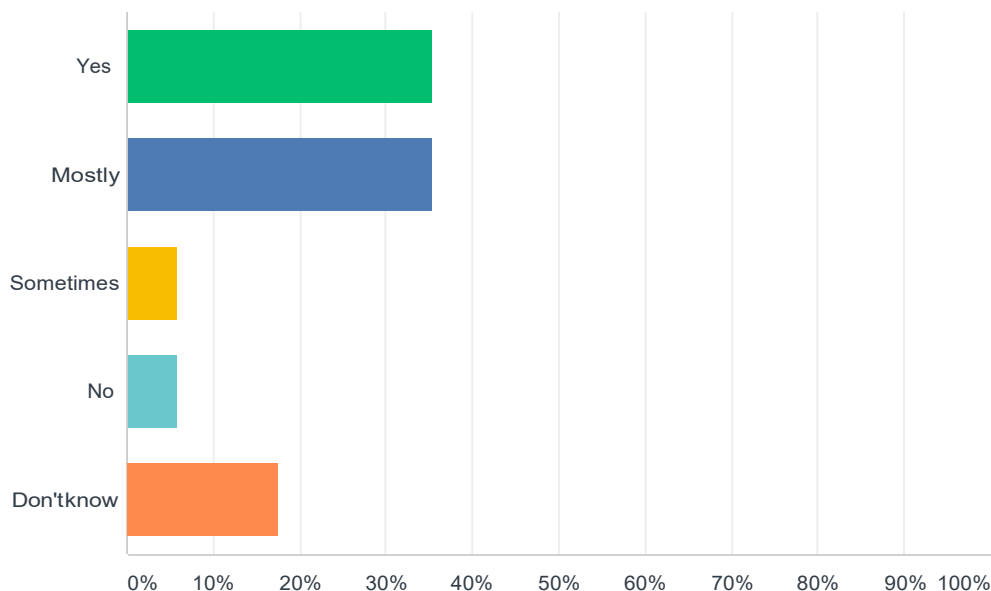
Comment 1 – It gives more opportunity to ask questions which is good, otherwise seems like the Trust is ticking a box because it has to.

Comment 2 – Are we getting good value out of them? They are an opportunity to discuss strategy and director of travel outside the public forum of the formal Council.

Comment 3 – Content of some does not seem to be followed up on.

Q14 Do the informal joint meetings provide sufficient opportunity for Governors to hold Non-Executive Directors to account for the performance of the Trust?

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	35.29%	6
Mostly	35.29%	6
Sometimes	5.88%	1
No	5.88%	1
Don't know	17.65%	3
TOTAL		17

Comment 1 – At the moment. If the Trust was getting into trouble we would probably need more meetings.

Comment 2 – Yes but probably on a one to one basis and informally.

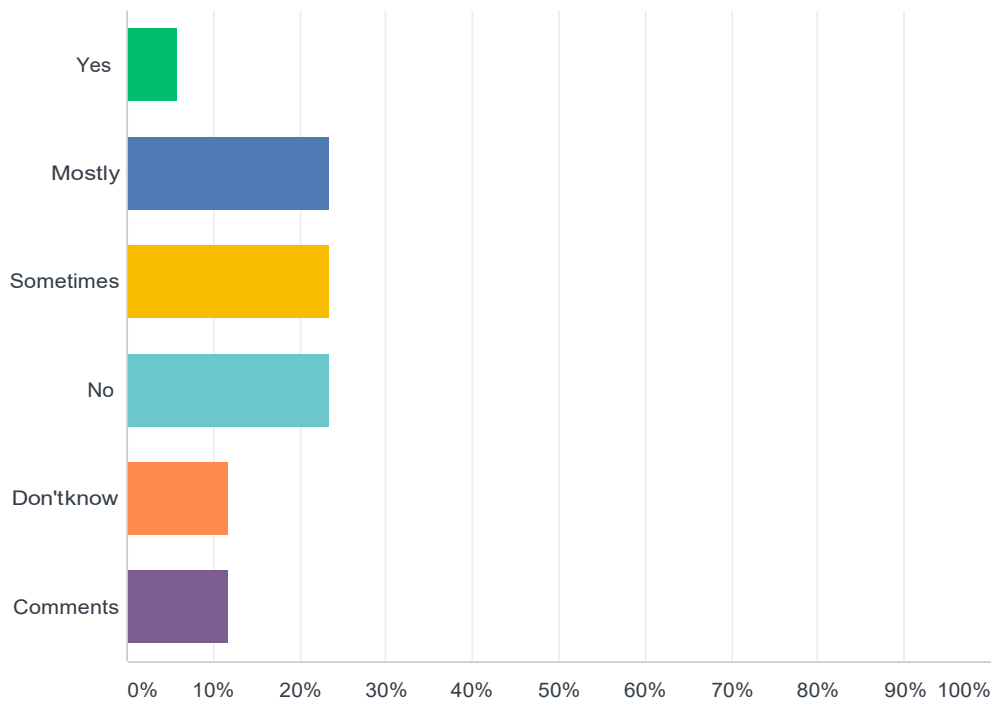
Comment 3 – They certainly help me to understand the decisions and the reasoning behind them and have more confidence in the Board. But in addition to holding to account and just as valuable is helping is helping all of us to understand each other and feel connected.

Comment 4 – No chance to talk to them. Good opportunity for the one at your table.

Comment 5 – This is a big job and we don't know what we don't know!

Q15 Do you believe that Governors as a whole are able to influence the direction of future strategy?

Answered: 17 Skipped: 0



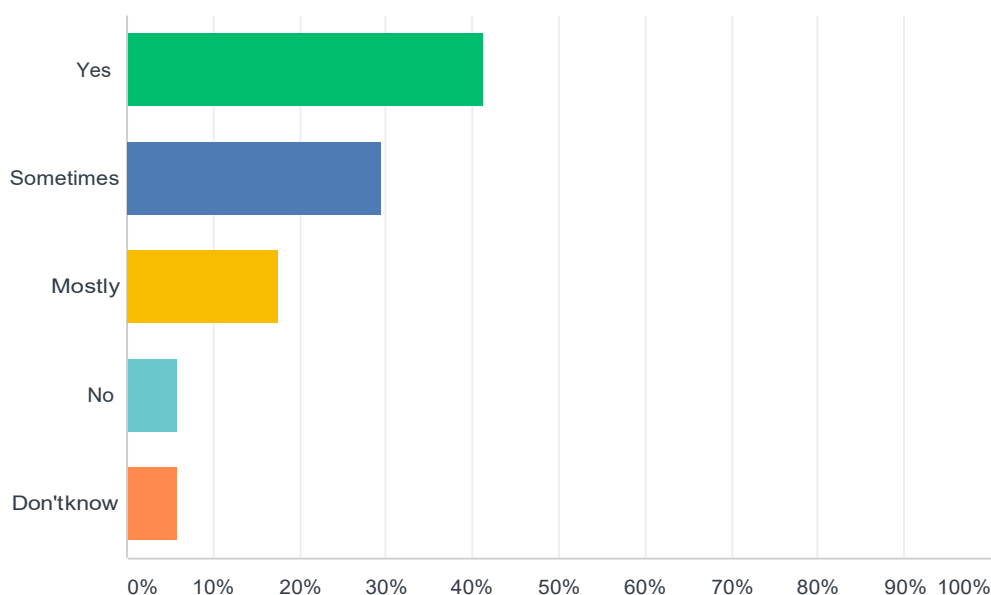
ANSWER CHOICES	RESPONSES	
Yes	5.88%	1
Mostly	23.53%	4
Sometimes	23.53%	4
No	23.53%	4
Don't know	11.76%	2
Comments	11.76%	2
TOTAL		17

Comment 1 – Yes we can influence but again this is somewhere that new governors in particular need support, understanding the Trust and the structure and what the governors can and can't do and how to be an effective constructive force and contribute to the direction and strategy rather than being either obstructive and focussed on single narrow issues or merely a box ticking exercise.

Comment 2 – I am not sure as it is difficult to judge and know.

Q16 Do you think that you are receiving the training you need to undertake your role as a Governor?

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	41.18%	7
Sometimes	29.41%	5
Mostly	17.65%	3
No	5.88%	1
Don't know	5.88%	1
TOTAL		17

Comment 1 – I'd like training on how to challenge issues/people (ie the Non-Executive Directors) and how to analyse/critique reports. Thank you for asking the question.

Comment 2 – Apart from induction, no further training.

Comment 3 – I have gradually come to understand the way things work, but it is a slow process. More drip fed training would be useful, but again, the problem is time when you are working. I have had to pass up valuable opportunities due to the pressure of earning a living. Evening sessions would not work either with Berkshire being so spread out and being disabled after a day working I am too tired to face more work!

Comment 4 – The induction was good.

Q17 What currently works well?

Answered: 13 Skipped: 4

Comment 1 – I like the smaller table seating plans rather than a big circle.

Comment 2 – The structure of meetings – talking to the Non-Executive Directors – having the opportunity to ask questions.

Comment 3 – the meetings do work well.

Comment 4 – The meetings we have work for those who are used to big formal meetings. But I think some Governors struggle with them.

Comment 5 – Governor appreciation of Trust performance metrics, quality accounts, contact with the Chief Executive and Board.

Comment 6 – The relationship between the directors (executive and non-executive), the opportunities for less formal discussions and the sub groups.

Comment 7 – Informal meetings.

Comment 8 – Meetings which are held regularly.

Comment 9 – General timeliness of meetings – new Chair much better at this aspect.

Comment 10 – We receive good information and the meetings are run very well.

Q18 What requires further improvement?

Answered: 11 Skipped: 6

Comment 1 – Just a minor points I know but sometimes that hall is really cold.

Comment 2 – I'm sure others may have a view on this – in a way I've been around too long to see where we need to go.

Comment 3 – The reports to Governors should contain what the Governors want to hear and not just what the Board want to tell us.

Comment 4 – Governors appreciation of the services and work of the Trust. With BHFT this is difficult as it is so wide spread and various. One of our difficulties is that we have very little idea of the proportions of different aspects of the Trust as we see no quantitative data at all and it is possible to mistake a small service for something much more significant. Creating a management diagram with circles representing number of staff or budget would make this much clearer.

Comment 5 – Better induction for new governors or ideally help for people putting themselves forward for election to understand the role – many new governors don't have this and struggle. Better opportunities for questions, at the moment it feels very superficial and I often feel we are not getting to the heart of things that matter. More follow up – again sometimes it feels we raise something – its agreed it is a work in action and then it vanishes off the radar.

Comment 6 – Engagement with the public.

Comment 7 – Balance of reporting done by Chief Executive and other Executive Directors.

Comment 8 – Some governors have voiced feeling uncomfortable to speak up in a large group.

Q19 Do you have any other comments?

Answered: 7 Skipped: 10

Comment 1 – I feel really valued as a Governor here, eg having service managers attend to make presentations, executive and non-executives to answer questions and a nice lunch – thank you!

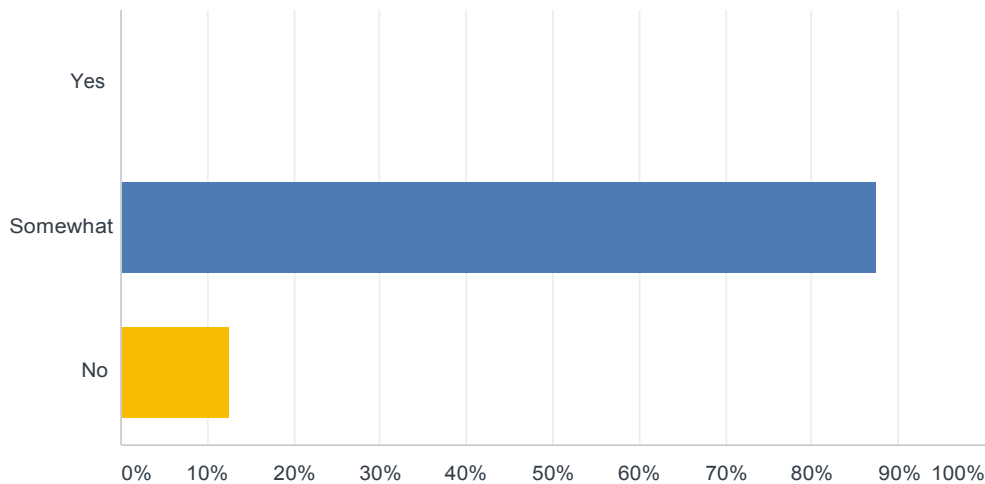
Comment 2 – I think Governors need to think more outside the usual run of things. For example, we see a lot of data on patient experience, but there is nothing there about what it is like to be referred and given an appointment and so on – the Trust's clinical administration seen from the patient's point of view. But I know that at another Trust nearby this area is poor.

Comment 3 – Flawed as the system clearly is, it does bring commitment and energy from the outside with modest democratic legitimacy and hopefully helps the Board at times.

Comment 4 – I am in my final term and I have had some good moments, particularly those where I engaged in events involving our clinicians/workers and the public. However, I shall conclude my nine year spell with both a sense of satisfaction and some regret for not having represented the members of the public satisfactorily.

Q1 Are you satisfied that the Governors collectively and individually understand what is expected of them?

Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
Somewhat	87.50%	7
No	12.50%	1
TOTAL		8

Comment 1

There should be a clear and agreed work plan for all elements of the governance system and more reporting back on the progress

Comment 2

Frequent - unrealistic expectations and challenges.

Comment 3

There seems to be a lack of understanding from a few of the people I have spoken to.

Comment 4

It would be good to see the Governors identify specific actions and projects in support of the Trust.

Comment 5

Collectively not sure and individually some do but others less so.

Comments 6

Collectively they may in their own minds, but consistent individual contributions lead me to think they don't, although I have not attended for a while so they may have changed.

Comment 7

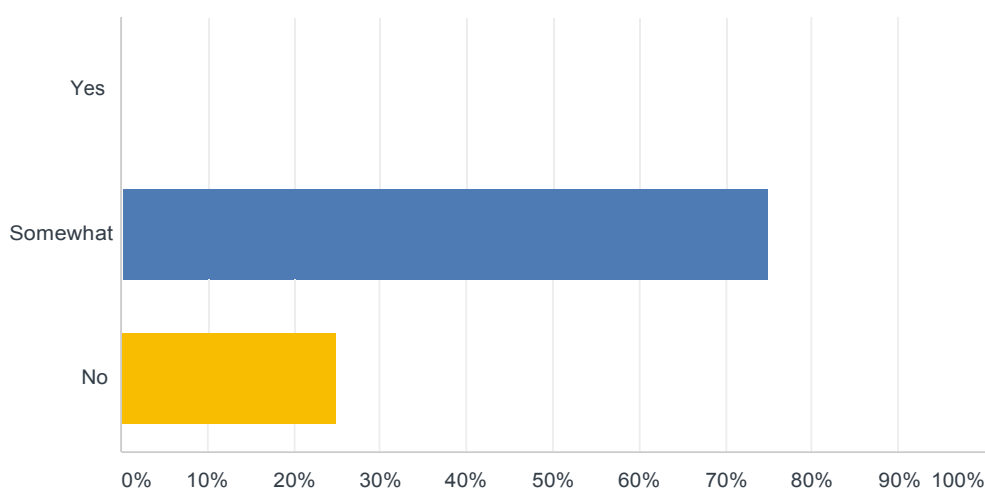
There are two distinct camps among the governors who hold very different views on their role and function. Increasingly I have noticed governors wanting to scrutinise executives (rather than NEDs) and seek information on topics of interests to them. However, this intelligence and information is not used in order to further the cause of the Trust.

Comment 8

There is a significant variation in the levels of engagement and involvement between governors and also low attendance at a number of meetings. This leads me to wonder about understanding and expectations as well as how some of the less involved/vocal governors experience their role

Q2 Do you feel that Governors are able to make a meaningful contribution to the Trust?

Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
Somewhat	75.00%	6
No	25.00%	2
TOTAL		8

Comment 1

I appreciate the clear thinking and patient centric approach.

Comment 2

Governors are representative of the public, hence their role is important. At the same time, they are not a true representation of the wider public and are a self-selecting group.

Comment 3

Are we clear on what we would like them to contribute and how that could be achieved?

Comment 4

The elected governors are in a position to influence positively for the Trust.

Comment 5

It is a difficult role given the time available, the changing landscape and remit of Foundation Trusts and the breadth of services and challenges we have in the Trust. I do not attend on a regular basis but my perception is that the contribution is not as good as it was a few years ago.

Comment 6

I have not seen it to date, but we do need to define "meaningful" and what we want from governors.

Comment 7

Not really, I cannot remember a recent example of a meaningful contribution. Over the years governors have supported public consultation on service changes and improvements. They have also contributed to the development of a carers strategy. However, these examples are from any years ago.

Comment 8

There is significant variation in levels of engagement and sometimes there is a mismatch in expectations about the role. There has been a change in national policy from the time FTs were established which has impacted on the role of governors and it will be important to ensure the role is consistent with the new focus on collaboration and system working rather than competition.

Q3 Please give examples of where the Governors have contributed to the work of the Trust

Answered: 8 Skipped: 0

Comment 1

Questioning of approaches adopted and priorities held by the Trust Executive.

Comment 2

I am not aware of direct contribution; however, they do provide adequate challenge at times for service improvement.

Comment 3 (from a NED)

The recruitment process I underwent had a very useful contribution to the work of the Trust.

Comment 4

Previously support to carers strategy group and workshops - some engagement with local teams on patient and carer engagement.

Comment 5

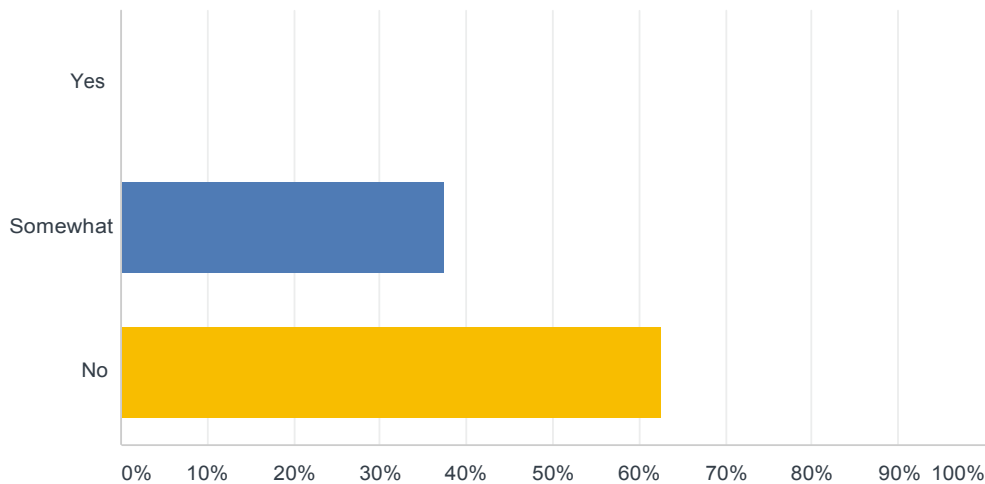
I do not have visibility of that.

Comment 6

Providing feedback on proposed priorities and development of strategic plans.

Q4 Do you believe that the governors as a whole are able to influence the direction of future strategy?

Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
Somewhat	37.50%	3
No	62.50%	5
TOTAL		8

Comment 1

The current approach is too much "cascading of events" to governors and should be supplemented with co-production where appropriate.

Comment 2

I have not seen this happen and feel there is a lack of consensus or co-ordination of vision.

Comment 3

We would need to consider how this could effectively be achieved.

Comment 4

A more considered and structured approach is required.

Comment 5

Strategy is primarily given by central NHS developments, policy and funding. It is moving to system working and the Trust Board is determining our response to these and what we are able to influence.

Comment 6

The strategy discussions over the years have been useful in aligning, engaging and informing governors, but I have not seen them able to influence direction.

Comment 7

With regards to mental health, the five year forward view is very prescriptive and drives this element of the Trust Strategy. With regards to community physical health services, this is now much more shaped by system work and the work of the ICS. The world has moved on significantly over the last 2-3 years.

Comment 8

This happens through governor/board discussions when governors are briefed about the planning requirements and proposed priorities and have the opportunity to influence the direction of future strategy.

Q5 Do the joint meetings provide sufficient opportunity for contact and good communications with Executive Directors/Non-Executive Directors?

Answered: 8 Skipped: 0

Comment 1

Yes – but there is too much time allocated to communicating to and taking questions from governors, but not enough to hearing what they have been up to.

Comment 2

This has improved with the round table discussions with NEDs but I am not sure about the Executive contact.

Comment 3

Some Executive Directors attend when required so there is not the opportunity to build relationships or communicate.

Comment 4

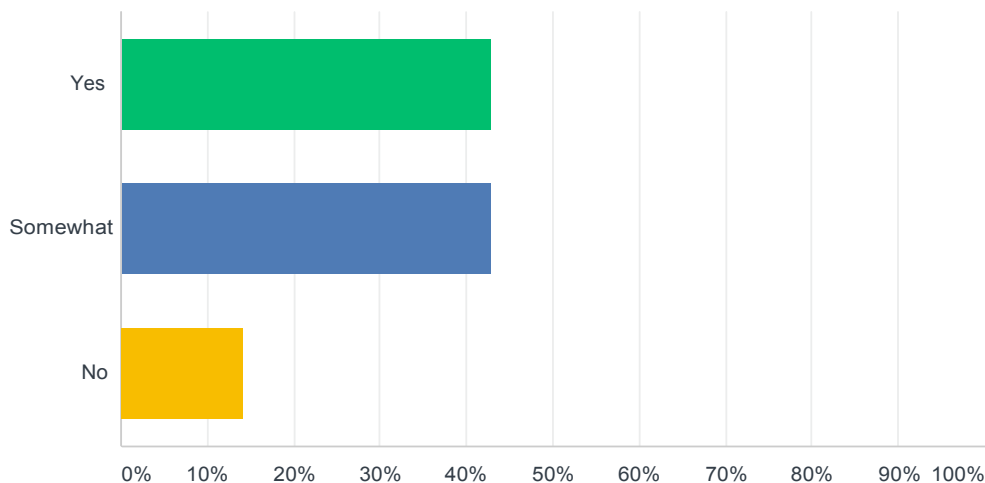
They do provide a good opportunity but it's often the executive directors and the senior leadership team who are doing the heavy lifting in order to provide the content for these meetings.

Comment 5

I would support substitution of some meetings for system-wide opportunities for joint governor meetings with partners.

Q6 Do the joint meetings provide sufficient opportunity for Governors to hold Non-Executive Directors to account for the performance of the Trust?

Answered: 7 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	42.86%	3
Somewhat	42.86%	3
No	14.29%	1
TOTAL		7

Comment 1

The round table approach has improved this.

Comment 2

I am aware there are sessions with Non-Executive Directors but do not know if they fulfill this.

Comment 3

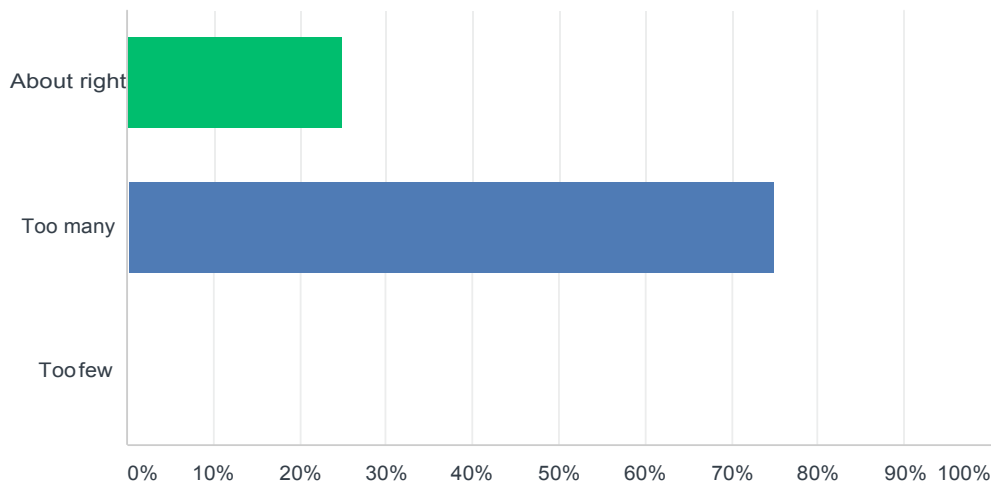
Somewhat - from what I have seen and supported by governor attendance at public boards to observe NED approach.

Comment 4

No really. In reality, much of the content tends to be focussed on a particular topic or theme for which the majority of the questions and scrutiny falls to the executive directors. I have seen very few examples of governors holding non-executive directors to account for the performance of the Trust.

Q7 There are 4 formal Council meetings and 4 informal joint NEDs/Board and Council meetings a year - are the number of meetings

Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
About right	25.00%	2
Too many	75.00%	6
Too few	0.00%	0
TOTAL		8

Comment 1

We seem to struggle to find appropriate subjects to fill agendas at times.

Comment 2

Fewer of higher quality should be considered.

Comment 3

My understanding is that attendance has not been as good so 4-6 meetings a year which are better attended and allow quarterly updates could be a better format.

Comment 4

Too many meetings – the first point to note is that attendance amongst the governors is poor. There is often limited engagement from the bulk of governors. It sometimes feels like we are finding things to fill the meeting with. For the majority of board members, the topics covered are things that are already familiar to them.

Comment 5

See previous comment about system meetings – plus I think the number of meetings could reduce if more governors were able to attend which would then not compromise the amount of engagement.

Q8 How can the Trust engage more productively with the Governors?

Answered: 8 Skipped: 0

Comment 1

Co-production is the key

Comment 2

Good leadership, clear mandate.

Comment 3

Let's have a round table discussion to find out how this could be improved.

Comment 4

Select specific strategic themes that the Governors can properly contribute to and then focus hard on these during meetings.

Comment 5

Should we consider a change of venue or holding them in different places?

Comment 6

Support for quality improvement approach – advice on public engagement.

Comment 7

Fewer meetings at a trust level would be helpful. This includes scrapping the sub-groups which are poorly attended and consume significant officer time. Given the prominence of system working it would be helpful to have a few system wide governor meetings.

Comment 8

I would like to understand the perspective of the least vocal governors – as I think they may have suggestions about how this could be achieved. I would favour fewer meetings with workshop style meetings where the level of engagement with all governors could be enhanced.

Q9 Do you have any other comments?

Answered: 5 Skipped: 3

Comment 1

The style of the meetings can I suspect be intimidating so more one to one contact with Governors taking part in Quality visits.

Comment 2

I look forward to reading the results of this survey.

Comment 3

Help the governors to continuously improve their membership and processes.

Comment 4

At the moment governors are performing a limited role. Predominantly they are either scrutinising executive directors or requesting information which is of personal interest to them. There is no evidence however, they are using this information in order to further the cause of community or mental health services in Berkshire. We do need them to add value and as part of the review this challenge should be put to them.

Council of Governors Annual Work Programme 2019-20

Feb Joint NEDs and CoG informal meeting	March Formal Council meeting	May Joint Board and CoG informal meeting	June Formal Council meeting	July Joint NEDs and CoGs informal meeting	September Formal Council meeting	November Joint Board and CoGs informal meeting	December Formal Council meeting
Strategic Update	Patient Experience Report	Strategic Update	Patient Experience Report	Strategic Update	Patient Experience Report	Strategic Update	Patient Experience Report
Last Board meeting	Performance Report	Last Board meeting	Performance Report	Last Board meeting	Performance Report	Last Board meeting	Performance Report
Service Presentation	Working Group Reports	Service Presentation	Working Group Reports	Service Presentation	Working Group Reports	Service Presentation	Working Group Reports
Governor Questions	Annual Plan on a Page	Governor Questions	NHS Staff Survey Results	Governor Questions	Lead and Deputy Lead Governor Appointment	Governor Questions	Chair of Audit Committee's Report to the Governors
Round table discussions with NEDs	Annual Governor Declarations of Interests	Round table discussions with NEDs	Election Report	Round table discussions with NEDs	Annual Report and Accounts	Round table discussions with NEDs	CRHTT Update
			CoGs A&R Committee – approval of NED 2 nd term	Carers Strategy Presentation	External Auditors Report to the Governors	Annual Strategic Planning session with the Board	
					CoGs A&R Committee – approval of new NED and Chair's 2 nd term		
					Dates of Future Meetings		